Australian College of Nursing

the hive

#24 SUMMER 2018/19

OUR FUTURE WORKFORCE

WHY AUSTRALIA NEEDS A CLIMATE AND HEALTH COMMUNITY OF INTEREST

SHAME AND BLAME HAVE NO PLACE IN CARE

MY EXPERIENCE CARING FOR SOMEONE WITH MOTOR NEURONE DISEASE

+MORE INSIDE

Being a nurse means something

People place their trust in nurses

The Nursing and Midwifery Board of Australia (NMBA) exists to make sure that the standards and practice of the profession meet that trust.

The NMBA:

- sets evidence-based, contemporary standards, codes and guidelines for nurses
- takes action on behalf of patients, nurses or managers who raise a concern about standards of care, and
- works with nurses to improve practice.

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- helpful fact sheets.

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Nursing and Midwifery Board of Australia

the hive

#24 SUMMER 2018/19
OUR FUTURE WORKFORCE

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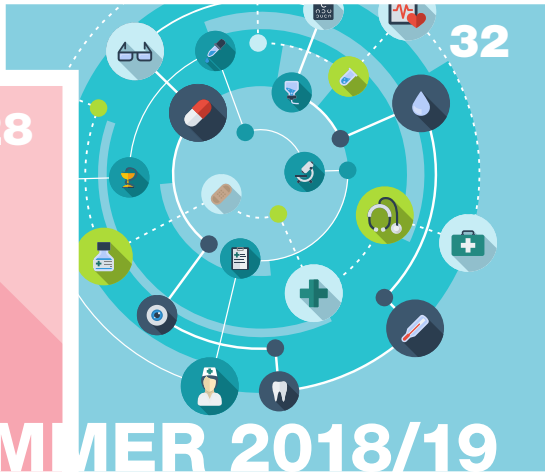
We love to see member submissions in *The Hive*. If you're interested in having your submission considered for publication, please see our guidelines and themes at **www.acn.edu.au/publications**.

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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WELCOME

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OUR FUTURE WORKFORCE

EDUCATION

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REGULAR FEATURES

MEMBERSHIP

Professor Christine Duffield
FACN ACN President

President's report

The good news for our profession is it looks as if there will be plenty of jobs for many years to come as the gap between supply and demand grows. Service industries such as health care will continue to dominate markets, growing 8.6% to March 2016, and comprising 12.7% of total employment (Australian Bureau of Statistics 2016), while workforce supply diminishes. As with many countries, we have a predicted shortage of 109,000 nurses in Australia by 2025 (Department of Health 2014). The popular press reports that at the end of June this year the NHS was short 41,722 nurses – 11.8% of their entire nursing workforce. In the USA the RN workforce is expected to increase 16% from 2014 with predictions of 1.09 million job openings for nurses by 2024 (US Bureau of Labor Statistics, 2018). Ireland is currently paying recruitment agencies a €10,000 hiring fee for every nurse it employs hoping to attract 1,000 nurses to work in the health service immediately.

The growing focus on wellness means many of us may live healthy and productive lives for much longer. However, some will continue to live with chronic and/or debilitating conditions, choosing to remain in their own homes as long as possible, possibly until their death. Nurses are skilled at managing episodes of care across boundaries and we will continue to work in institutions, but we need to rethink what it is we do, how we do it and who will do it given changing client needs.

Our profession needs to lead innovation and research into nurse-led models of care as the costs increase. Australia spent nearly $181 billion on health in 2016/17 growing by 4.7% (AIHW 2018), which is clearly unsustainable. Nurse-led clinics improve self-reported and measureable patient outcomes; improve patient satisfaction and provide equal or more cost-effective care; but perhaps more importantly, can improve access to care (Randall et al. 2017). Nurse practitioners have a positive effect on waiting times, quality of care, timeliness of analgesia and patient satisfaction in the emergency department (Jennings, Clifford et al. 2015; Jennings, Gardner et al. 2015); and can increase service revenue (Gilbert 2018), for example with lung cancer screening. Patients are very satisfied with services provided by practice nurses and this can influence their compliance with treatment protocols (Halcomb et al. 2013). Advanced practice nurses in primary care can manage episodes of care with longer but fewer patient consultations, enhancing patient satisfaction and cost-effectiveness (Swan et al. 2015).

There is little doubt that technological advances will impact future care. Telehealth, digestibles and wearables might decrease hospitalisations. Treatments might change radically with genetic manipulation, 3D printing, digital connectivity, assistive technology and implantable sensors. Robots are being trialled as companions. An avatar can graphically represent us and communicate our thoughts and memories to others.

Despite the increased use of technology we must not lose sight of the fact that nurses provide human interaction, as do all clinicians, and this is likely to become more important in the technological age ahead of us. Nurses are knowledge workers. At 2am, it is the experienced nurse who is likely to notice patient deterioration but also, at 2am, it is a nurse who is also most likely to be there to hold a patient's hand as they slip into a peaceful death. The importance of touch and caring, outdated as these concepts might be, are the essence of what our patients and clients want in times of need. We need to value our intellectual capital while not losing sight of the significance of the 'art' of nursing.

Changing the way health care services are provided takes strong leadership. Articulate nurse leaders across the spectrum of education, research and service delivery are required to support and encourage development of new models of care, based on evidence, which place patients and clients at the forefront. The importance of accessible and visible nurse leaders in retaining staff, driving policy change, advocating for staff and patients cannot be under-stated.

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Adjunct Professor Kylie Ward FACN
ACN Chief Executive Officer

Hello!

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

"In this edition, we highlight some important issues that have an impact on our profession and will influence our priorities and the way we work in years to come."

As we face major workforce shortages of up to 123,000 nurses by 2030 (Department of Health 2014) there is a major focus on our future nursing workforce. Many factors are already having a profound influence on our profession, from an ageing population and technological advancements to global warming and rapidly shifting health care priorities. Nurses of the future will require different skills and attributes to adapt to new models of care and maintain a strong influence on evolving health care policy.

In this edition, we highlight some important issues that have an impact on our profession and will influence our priorities and the way we work in years to come.

In her insightful article **Shame and blame have no place in care: Issues of weight stigma in nursing practice, Madeline Hawke MACN** shows that now and in the future, we need to ensure that our workforce promotes a humanised and non-discriminatory approach if we are to provide quality universal health care.

Indeed, the core values of nursing – caring, kindness and empathy – will always be at the forefront of our profession. Such qualities are the essence of not just what we do, but who we are. That will never change.

One factor that will change in the future is the impact that key environmental issues will have on health care priorities. **Dr Liz Hanna FACN** shares predictions about a future health crisis that continued global warming will generate at both a national and global level, in her highly informative article **Why Australia needs a Climate and Health Community of Interest**. If we are to have a positive influence on health care policy in the future, we need to address the risks posed by climate change and implement protective health strategies.

In addition to addressing environmental health issues, our future nurses will increasingly rely on rapidly evolving technology. In her engaging article **The future nursing workforce will be tech savvy: Predictions based on generational trends, Sybele Christopher MACN** discusses the varying degrees of technological skills held by different generations within the nursing profession, particularly in the growing primary and community health care sector.

As we move towards a new year ahead, I am pleased to announce the four themes for the 2019 editions of *The Hive*: *Aged Care, Women's Health, Men's Health*, and *Artificial Intelligence and Innovation*. These themes will highlight issues that we need to address and explore, including how we can adapt to the changing demands of our health care system.

I hope you enjoy this edition.

Best wishes to you and your families for the festive season.

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Canberra End of Year Roadshow

Aged Care Staffing Senate Inquiry

2019 CPD COURSE CALENDAR IS NOW AVAILABLE

Don't forget that as an ACN member you receive exclusive complimentary access to a choice of nine online CPD modules. Your membership entitles you to three of these modules for free each year.

Our 2019 CPD calendar is now available, so make sure you take a look and then plan out your year of CPD. If you are searching for more CPD options, ACN offers a range of short face-to-face, webinar and online CPD courses to assist you in achieving the hours required by the NMBA for annual renewal and authority to practice.

Head to **www.acn.edu.au/education** for more information.

CONGRATULATIONS TO THE 2018 ENL COHORT

We are so proud of our dedicated participants who graduated this October from ACN's Emerging Nurse Leader (ENL) program. This group of enthusiastic and passionate nurses have contributed so much to the ACN community in the past year, as they have challenged themselves, learnt from high-profile nurse leaders and established a strong career foundation and leadership direction. We have watched them grow in confidence and witnessed the friendships and connections, which have been forged within the ENL cohort and the ACN tribe. These relationships have supported their leadership journey over the year, and we are sure will continue to do so.

Congratulations to our 2018 ENLs. It has been a pleasure to have you join us at so many ACN events and activities and to know that our future is in excellent hands. We would also like to thank our exceptional ENL application reviewers and the mentors who took the time to nurture and coach our ENLs this year.

CONGRATULATIONS TO OUR CHRISTMAS CARD COMPETITION WINNER!

We are excited to announce that Adjunct Professor Susanne Hawes FACN is the winner of our Christmas card competition. This year, we opened up the design for our Christmas card to you all, and were thrilled with the creativity we saw! Thank you to those who voted for their favourite on ***neo***.

Susanne collaborated with students, aged 8–10, from Orchard Hills Public School in NSW to produce the winning entry. The students' drawings beautifully depict their interpretation of diversity in nursing.

Congratulations Susanne on producing the winning entry.

SHARING THE DIGNITY THIS CHRISTMAS

ACN team members were proud to support the charity Share the Dignity this year to make a difference to the lives of women and girls experiencing homelessness or poverty this Christmas through their *It's in the Bag* collection. Women experiencing a tough time get the chance to feel special when they receive the gifted handbags full of essentials such as shampoo, toothpaste and sanitary items, along with some extra luxury goodies.

According to Share the Dignity, "there are 85,000 homeless women who need your help this Christmas. Many have fled domestic violence or experienced extreme poverty. We want to make them feel special. You can help. It's simple and it makes a big difference in a woman's life."

Find out how you can also contribute to *It's in the Bag* at **www.sharethedignity.com.au/christmas-charity**

NURSESTRONG GATHERS MOMENTUM, CREATING HEALTHIER NURSES

ACN's inaugural NurseStrong campaign has been a huge success, with nearly 1,500 nurses signing up to participate in the 12 week FHIT by Lauren Hannaford online fitness program and others across the country improving their health and fitness through other forms of exercise and nutritional changes.

We are particularly proud that so many nurses have been getting together to support each other on this journey towards better health. We have seen walking groups popping up around the country, hospitals organising exercise events for their staff and hundreds of nurses sharing advice and encouragement in our private NurseStrong Facebook group, just to name a few examples. We look forward to continuing to empower nurses to achieve the health and happiness they deserve. Stay tuned for exciting new NurseStrong initiatives in 2019. In the meantime make sure you update us on your progress by using the hashtag **#ACNNurseStrong** when you post on social media.

NURSING PROFESSION WELCOMES ROYAL COMMISSION INTO AGED CARE

ACN supports Prime Minister Scott Morrison's call for a Royal Commission into aged care.

"The Royal Commission must be utilised as an opportunity to independently review the aged care sector to ensure the system, including its workforce, provides quality care to older Australians and young people living in aged care homes," said CEO Adjunct Professor Kylie Ward FACN.

"Aged care in this country must be a priority. As a community, we cannot ignore the issues facing the sector and hope for the best until it is ourselves or a loved one who needs residential care.

"The launch of this Royal Commission should consider the recommendations made in the Tune Report, the Carnell Paterson Report, and Aged Care Workforce Strategy Taskforce Report as it moves towards starting its investigation.

"ACN hopes the focus of the Royal Commission will be on improving quality and control of services, increasing informed consumer choice, and securing the future workforce.

"In 2016, the nursing profession made up 15 per cent of the aged care workforce. Therefore, we expect the views of nurses to be sought as the Royal Commission strives to find solutions to identified issues."

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

Canberra End of Year Roadshow

Adjunct Professor Kylie Ward FACN won the 2018 Western Sydney University Alumni's Award for Professional Excellence

Tasmanian NurseStrong walk participants

Canberra End of Year Roadshow

Sydney End of Year Roadshow

"ACN, thank you for the welcome pack. Looking forward to the nursing journey."

– Rachel Gaskell MACN

"Thanks for putting the eBook of celebrations together ACN. Love the expressions of community and primary health care nursing through meaningful words."

–Ros Rolleston MACN

Start a conversation with other Fellows and Members on ***neo*** at neo.acn.edu.au

FEBRUARY

4
WORLD CANCER DAY
An initiative that raises awareness of cancer to encourage its prevention, detection and treatment.

6
INTERNATIONAL DAY OF ZERO TOLERANCE FOR FEMALE GENITAL MUTILATION
An annual public awareness campaign that aims to eradicate female genital mutilation.

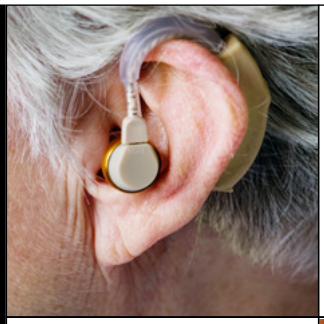
14
VALENTINE'S DAY
A holiday to celebrate with loved ones.

15
INTERNATIONAL CHILDHOOD CANCER DAY
A global collaborative campaign to raise awareness about childhood cancer.

20
WORLD DAY OF SOCIAL JUSTICE
A global campaign that supports efforts to ensure social well-being and justice for all.

27
TEAL RIBBON DAY
A campaign to raise awareness of ovarian cancer. #KnowAskAct

MARCH

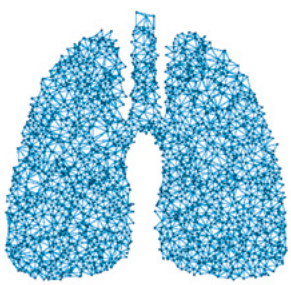


4
WORLD HEARING DAY
An opportunity to raise community awareness of hearing impairment.

8
INTERNATIONAL WOMEN'S DAY
An international celebration of the social, economic, cultural and political achievements of women.

21
NATIONAL CLOSE THE GAP DAY
An annual event held to raise awareness of the Indigenous health crisis.

21
WORLD DOWN SYNDROME DAY
A celebration of the lives and achievements of people with Down syndrome.



24
WORLD TUBERCULOSIS DAY
A campaign that raises awareness about tuberculosis and efforts to eliminate the disease.

27
AUSTRALIAN HEALTHCARE WEEK 2018
A two-day annual health care conference and exhibition based in Sydney.

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

Ms Laurie Bickhoff MACN
EARLY CAREER NURSE

> **“We need to help students find their voice, the voice they will need to advocate for their patients, themselves and us – their colleagues.”**

STUDENTS TODAY, COLLEAGUES TOMORROW

The quality of our future workforce is dependent on the quality of teaching our nursing students receive. This responsibility falls not just on those working within the academic field, but to every nurse who supervises or works alongside those students. We should relish the opportunity to help nurture and shape our future colleagues.

We need to welcome students on to our wards and help them find their way in the clinical setting. Developing strong mentor-mentee partnerships is crucial and we need to recognise the power and influence we have.

Students are watching us and absorbing what they see, even when we might not want them to. We are teaching them not just how we care for patients, but also how we interact with our colleagues, how we speak with other members of the interdisciplinary team and how we treat the housekeeping and food service staff.

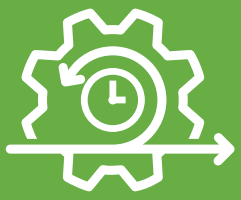
We need to help students find their voice, the voice they will need to advocate for their patients themselves and us – their colleagues. Too often they are dismissed as ‘just a student’ and silenced by the perception it is not ‘their place’ to speak up. Whether we realise it or not, they are looking to us for inspiration and indeed for permission to ask questions, share information and, yes, even teach us new practices.

We need to acknowledge, respect and be grateful for the privileged position we hold, being able to play such an important role in the development of the next generation of nurses. After all, the student you are working with today, will not only be your colleague tomorrow, but also the nurse potentially looking after you or your loved ones.

FAST FACTS

Australia faces major WORKFORCE SHORTAGES of up to 123,000 nurses by 2030

http://www.health.gov.au/internet/main/publishing.nsf/content/australias-future-health-workforce-nurses



By 2025 millennials will represent 42% of the Australian workforce and predictions show that almost half of them will choose workplace FLEXIBILITY OVER PAY.

https://www.businessinsider.com.au/australia-executives-share-future-of-work-predictions-for018-2-2018-2

Currently only 85% of RN graduates and 55% of EN graduates are immediately entering employment as a nurse.

https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf

Between 2030 and 2050, CLIMATE CHANGE is expected to cause approximately 250,000 additional deaths per year – impacting on health care needs and the nursing profession

https://www.icn.ch/sites/default/files/inline-files/ICN%20PS%20Nurses%252c%20climate%20change%20and%20health%20FINAL%20.pdf

“My vision as a clinician for the future is a care environment that is balanced on the building blocks of health, that of nutritious food, movement, safe and conducive sleep arrangements, sharing of information, mutually set goals, and timely and respectful delivery of holistic care.”

WHAT’S IN STORE FOR OUR ADAPTIVE HEALTH WORKFORCE?

Ms Tomica Gnjec MACN
CLINICIAN

Numerous international and national bodies and discussion papers have noted the nursing professions potential to enact far-reaching changes within the health care system through its adaptive capacity and its sheer numbers in being the largest profession within the health care arena (Institute of Medicine 2011; Health Workforce Australia 2014).

In this influential and capacity building position, what does the future nursing workforce require in order to deliver optimal health outcomes?

The current NSW Health Professional’s Workforce Plan 2012–2022 outlines a three-part strategic framework: ‘Stabilising the Foundations’, ‘Building Blocks’ and ‘Right people, Right skills, Right place’ (NSW Ministry of Health 2015: 4). These three components set a concrete and translatable vision for effective workforce planning incorporating associated challenges. Alongside this, an important focus has been placed on working and culture within the health environment with the vision of incorporating the best-suited people, place and skills.

Kitson et al’s (2013) Australian research report also identifies a number of key recommendations to efficiently respond to the growing need for health care:

- the necessity for future and ongoing suitable educational preparation of the nursing workforce;
- autonomy in practice;
- provision of infrastructure and personnel support;
- and development and standardisation of Nursing Sensitive Patient Outcomes (such as functional status and therapeutic self-care).

The infrastructure and personnel support outlines such areas as leadership, teamwork, evidence-based practice, cultural competence, appropriate staffing levels – all which ultimately lead to a constructive practice environment (Kitson et al 2013).

Combined, these factors directly influence the environment in which nurses deliver care and this in turn impacts on retention and recruitment rates. Most significantly the workplace infrastructure is well known to impact upon nurses’ wellbeing and ultimately patient outcomes (Kitson et all 2013).

Looking forward…where to from here? My vision as a clinician for the future is a care environment that is balanced on the building blocks of health, that of nutritious food, movement, safe and conducive sleep arrangements – sharing of information, mutually set goals, and timely and respectful delivery of holistic care. With the provision and sustenance of a solid health setting and investment in the future nursing workforce, I believe nurses are up for the challenge and can continue to adapt and deliver to the ever-changing health care landscape.

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SHUTTERSTOCK

PRIMARY HEALTH CARE FUTURE OPPORTUNITIES

The perceptions of nursing students

There has been increasing demand for primary health care (PHC) services over the recent years, and this is mainly due to the growing burdens of chronic disease and the ageing population (Erler et al., 2011; Murray-Parahi et al., 2016; Peters et al., 2015). This has significant implications for our future workforce as there are increasing opportunities for nurses to work in PHC settings.

Although attention has been given to the exploration of PHC nursing roles, there has been limited focus on the recruitment of new nurses to this sector (McInnes et al.,2015a). Research to date has focussed on the employment conditions of current Australian PHC nurses (Halcomb et al., 2018), reasons for transitioning from acute care to PHC (Ashley et al., 2017), experiences with this transition process (Ashley et al., 2018a; Ashley et al., 2018b), and strategies to retain the existing PHC nursing workforce (Gordon et al., 2014). Some literature has begun to emerge around new graduate nurse programs in PHC, but there remains a gap in the investigation of how prepared undergraduate nursing students are for employment in PHC following graduation. These factors led to the development of a PhD project to explore final-year undergraduate nursing students' preparedness to work in general practice. This project is being undertaken by Ms Kaara Ray B. Calma, supervised by Professor Elizabeth Halcomb and Dr. Moira Stephens from the School of Nursing at the University of Wollongong.

A review of the literature revealed that universities are more inclined to deliver acute care content than PHC in the undergraduate nursing curriculum since there are beliefs that undergraduate programs should prepare students to work in hospitals (Wojnar & Whelan, 2017). As such, nursing curricula remains acute-care focussed (Albutt, Ali, & Watson, 2013; Ali, Watson, & Albutt, 2011), where PHC is often just embedded within broader health units (Keleher et al., 2010). For those who have tried to deliver PHC within the coursework, barriers were faced and these ranged from limitations of PHC clinical placement (Albutt et al., 2013; Betony & Yarwood, 2013; Wojnar & Whelan, 2017), scarcity of academics with a PHC background (Albutt et al., 2013; Wojnar & Whelan, 2017), and the expectations of students to learn acute care nursing (Betony & Yarwood, 2013; Cooper et al., 2014; Wojnar & Whelan, 2017).

Nursing students have different perceptions of PHC. Some have a good understanding of how important PHC is in the society (Mackey et al., 2018; van Iersel et al., 2018a), yet many nursing students continue to believe that PHC and community nursing are irrelevant in their degree (Betony & Yarwood, 2013; Cooper et al., 2014; van Iersel et al., 2018a; Wojnar & Whelan, 2017). These pervasive perceptions reflect the current trends in nursing students' intentions to work in PHC, with at least two studies reporting that less than 25% of nursing students intend to work in this setting in the near future (Bloomfield et al., 2018; Bloomfield et al., 2015). However, it was interesting to learn that students who considered comparable salary and flexibility in working arrangements were more inclined to work in PHC. But in relation to workplace support, nursing students who valued a robust transition program and preceptorship were less likely to want to work in PHC (Bloomfield et al., 2018). This provides some insight as to how nursing students perceive the type and amount of support new graduate nurses receive in the community.

The link is transparent: undergraduate nursing curricula seem to be influencing students' perceptions, and consequently their intentions to work in PHC. Thus, there is a need for accreditation bodies to collaborate with clinically relevant individuals, that is, PHC nurses; and universities, in developing a highly relevant undergraduate nursing curriculum that reflects the increasing demands for PHC services. This should aim to appropriately represent the wide-ranging mix of the PHC sector, and to expose students to these areas appropriately and adequately throughout their pre-registration training.

Considering the importance of a strong PHC nursing workforce to meet the growing demands and complexities of chronic disease care, this literature review underscores the need for immediate attention towards the preparation of nursing graduates for PHC employment following graduation.

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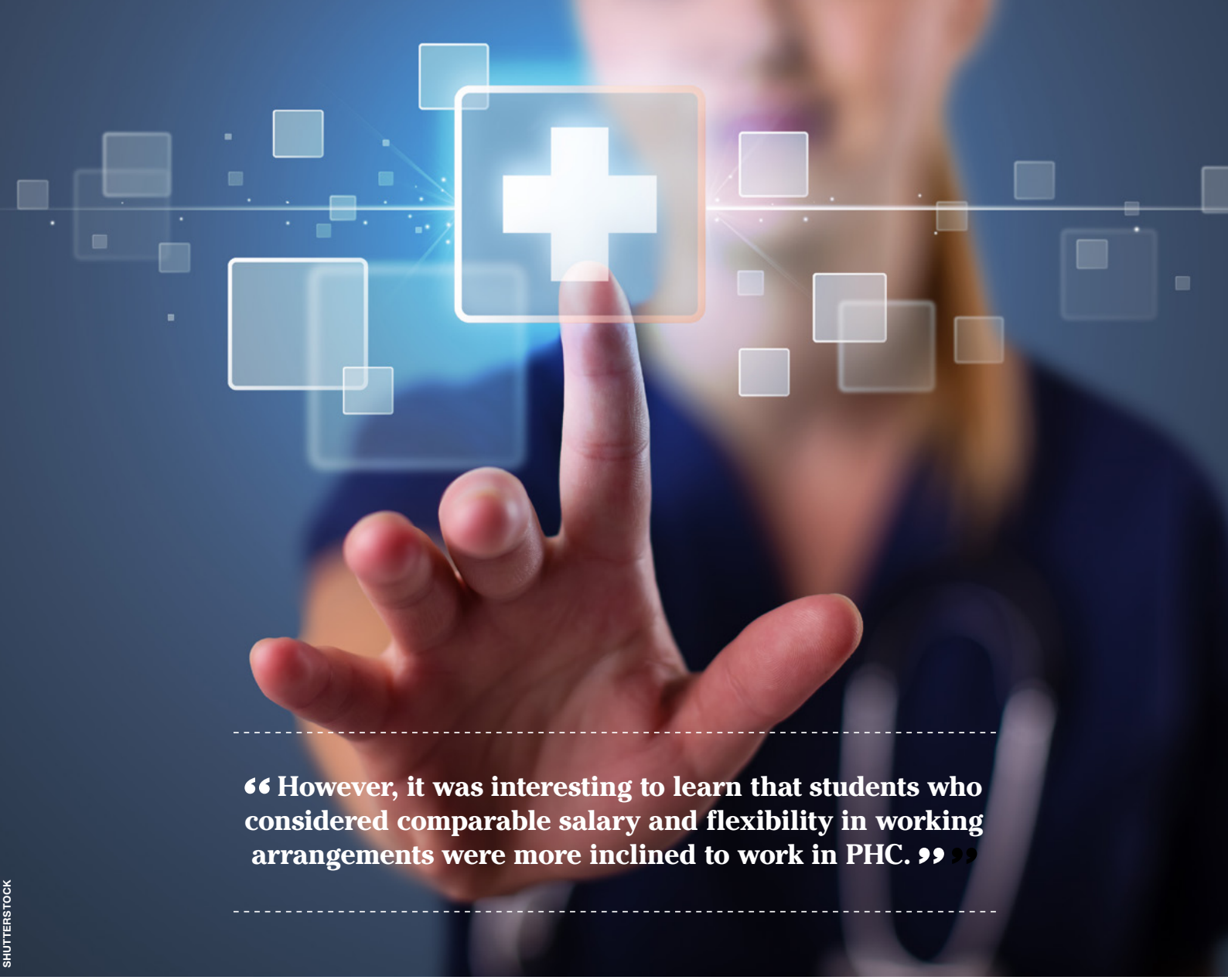

> **“However, it was interesting to learn that students who considered comparable salary and flexibility in working arrangements were more inclined to work in PHC.”**

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MATURE AGE GRADUATES

Celebrating the young at heart

My first thought on the title of this issue *Our Future Workforce* was of young student and graduate nurses taking their first steps into the great new world of nursing practice. When I reflected on my own very recent experience as a student and graduate nurse, I realised that many of my cohort belong to the 'mature age student' range, myself included. Are we, who are 'young-at-heart,' included in the future nursing workforce, or is this reserved for the 'young' in age and experience? I would like to share some personal experiences and stories from fellow 'mature-age' novice nurses which also concur with findings from a critical literature review undertaken in Australia recently.

At my university, mature age students make up a large percentage of the student population, especially within nursing with around a quarter being older than 30 years of age. Mature age students can be classified differently at different universities, which makes comparisons difficult (Hayden, Jeong & Norton 2016), but my own experience at nearly mid-century was that I certainly was not the oldest student in my cohort.

Hayden, Jeong and Norton (2016) analysed factors which influenced academic success in mature aged undergraduate student nurses, but I found their discoveries of intrinsic and extrinsic factors which contribute to student success very applicable to 'successful' nursing overall.

My personal life experiences provided me with the motivation to undertake university studies as the first in my family at my very mature age. Critical thinking skills, self-awareness and self-reflection are consistent with emotional intelligence and sit well within the health profession of nursing (Hayden, Jeong & Norton 2016). I observed this with many of my fellow students and graduates and can now see this from the 'other side' as a sessional tutor within first year nursing courses, with current mature age student nurses who are very motivated to make the most of their learning opportunities.

As a mature age student with study, work and family commitments, I didn't have time to 'fluff around' and needed to be very focused and organised. This enabled me to make the most of every opportunity and relish each new achievement or experience.

Current students have asked for advice concerning entering the nursing workforce as mature age graduates, and yes, there still does seem to be some ageism within recruitment processes. However, by highlighting the life experience and strengths that mature age novice nurses bring into the workforce, and by following different pathways into their chosen area, we can hopefully break down some of these barriers.

Often mature age students provide invaluable support to their younger peers during their degree, be it in official voluntary positions as peer-support, student group committee members, and lab-buddies, or just by being there in their tutorial or practicum group, chatting, sharing and celebrating successes. Further, many mature age student nurses undertake their degree to one day provide nursing care in humanitarian, voluntary and charitable positions, without looking so much for the monetary reward but to give back to society and improve the lives of the marginalised. This would undoubtedly sit well with the Nightingale ethos.

I still remember one placement, I shared the drive to and from each daily shift with the youngest member in my cohort. These car-rides turned into pre-brief and de-brief sessions and the friendship made during this time has been very special as I see this young nurse accomplish and mature as she regularly checks in with me to ask for feedback and support. It was wonderful to see her start her 'dream-job' recently

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> **“…our future workforce is made up of very different novice and student nurses who come in all ages, shapes and sizes and bring their own unique life experience, knowledge, emotional intelligence and empathy to this great profession of nursing.”**

and to share her absolute joy at gaining this coveted position. According to North, Leung and Lee (2014), the separation rate of graduate nurses in New Zealand, which is comparable with Australia, within the first year is 18% and as high as 26% within the first five years of nursing practice with the under 25-year-olds experiencing the most substantial losses. Interestingly, the older the graduate nurse, the higher the workforce retention rate (North, Leung & Lee 2014).

If, as mature age students and graduate nurses, we can apply our life experience, emotional intelligence, self-awareness and self-reflection, we might just be the answer to the notion of ‘nurses eat their young’, as we are at the same time the ‘young’ and the ‘nurses’, and we can become agents of change from our unique situation. I hope that recruiters within the nursing profession will see mature age graduates as the dependable, knowledgeable and motivated health professionals they are, who often go the extra mile.

I was privileged to present a poster at the Australian & New Zealand Association for Health Professional Educators (ANZAHPE) in Hobart this year and responded in a plenary session as a graduate nurse. That evening at the conference ball, a senior health professional commented that the future of nursing was in good hands, alluding to my earlier plenary response. This encounter made my day as for me it meant I either looked young or young-at-heart, but mostly that our future workforce is made up of very different novice and student nurses who come in all ages, shapes and sizes and bring their own unique life experience, knowledge, emotional intelligence and empathy to this great profession of nursing.

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AUTHOR

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PROMOTING MEN IN NURSING

Embrace diversity to reduce projected workforce shortages

The *Australia's Future Health Workforce – Nurses Report* published by the Department of Health (2014) forecasted a nursing shortage in Australia of 85,000 nurses by 2025, growing to 123,000 nurses by 2030. Even with expert opinions predicting these numbers, they may be inflated when taking into account successful strategies to improve retention rates and with assumed economic slowdown. It remains predicted, although reduced, nurse shortages may persist as high as 39,000 by 2025 or 45,000 by 2030 (Department of Health, 2014).

These statistics are confronting. In addition, the average age of the nursing workforce is 45 and recent statistics demonstrate low retention rates of newly qualified nurses. It is easy to see why this has been a topic of discussion. Although there is no one way to address the future shortage of nurses. As a profession, if we are to ease the transition to one of the most significant professional shifts of our generation, we will have to be prepared.

One area worth exploring is the promotion of men entering the nursing profession. The percentage of men in nursing in Australia hasn't remarkably changed within 15 years. AHPRA registration for male nurses has consistently sat around 10%. Many barriers still remain for men considering a career in nursing with a fundamental paradigm that nursing remains a gender-specific profession.

Actively promoting men will be a key policy to buffer the looming deficiencies of nurses within Australia.

As avid readers of *The Hive,* we can all appreciate nursing is a worthy profession to invest a career. It is a compassionate, stable job, you are making a difference in your community and it is one of the most trusted professions. So why aren't men abundantly lining up to enrol in nursing?

The reason can be mostly summed up in two words: barriers and perceptions.

To all the male readers out there, have you been met with stigma or stereotyping throughout your training and career?

The first time I told my grandfather I wanted to be a nurse, he laughed in my face. I have been asked many times of my sexual orientation with people assuming or at the very least questioning my sexuality for choosing nursing as a profession. This is one of many barriers and perceptions that inhibits many men from seriously considering a career in nursing.

How do we address this?

We need more discourse on men entering nursing as a career, role models within and outside our profession, both male and female nurses actively promoting further diversity within the profession and highlighting the benefits of increased diversity. I have female colleagues frequently say to me that having men in the profession adds an extra dimension to the services able to be provided while also adding additional value to a workplace.

This discussion is not about gender equality, it is about diversity. It is about employing the value that everyone is different and brings a unique quality, just as each gender brings a unique quality that adds different benefits. With the ever-looming shortage of nurses, now is a better time than ever to seriously consider as a profession 'what are our priorities?'

Do we continue down the same, most-trodden path or do we mould our profession for the 21st century, incorporating all the necessary changes that are required to flourish in our current world? As stated at the beginning of this article, there is no one way to address the shortages of nurses but through building block ideas such as this, we will be one step closer to not only having enough nurses but also raising the quality of nursing provided by embracing diversity and breaking down barriers.

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Editor's note: Luke is Chair of ACN's Men in Nursing Working Group, which is working towards attracting more males into the nursing profession. ACN will share the outcomes from this group in the coming year.

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WHY AUSTRALIA NEEDS A CLIMATE AND HEALTH COMMUNITY OF INTEREST

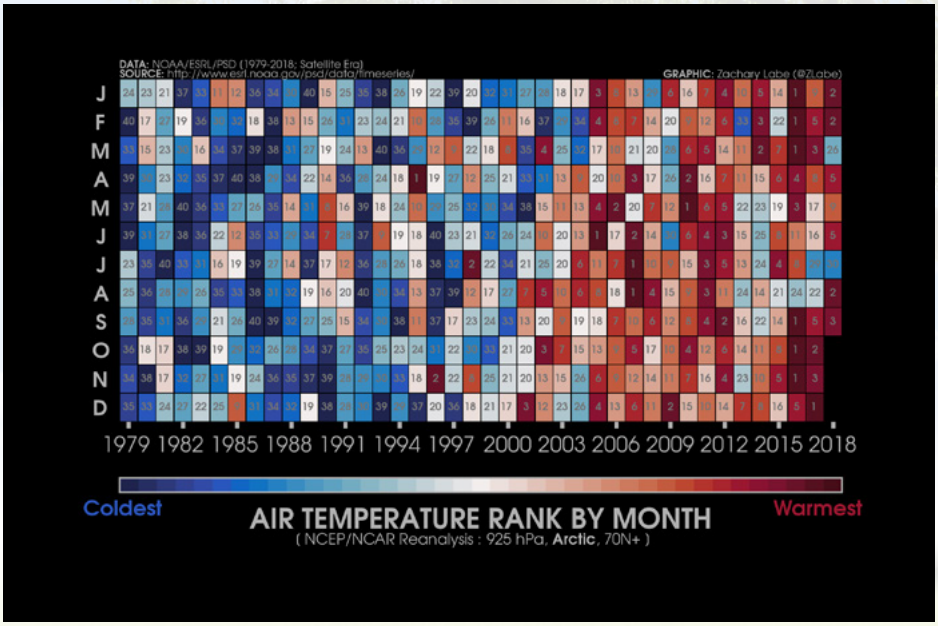
ACN embraced Communities of Interest (COIs) as a mechanism to facilitate mutual collegial support to optimise our nursing expertise and professional efficacy, and to advance the voice of nurses on key health issues facing the nation.

The Climate and Health COI differs to the other ACN COIs as few nursing positions currently identify climate change as central to the role. As a novel threat to human health, all nations are coming to terms with their own climate change health risks and designing appropriate responses. We know demand for nursing expertise on climate change will emerge soon, and possibly on a tsunami-like scale.

Recognised as honest and informed health professionals, nurses consistently rank as one of the most trusted professions. Our professional health advice is sought both within our professional domain and our personal and private pursuits. So NOW is time for nurses to up-skill on climate risks and protective health strategies.

When climate change was identified by *The Lancet* in 2009 as the "the biggest global health threat of the 21st century", we published a warning to Australia that climate change was an emerging health problem here (Capon AG et al., 2009). Since 2009, the global health burden from climate change has grown rapidly, with the mere 1°C warming already observed.

The figure above (NSIDC, 2018) ranks heat/cold for each month of each year since 1979 in the Arctic and shows the speed of warming, now 100 times faster than ever before. Global average atmospheric carbon dioxide in 2017 was 405.0 parts per million (ppm), higher than at any point in at least the past 800,000 years, where the previous peak was 300ppm (NOAA et al., 2018). Continued emissions release means a further warming 3 or 4°C is inevitable, and it will be rapid (IPCC, 2018). Global mitigation efforts to avert this health emergency have begun, but remain too slow. For example, the Australian Government's own figures indicate Australia's greenhouse gas emissions have increased for the third consecutive year, and are not likely to reach our Paris Agreement commitments (Department of Environment and Energy, 2018).



Australia's unusual heat and drought conditions continue to set records despite current neutral El Nino conditions (which bring 'normal' conditions), which heralds very high risks of unprecedented heat waves and fire danger in the 2018–2019 summer season across southern Australia (BOM, 2018). As climate disruption continues to unravel, the resultant climate related morbidity and mortality will increase demand for nursing expertise on climate change ramifications, health impacts and targeted self-protective measures.

The global risk of heat-related illness or death has climbed steadily since 1980, with around 30% of the world's population now living in climatic conditions with extremely hazardous high temperatures persisting several days a year. This includes Australia. Between 2000 and 2016, the number of vulnerable people exposed to heatwave events has increased by approximately 125 million (WMO, 2017).

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Climate change brings direct health impacts as well as indirect. For example, the International Monetary Fund (IMF) calculates that a 1°C increase in temperature could lower per capita economic output by about 1.2%, which is very problematic for the world's poor. Extra heat also diminishes people's capacity to work (Hanna et al., 2010).

Conditions of extreme heat and humidity in Australia's tropical north already reduce human capacity to work and exercise (Davis C et al., 2016). This will exacerbate.

Global warming expands the world's 'hot zones' and thus expands the geographical niches suitable for disease carrying parasites, such as the mosquito. A latitudinal gradient exists in national wealth, whereby richest countries enjoy temperate climates. Vector-borne and parasitic diseases are drivers of the latitudinal gradient in income, and the burden of these diseases is predicted to rise as biodiversity falls (Bonds et al., 2012). Increased heat and humidity from climate change will further intensify the economic burden as well as discomfiture in the world's tropical and subtropical zones, including Australia.

Significantly, economic losses from extreme weather events usually quote insured losses only, whereas the poor often cannot afford insurance, hence their losses are not counted. The most costly events occur in wealthy countries, whereas the proportional GDP costs and mortality are highest in poor countries, and among the poorest in wealthy countries. Australia's neighbours in Asia and the Pacific are among the world's most vulnerable to climate change, and many will be forced to seek refuge in other countries.

Of the wealthy countries, Australia is regarded extremely vulnerable to climate change due to limitations on adaptive capacity to withstand amplification of our naturally extreme weather conditions. Australia also has the world's most variable rainfall, and our average daily temperature is 13.7°C warmer than the global average of 8.1°C (Hanna EG et al., 2018). Although warming only 1°C since records began, Australia has witnessed a five-fold increase in the frequency of extreme temperatures (> 2 SD), and new 'hot' records now exceed 'cold' records by a factor of 12:1 (Lewis et al., 2015). Some parts of Australia already reach 50°C, and in a few years, Perth, Adelaide Melbourne and Sydney are also likely to breach that threshold (Hanna L, 2017).

The Australian Summit on Extreme Heat and Health recognised that exposure to heat is Australia's greatest health challenge, as more Australians die from heat exposure than any other natural disaster (Hanna E et al., 2016). Acclimatisation offers only limited protection as despite a highly efficient thermoregulatory system, there are upper limits to human thermotolerance (Hanna EG et al., 2015). This means many days in summer will become too hot for people to flourish, to work, sleep and play, and ultimately to survive. Plants and animals are also thermo-limited.

Climate projections now indicate that continued warming will generate cascading hazards on various temporal and spatial scales. Between 1998 and 2017 disasters killed 1.3 million people and left a further 4.4 billion injured, homeless, displaced or in need of emergency assistance, 91% of all disasters were caused by floods, storms, droughts, heatwaves and other extreme weather events, that is by climate. Two major heat waves killed 70,000 people in the UK and Western Europe in 2003, and 55,000 in Russia/ Eastern Europe in 2010.

Climate change has reversed the successful trajectory of *Sustainable Development Goal 2 – Zero Hunger,* as climate both directly reduces food yields and triggers mass migration and conflict, which indirectly reduces food production and access to food. Climate change is exacerbating global hunger. In 2017, 821 million people across the globe were undernourished and 22% of children were stunted (FAO et al., 2018). Australian figures indicate that over 13% (including 17% of children) are living below the poverty line and hunger is increasing (ACOSS et al., 2018).

In 2017, *The Lancet* reported that "human symptoms of climate change are unequivocal and potentially irreversible—affecting the health of populations around the world today" and added that the "delayed response to climate change over the past 25 years has jeopardised human life and livelihoods" (Watts et al., 2017). As nurses, we cannot stand idly by and let this happen. We must harness our energies and resources to put a halt to rampaging climate change, and assist our communities to adapt to the inevitable warming and climate disruption that is embedded in the climate system inertia.

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THE FRONTLINE WORKFORCE

Utilising and engaging strength from within

The health care landscape has changed in fundamental ways over the last few decades. Science and technology have revolutionised the way we operate, create, communicate, prioritise, and distribute information.

The journey of health care has changed directions from what could have been perceived as almost resonating with philanthropic principles, to adapt and evolve as organisations with increased accountability. Tools by which organisational performance is evaluated in health are evolving over time. Measures themselves are changing. Health care demands are rising rapidly given the epidemic of non-communicable diseases and the increasing ageing population. There is growing accountability for safety amidst tackling changing workforce dynamics with shortages and skill mix, financial constraints, consumerism and technology integration.

More importantly, we still have a gap in access and equity. So how do we achieve the status of a high reliability organisation? Nurses are driving and leading the health care system in diverse ways. But are we really performing the best we can? Have we achieved the level of patient safety we really can and would like to achieve?

Communities are losing faith in many other industries including financial institutions, political sector, sports and so on. Yet surveys, such as Roy Morgan, consistently reveal how much faith people have in us as nurses and health care professionals. Definitely the compassion and the goodwill is there as an integral part of our profession but it doesn't always translate into equally sound outcomes to the extent we want.

Patients suffer physically, emotionally, psychologically and financially due to adverse events. There is apparent awareness regarding tangible losses such as cost to the organisation in terms of resources, staffing, regulatory cost, investigation of errors, pursuit of legal defence and settlement in the worst case scenario. How often is attention paid to intangible losses? The time that could have been utilised in proactive approaches, time to recover from loss of reputation and trust, as well as loss of productivity, relationships and purpose that affected families go through leave far greater impact than tangible losses.

Study of highly reliable organisations reveals some distinct principles that underpin their success and overall organisational outcomes. Effective, reliable organisations engage their workforce really well. Engagement is 'emotional commitment' that you have with your organisation and its goals. Engaged employees embrace organisational goals and work willingly towards them. Health overall has a lot more potential to improve in this area. The 2017 People Matter Survey (Public Service Commission) response rate shows that in all of the public sector, health has the lowest percentage of response despite being one of the largest employers. The average rate of response to critical measures in health is much less.

There is a strong drive towards continuous quality improvement in health. We have sought various quality improvement principles and methodologies from other industries in order to seek positive change. However, many large and ambitious efforts to bring about change fail to deliver long term sustainable outcomes when frontline employees are not well engaged in the process right from the beginning.

We accept that family members know patients best. The Clinical Excellence Commission in collaboration with many local health districts has implemented a program called REACH, which strategically encourages carers to initiate the highest level of escalation tier if concerned about the patient. The knowledge of and exposure to the local context forms the basis of REACH. Ironically, the same concept is not embraced consistently in change management. People who operate and function on the frontline within the system are often involved in the change process at the time of implementation which comes after diagnostics, project planning and designing when interventions have been already finalised.

When staff are able to contribute towards the solution, they are more likely to come up with interventions that actually fit into the context. They know the work stressors, staffing challenges, dynamics of care and patient population. It fosters staff taking ownership of those change processes which in turn ensures longevity and sustainability. In this approach, frontline leaders can truly assist in leading change, unlike conventional change efforts where, many times, frontline leaders are treated simply as conduits for top-down communication or as mediums for ensuring compliance to new practices.

Organisations need to go beyond providing necessary tools, resources and education to engage their workforce and provide the encouragement, motivation and opportunities to do their best because disengaged workforces burn out faster. Staff burnout is a critical consideration. They are the functional entities of an organisation just like cells in the body. Employee burnout can be related to cellular level dysfunction in the systemic inflammatory response syndrome, in which the body might be on a path of shock when compensatory mechanisms kick in and yet signs and symptoms can remain subclinical.

> **“Staff are much more likely to strive and secure the best outcomes for patients if they are invested in their work and feel respected, supported and empowered.”**

We can extrapolate the same phenomenon for an organisation. The standard and quality of care is inherently dependent on how care is delivered at the frontline. The lack of commitment and disengagement translates into poor safety behaviours resulting in adverse events. Educational interventions do not help with this. Education addresses the knowledge deficit. Lack of knowledge and lack of ability and willingness to transfer that knowledge into practice are two distinct issues. The disengagement in the health sector is multifactorial. However, one can argue that a lack of psychological safety of staff is proving to be a major hurdle in health care's journey towards becoming a high reliability industry.

Unlike some other industries, we do not build products, nor do we work with a system with a defined set of productivity measures with predictable issues. We deal with human life in an inextricably complex system that inherently depends on human interaction, judgement, application of situational awareness and rationale. Empathy is absolutely vital as we deal with people when many times they are at the most vulnerable stage in their life. An environment that protects the physical and psychological safety of the workforce is fundamental to a culture of safety.

The significance of the human factors approach is emerging in health care and we are moulding our ways to accommodate systems-based thinking to understand how staff interact with each other and elements of a system which greatly influence the level of acceptance, utilisation and ultimately, the effectiveness of change. Even with the best intentions in mind, the power differentiation and power distribution across the hierarchy make it challenging for staff to openly communicate with managers. To incorporate a human factors perspective, it is vital that staff are able to voice their concerns unambiguously and unwaveringly, irrespective of position or level of experience. Without having that psychological safety, frontline clinicians won't openly share their concerns.

It should be the primary goal of organisations to continually work towards keeping employees engaged and motivated. There's also a correlation between high levels of staff engagement and high levels of patient engagement. Staff are much more likely to strive and secure the best outcomes for patients if they are invested in their work and feel respected, supported and empowered. That's why improved clinician experience or joy at work has been added to the triple aim of better care experience, better population health and lower per capita cost to make it a quadruple aim by the Institute of Healthcare improvement.

A 'psychologically safe' workplace provides a climate of interpersonal trust and mutual respect in which people feel comfortable being themselves and speaking up with ideas, questions, concerns or mistakes. Elements which foster psychological safety are not new. They are: transparency, effective teamwork, active communication, just culture, respect, and direct and timely feedback (Frankel et al 2017). However, how well do we practice them? Little things matter. It takes a lot to obtain an explicit written compliment in busy clinical environment such as today's. How many organisations have a central repository to collect and display genuine positive feedback that staff receive from patients? By delivering timely, genuine and honest acknowledgment, managers unlock motivation and innovation at the frontline. People go home feeling good and want to bring more of themselves back the next day. That is engagement! When that kind of discretionary effort is unleashed, staff are willing to share ideas and enhancements that enable quality improvement. A journey towards continuous emotional intelligence is inevitably dependent on psychological safety which then leads to continuous learning and in turn leads to just culture and deference to expertise. Just culture essentially means focussing on identifying and addressing systems issues that steer individuals to engage in unsafe behaviours, while maintaining individual accountability. You can't practice just culture unless the workforce is engaged and has safety embedded in its daily practice as a core value.

We, as a leading profession in health care, have an obligation to pioneer our way into the future where health care is seen as a preferred and viable employer. That will also assist to eradicate some broader issues we are trying to tackle, such as gender disparities in nursing, bullying and discrimination. I envisage a new phase in health care where all frontline leaders will be trained not only in patient safety but also in building organisational capability by establishing true engagement and psychological safety for all staff.

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AUTHOR

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THE RISE OF THE ETHICAL NURSE

Predicting culture shifts in nursing and health care

> **“With a new generation of ethical nurses that can speak to each other rapidly and gain patient results quickly, could we maybe even move one step further to become personalised nurses?”**

For years the nursing profession has had a complex interplay of generations seemingly thrown together in a hapless mess. There have been culture shifts and conflicts, it has felt urgent and anxiety-provoking as we all try to predict what the future holds. Statistics tell us that a significant proportion of the nursing workforce in years to come will be dominated by millennials. These are the same millennials that are scorned for spending too much time on their phones and yet will be working in the most technologically rich health care environment that has ever been seen. So, what does the future hold for us?

At the recent National Nursing Forum, Samantha Jakimowicz MACN spoke about compassion fatigue among intensive care nurses. In a cross-sectional survey, nurses self-reported compassion satisfaction and burnout in a 30-item tool. The results showed burnout scores were highest among early to mid-career nurses, however holding a postgraduate qualification and more years in practice correlated with better compassion satisfaction and less burnout (Jakimowicz, Perry, & Lewis, 2017). Working in an intensive care unit, this speaks volumes to what we see every day. As early to mid-career nurses it can often feel the tide is overwhelming when you are constantly trying to balance the crushing acuity of the health care system with the best patient-centered care, all the while learning the art of nursing. Intensive care is known for having a high turnover in nurses and issues of retention are seen as an international quandary as we try to stem the loss of skilled professionals leaving the specialty and the profession.

ACN CEO, Adjunct Professor Kylie Ward FACN, addressed a critical care nurses conference in Sydney that we attended this year, where she spoke about what the future holds for intensive care nurses. Who will we be looking after? Where will we be looking after them? In a potential future with driverless cars, trauma incidences could be reduced. More cures are being found through scientific discovery and transforming health care, like the $241.3 million funding from the Australian budget for Nurinersen to ameliorate or reverse the effects of Spinal Muscular Atrophy. With global warming, the number of refugees will increase exponentially as the world fights over natural resources. Are we going to see the same intensive care units operating, or could they disappear?

Recently, our manager spoke to the staff within the intensive care unit and described how different our unit was many years ago. When she started her career within our ICU, there were 12 beds. We now have 31-physical bed spaces and are running out of room. Critical care beds and staff are becoming more and more scarce with the increasing demands in numbers and acuity of patients in the ACT and NSW. So, what is this all going to look like?

A one-day history conference held prior to the National Nursing Forum this year has had us thinking for months about the very question of the future. Dr Laurie Grealish FACN spoke about the different phases of nursing that Australia has seen since the British colonisation. From the 'Good' nurse in 1788 to the 'Competent' nurse in contemporary nursing, we have all seen iterations of this in our organisations. Dr Grealish proposed that the next phase may centre around the 'Ethical' nurse. With technology at our fingertips we can now read the stories of Humans of New York, understand the fears of refugees, watch the debate about climate change and plan a sustainable lifestyle in 10 easy steps.

We might be able to climb into a driverless car soon, but when there is an unavoidable accident who are we going to ask the car to save, the passenger or the animal that ran across the road unexpectedly? With budgets tightening and our population ageing what money can we afford to spend on new treatment? How are we going to fight infections that are resistant to all of our efforts? Who is going to receive our finite resources?

With a new generation of ethical nurses that can speak to each other rapidly and gain patient results quickly, could we maybe even move one step further to become personalised nurses? Personalised medicine is on the horizon and this may just take us a step further into the concept of patient-centred care where we design health care around the patient instead of asking the patient to fit into our health care system. Our nurses will be part of the ethical debates and be asked to understand more complex technology in order to deliver the best care in promoting health to prevent the need for health care. But our biggest concern is how are we going to get our early to mid-career nurses to that point? Every nurse is an early to mid-career nurse at some point in their career. Those nurses become our next leaders and if we can't help them through the hardest stages of their careers our shortages are going to worsen, and with that our ability to positively take our next generation of nurses to the next phase will disappear.

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AUTHORS

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PAVING A BETTER FUTURE

ACN recently caught up with Janine Mohamed, outgoing CEO Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), to discuss her distinguished career and her hopes and aspirations.

Janine Mohamed, a Kaurna/Narrunga woman from South Australia, has deep expertise and experience in how to work towards the improvement of health care and health outcomes for Aboriginal and Torres Strait Islander people. As a nurse and CEO of CATSINaM, Janine has been an advocate for the unique and powerful roles that Aboriginal and Torres Strait Islander nurses and midwives have in the health system and their communities, as agents of change. Her leadership and work is informed by principles of health equity and justice, and she has a passionate commitment to working towards health systems that are culturally safe for Aboriginal and Torres Strait Islander patients, health professionals and employees.

What have you loved most about your role as CEO for CATSINaM?

I think building the organisation and getting to know its membership is what I've loved the most. And watching people connect and support each other in what they are striving to achieve.

If I had to put it down to one event, I think I love the CATSINaM conference the most. There's a real vibe around our conferences – people go away feeling rejuvenated and connected to each other. Lifelong friendships are formed. You watch people come back year after year.

What are you most proud of?

My family. My children that I've raised in Canberra. I brought my family to Canberra 10 years ago, they basically didn't have much choice! And they have thrived in that environment. Their achievements as good citizens and in their culture and identity is what I'm really proud of. And what my husband and I get to do together – he has a leadership role as well – we are just able to support each other in our careers, so I'm really proud of that too.

I'm also really proud of my colleagues that I get to work with – Kylie [ACN CEO] and all the others in nursing and midwifery leadership. They've really supported me and the direction of CATSINaM.

What have you seen change in the workforce for Aboriginal and Torres Strait Islander nurses and midwives over the course of your career?

The content in which they get taught. There is a real reflection now within the curriculum of content that reflects their identity and pride in Australian Aboriginal and Torres Strait Islander health. The content is no longer just the bad statistics; you know, poor health outcomes. Within nursing and midwifery more broadly we are starting to see stories emerge in the education arena around strength-based stories for Aboriginal and Torres Strait Islander peoples. There have always been the stories of being vulnerable, of diabetes and cardiovascular outcomes, but you know stories of resilience and survival are really important too.

How can we as nurses, pave a better future for the health of Aboriginal and Torres Strait Islander Peoples?

Cultural safety! Lifelong journey!

I think really seeking individual excellence and culturally safe care and understanding that it is a lifelong journey. Speak to the systems that aren't culturally safe so that it's not left up to individuals, so that it is embedded into systems.

What do you hope the future holds for you?

I hope that, like I did with Sally [previous CATSINaM CEO], that the CATSINaM legacy of the organisation continues to build and get stronger and stronger with the new CEO. And that they put their own footprint on CATSINaM.

I think for me individually, I hope my legacy is that my children have choices and that they are not actually fighting the same struggles that I have for better health outcomes for Aboriginal people. I hope they get their own choices and that they get to field their own dreams and aspirations.

New LINMEN website to support nursing and midwifery education on cultural safety

Nursing and midwifery educators will benefit from a new website launched on Monday 17 September by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) for the Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN).

CATSINaM president Ben Gorrie says the new website will assist nursing and midwifery educators looking for resources on cultural safety and Aboriginal and Torres Strait Islander health, history and culture.

The LINMEN website is a collaborative peer support network for nursing and midwifery educators to develop and share the highest quality education and training on cultural safety and Aboriginal and Torres Strait Islander health, history and culture.

Mr Gorrie says the new LINMEN website – www.linmen.org.au – provides ways for members to connect with one another, access resources and share projects.

LINMEN membership is free and open to organisations and individuals who work in nursing and midwifery education and are committed to cultural safety and achieving health equity for Aboriginal and Torres Strait Islander Australians.

Nursing and Midwifery educators across Australia can join the growing LINMEN community now at www.linmen.org.au.

LINMEN, is funded by the Australian Government Department of Health, and supports nursing and midwifery educators by developing and sharing good practice curriculum resources on cultural safety and Aboriginal and Torres Strait Islander health, history and culture.

LINMEN also provides professional development opportunities for nursing and midwifery educators, and helps to identify and share effective strategies for creating culturally safe teaching and learning environments for Aboriginal and Torres Strait Islander students and staff.

Mr Gorrie said over time it is hoped LINMEN will contribute to the recruitment and retention of more Aboriginal and Torres Strait Islander Australians in the nursing and midwifery workforce, and more experiences of culturally safe care for Aboriginal and Torres Strait Islander people.

“I also hope we will see more non-Indigenous nurses and midwives graduating who are better prepared to provide culturally safe health services to Aboriginal and Torres Strait Islander Australians,” he said.

“We encourage all nursing and midwifery practitioners, educators, students and policy makers to check out the new website and join LINMEN. We look forward to hearing your suggestions and feedback for how it might be further improved.”

My experience caring for someone with motor neurone disease

In the Bachelor of Nursing/Bachelor of Nursing and Midwifery program at Monash University, one of the final year units looks at chronic illness management within the primary care setting. The unit covers the management of clients with a wide range of chronic illnesses, care of the ageing person and palliative care. In our workshops for the Palliative Care Week we introduced the students to the complex needs of someone with motor neurone disease (MND) which was quite challenging for many of them. For one of the students it was more than just a clinical exercise, for her it was personal. Following is her story about her journey, caring for her father with MND.

PIETERNELLA FOLEY LECTURER MACN

Dad was diagnosed with MND at 40 years of age; I was 14 at the time and my younger brother, Aiden, turned four that day. I remember watching my parents walk into the waiting room and Dad falling to his knees when he saw us. I had not known true sadness, fear and loss until that day.

Three years prior to Dad's diagnosis my family relocated to rural Victoria from Tasmania and eventually built their forever home. Dad's impending unemployment would prevent mortgage repayments; therefore, my parents were forced to sell. We relocated to Nan's house in Tasmania as this was not a journey we could undertake without family support. Moving interstate meant that my younger sister, Shandell, and I left our friends, school and identity. I began to experience moments of anxiety and numbness as I struggled to cope with the overwhelming changes occurring in my life.

Upon arrival, my parents were provided with equipment including a wheelchair, foot braces and specialised cutlery. Thanks to the MND Association (2018) the bathroom was renovated to create a commode accessible shower. The association became a great support for the family, we attended many meetings, fundraising events and Christmas celebrations.

Dad had worked full-time as a locksmith manager while operating another business from home in Victoria. He enjoyed being busy, active, and involved in the community. Dad continued his locksmithing work by opening an eBay store and selling products with our assistance. He enjoyed this hobby and hoped to support families like ours by contributing 10% of his sales to the MND association. Dad's charitable efforts were inspiring to me during these formative years. He taught me to be brave and to make the most of difficult situations.

Eventually, personal care services commenced as Mum felt herself becoming more of a carer than a wife; I often felt the same as a daughter. It was confronting and invasive having carers in our home, at times Shandell and I were too embarrassed to leave our room and interact with them. The carers were extremely kind and respectful, which provided a sense of comfort and helped us adjust to the changes. Despite the ongoing support, Shandell and I were still faced with responsibilities far beyond our years, making it difficult to relate and feel supported by our peers.

SHUTTERSTOCK

Dad eventually consented to PEG tube insertion due to inevitable loss of digestive musculature. This significant step forced him to acknowledge future deterioration and had a profound impact on his self-esteem. It was overwhelming to consider what lay ahead for Dad and the thought of him unable to eat or breathe was terrifying.

My parents would often visit friends but as Dad deteriorated, transferring to and from the car became more difficult and dangerous. The risk of injury became too great and a maxi taxi with Dad's electric wheelchair became the only option. Unfortunately, costs were high and resulted in them socialising less. Opportunities for family outings were increasingly limited and spontaneous trips ceased to exist.

More funding for carers and equipment, including a standing hoist, was provided. Having a carer to feed Dad dinner was a relief as one member of the family would have a cold meal to feed him first; the dishes being done was a bonus! The additional services were made necessary as Mum sustained a shoulder injury from transferring Dad on her own. Every aspect of our daily lives revolved around the carers, which was frustrating but eventually they became part of our family. Friends and family visits reduced from distress caused by Dad's deterioration; having a laugh with his carers really helped him through these dark times. Even with the support from carers, as the oldest child I was faced with additional responsibility when Mum was unwell. Alongside studies, I would care for my siblings and be responsible for housework and became emotionally and physically exhausted.

As Dad deteriorated our interactions with him changed. As we could no longer hug Dad, he and Aiden would touch their foreheads together, referred to as a 'head butt'. They would spend time together by watching a movie with Aiden sitting on the arm of Dad's chair feeding him snacks. Observing these moments were very bitter-sweet; I often wondered if they would be huddled on the floor constructing Lego if Dad was well. Dad's agitation was confronting for all of us; he developed a very specific routine and organisation of his space. I managed my frustration by putting myself in his shoes, being bound to a chair, knowing that his life is being consumed by a terminal disease.

The palliative care team and MND association funded a device named 'Tobii'. Tobii connected to Dad's laptop and enabled him to control it using his eyes, through Bluetooth he could also make phone calls and change the TV channel. The independence and enhanced quality of life that Tobii brought to Dad's final years was phenomenal and such a relief for us.

As Dad's communication deteriorated he became reliant on us to convey his needs to others. Simultaneously, his swallowing capabilities deteriorated; we would often fear him choking with every meal. On bad days we would utilise Dad's PEG tube to prevent aspiration. On a positive note, he was able to utilise the PEG for Movicol and Ordine, much to his relief.

Occasionally respite was arranged, often leaving the house feeling quiet without Dad and carers; I knew that the house would feel like this when he passes. I simultaneously dreaded and anticipated the breaks. Mum was suffering sleep deprivation from Dad's sleep apnoea and frequent repositioning requirements. Understandably, Dad was extremely upset and distressed upon going, which provoked intense feelings of guilt. Unfortunately, Mum continued to struggle with her physical and mental health and Dad was moved permanently into a nursing home. The decision was sudden; I felt incredibly hopeless and heartbroken especially as Dad planned to die at home. I was 18 and putting my 44-year old father into a home. The stress and inner turmoil I experienced was compounded by upcoming year 12 exams. It was extremely difficult visiting regularly and leaving him there alone on Christmas and his birthday.

After graduation Dad asked if I was going to university but I couldn't fathom the idea of losing time with him. Dad always did his best to prevent his illness from depriving us of any opportunities; he strongly encouraged me go to university to pursue my dreams. With difficulty I made the selfish decision to accept my university offer in Victoria as my last chance to make Dad proud. I was the only child he would see go to university, a milestone he was never supposed to make. The decision to leave Tasmania was supported by a scholarship from the university which would enable me to travel home frequently and independently support myself. The palliative care social worker continued to support me interstate which helped me cope. I was constantly fearing the dreaded phone call and missing the opportunity to say goodbye. Every time I would hang up the phone mournfully, wondering if it was the last time that I would hear his voice.

I returned to Tasmania three times during the first semester before the call came. I arrived in time to hold Dad's hand and say goodbye; this was a gift that I am forever thankful for. The carers came and cried with our family; it was comforting to see how much they cared. The hardest part was telling Aiden, now eight, of Dad's passing. There were now only four of us sitting on the floor grieving. The support from the palliative care team in the days following was incredible. Mum was encouraged to take Aiden to visit Dad at the morgue; evidence had shown that such gestures can be beneficial for grieving children (National Centre for Childhood Grief, 2018). I believe that Aiden was able to say goodbye as he saw Dad's peaceful face.

As time goes on, wounds heal slowly. I remember the people who came and helped us care for Dad while supporting the entire family. I will never forget their impact on our lives and the smiles put on Dad's face. As a carer, student nurse and midwife I have a strong appreciation of my power to positively influence the lives of those we care for. Empathy, resilience and patience are three very important skills that caring for my father taught me and I will practice them forever.

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AUTHOR

TAYLOR WARDE MACN

THE FUTURE NURSING WORKFORCE WILL BE TECH SAVVY

Predictions based on generational trends

SHUTTERSTOCK

The future nursing workforce will of necessity, need to be different to the workforce of today. The impending retirement of Baby Boomer nurses, those nurses born between 1949 and 1964, is expected to create a workforce gap by 2025 with (at worst) as many as 110,000 nurses needed to sustain the future of our health care system. The demand for nurses is driven by population health needs and ageing factors, which include, but are not limited to, reducing the burden of chronic disease and bridging the gap between Indigenous and non-Indigenous Australians. Workforce planning and political agendas are challenged to meet these needs and still uphold every Australian's right to accessible health as a fundamental human right.

Over the last 40 years an emphasis on primary health care (PHC) has expanded health access to susceptible communities. The PHC framework is grounded in addressing the social determinants of health, health promotion and community participation. Reorienting health care to a PHC perspective means that, by 2025, the role of nurses as key members of PHC teams in community settings, whether metropolitan, rural or remote, would require more autonomous practice and greater scope in decision making. To achieve this, the support of technology will be critical. Recent generational nursing studies found GenX and GenY nurses are committed to the philosophy of nursing and the ideals of the caring profession. Nurses reported satisfaction fulfilling their roles in PHC, viewing technology as a valuable tool, as long as resources and infrastructure were up to date and support was available. Computerisation of medical records, diagnoses and treatments, web-based communication and access to health literature require the skills and knowledge of a tech savvy workforce.

GenX nurses were born between 1965 and 1980 and are the only generation who straddled the digital revolution with the introduction of the Internet. GenXers are known to demand a 'work-life balance' and achieve this by navigating online systems to their advantage. GenY nurses were born between 1981 and 1996 and were undoubtedly shaped by the technology that surrounds their lives. This generation is interconnected, wearing their generational 'work-life fusion' characteristic with ease and comfort. GenZ are today's teenagers and young adults who have yet to make an impact on the Australian health workforce. Born between 1997 and 2012, GenZ grew up with hand-held, high performing technology. Social scientists have already predicted GenZ workplace behaviours will be defined by information technology, innovation and creativity, demanding a work environment that combines 'fun and learning'.

Today, the best way to predict our future nursing workforce is to place a generational lens on cohorts of Australian nurses set to replace exiting Baby Boomer nurses. Understanding the societal changes that shaped cohorts during their formative years goes some way into predicting what the future workforce will look like. Generation X, Y and Z nurses possess one skill in common: knowledge of computer and telecommunication technologies. By 2025, a tech savvy nursing workforce in a PHC setting will enable access to health, bringing nursing care to those who need it most.

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SHUTTERSTOCK

A NEW FRONTIER IN HEALTH CARE

VR and AR technology

A new frontier in health care education is coming and we can expect immersive, hands-on interaction that enables learners to deconstruct anatomy and drift through physiology within a virtual three-dimensional environment. This is how Virtual Reality (VR) and Augmented Reality (AR) will allow learners to integrate understanding through visual and immersive information.

It is known that learners in health care professions report difficulty translating concept-based scientific knowledge into practice. VR and AR technology is changing this by demonstrating an ability to improve user performance in tasks such as spatial understanding, memorisation and training by allowing users to experience applications from a first-person perspective and to interact using natural techniques.

Digital manipulation allows a user to concentrate and practice key tasks or investigate complex concepts. “The advancement of technology is now influencing the way nursing education is conducted” says Patrea Anderson, Associate Professor Nursing, Sunshine Coast University.

VR and AR will have a place in the future of clinical skills training within health care. As technology advances and time becomes even more precious to health care professionals, the way their education is delivered also needs to change.

At present, certain universities have integrated and implemented varying forms of AR and VR into their curriculum to support undergraduates but little access is known to nurses working clinically.

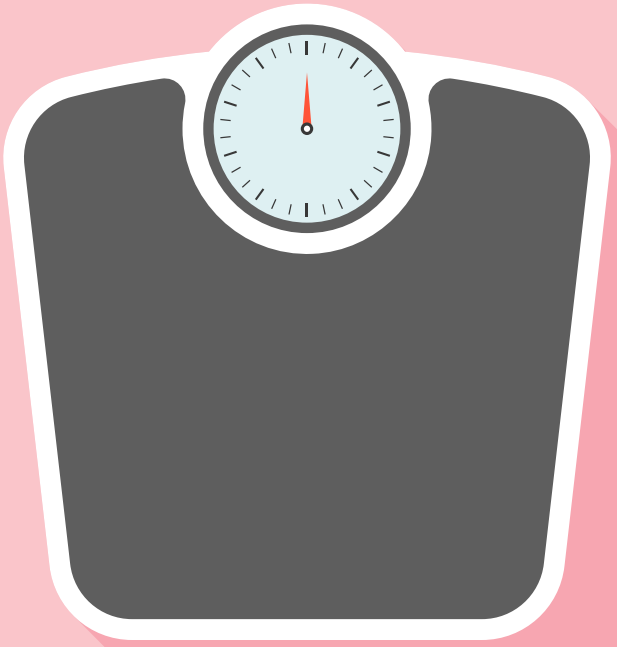
I am presenting a PhD proposal this month to establish a solid discussion of the benefit of VR and AR to nursing, so keep an eye out for that. In the meantime, just be aware that the change is coming – you just have to decide which reality!

AUTHOR

BRAD CHESHAM MACN

Shame and blame have no place in care

Issues of weight stigma in nursing practice



Obesity is a global health concern and a cause of consternation for governments, health facilities, and nursing staff alike. Historically, responses to the issue of obesity have focused on personal responsibility. However, this has had the unintended consequence of creating a culture that is accepting of open discrimination toward obese people. Nowhere is this culture flourishing more than in the health care sector (Bombak, 2014).

Nurses have been at the forefront of campaigns responding to obesity over the last decade. In many parts of the world, nurses are tasked with running weight loss clinics and providing education on weight management to patients. However, alongside increasing responsibility for treating and managing care for obese patients, nurses have also been found to hold deeply negative attitudes toward obese people (Flint, 2015). These views, known as weight bias or weight stigma, have been found to result in a number of negative outcomes for obese patients (Alberga et al., 2016).

Weight stigma, defined as holding negative attitudes and beliefs toward people based on their weight, exists across all aspects of life (Flint, 2015; Alberga et al., 2016). For many people, this manifests in stereotypical beliefs that obese people are inherently lazy, unintelligent, gluttonous, lacking in discipline and willpower, and are personally to blame for their weight.

Weight stigma is pervasive in Australian culture, with obese people regularly exposed to weight-based derision and discrimination (Alberga et al., 2016). Research demonstrates that health professionals, including nurses, are particularly susceptible to anti-fat bias (Flint, 2015). In a study of 2,449 overweight and obese women, 46% reported experiencing weight stigma from nurses (O'Reilly, 2018). There is also evidence to suggest that nurses who hold negative attitudes toward obese people communicate in a less patient-centred manner, resulting in patient distrust, non-adherance and significantly worse health outcomes (Flint, 2015).

The prevalence of weight bias, coupled with the necessity of providing care to obese patients, has resulted in a potentially toxic culture of treatment for obese people. The people charged with caring for, and communicating with, obese people are also those who believe the worst stereotypes about them. Even health professionals who choose to specialise in the treatment of obesity have been found to hold negative opinions about obese patients (Phelan et al., 2014). In addition to this complicated relationship between health providers and their obese patients, there remains ambiguity around effective treatment and management of obesity. The clinical understanding of obesity is obscured by many social and political factors that influence the provision of care (Phelan et al., 2014).

SHUTTERSTOCK

When investigating the impact of weight stigma in Australian health care, the following issues must be noted.

WEIGHT STIGMA IS A SOCIALLY ACCEPTABLE FORM OF BIAS

One of the greatest challenges in overcoming weight bias in a health care setting is the social acceptability of deriding obese people (Puhl & King, 2013). In hospitals across Australia, disparaging and negative comments about obese patients are regularly made, with relative impunity. Medical students, found to hold otherwise egalitarian beliefs, feel comfortable displaying openly negative attitudes about obese patients (Phelan et al., 2014). The social acceptability of weight bias is primarily linked to the perceived behavioural element of obesity (Flint, 2015). Due to the often simplistic, and sometimes harmful, messaging around obesity, public perception often rests on the notion that obesity is caused by laziness and self-indulgence (Alberga et al., 2016).

HEALTH PROFESSIONALS BELIEVE WEIGHT STIGMA HELPS

In a hospital setting, weight stigma goes largely unchallenged, with many health care providers feeling justified in their attitudes toward obese people (O'Reilly, 2018). Many mistakenly believe that stigmatising fat individuals may result in behaviour change; however, the opposite has been found to be true (Vartanian & Smyth, 2013). Research suggests that weight stigma is linked to poor mental health outcomes, medication non-adherence, substance misuse and distrust of health professionals (Gudzune et al., 2013). It has also been found to result in exercise avoidance and disordered eating habits; defying the notion that stigma promotes weight loss (Alberga et al., 2016). In an outcome guaranteed to diminish health, obese people have reported avoiding or delaying seeking medical attention for fear of weight-based discrimination (Gudzune et al., 2013).

WEIGHT-CENTRED HEALTH PARADIGM

Another challenge in overcoming weight stigma in health care is the conflation of weight and health, otherwise known as the weight-centred health paradigm (WCHP) (O'Reilly, 2018). The three main beliefs of the WCHP are that weight is associated with energy expenditure, obesity leads to mortality and weight loss definitively improves health (O'Reilly, 2018). These three beliefs all have fundamental flaws, with substantial evidence pointing to a more complex narrative (Bombak, 2014).

From a health perspective, observations such as blood pressure, blood glucose and cholesterol levels provide greater insight into the health of an individual than their weight (Mann et al., 2015). Tracking of weight and BMI has been found to be inherently problematic, with the recognition that obese people can be metabolically healthy and lean people are not immune to diseases linked with obesity (Bombak, 2014). This emphasis on a WCHP leads health providers away from patient-centred care, not toward it (Bombak, 2014).

IMPLICATION ON THE CLINICAL TREATMENT OF OBESE PATIENTS

Not only does weight stigma directly affect the health of patients, it also strongly influences the clinical treatment of obese patients (Gudzune et al., 2013). Health care professionals have been found to limit appointment times with obese patients and deny access to choice and provision of treatment (Gudzune et al., 2013). Primary care providers have reported less respect for patients with obesity, resulting in poorer communication and less empathy (Gudzune et al., 2013). In one study, providers who evaluated a patient as obese were more likely to rate their interaction a 'waste of time' (Phelan et al., 2014). Physicians have also been found to over-attribute symptoms to obesity, recommending weight loss before undertaking any diagnostic tests or considering treatment options (Phelan et al., 2014).

INTERNALISED WEIGHT STIGMA

Not only is weight stigma detrimental to the health and wellbeing of patients, it also creates an unhealthy work environment for overweight and obese nurses (Puhl & King, 2013). Nurses and midwives exhibit a higher rate of obesity than the general population. The incidence of weight stigma in the clinical environment is likely to contribute to this reality, with weight stigma linked to stress-induced weight gain (Mann et al., 2015). Adults who experience weight stigma have been found to internalise negative attitudes (Pearl et al., 2015). This internalisation can lead to increased food consumption, anxiety, depression, inactivity, low self-esteem and lack of engagement in preventative or primary health care (Alberga et al., 2016). Women have been found to be particularly susceptible to the negative effects of weight stigma (Pearl et al., 2015). With 89.9% of Australian nurses identifying as female, it is more than likely that weight stigma is having an impact on our nursing workforce.

There are many elements to the care and management of obese patients that cannot be resolved through simplistic public health messaging around exercise and diet. It is beholden upon all of us to change the conversation around obesity, so that obese patients receive the best care and human factors in health provision, such as weight stigma, are minimised. If we're truly seeking to create a healthful environment for both patients and our peers, eliminating weight stigma is an important piece of the puzzle.

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AUTHOR

MADELINE HAWKE
MACN (ENL)

LIVING THE FUTURE NOW

> **“With each day being a step in the direction of our future, we must consider that the fundamental and most vital ingredient for our future recipe is the basis for which nursing began.”**

The nursing profession has grown and evolved throughout our history.

Since the inception of human life, the essence of the nursing role has existed. There has always been a need for people to be cared for and equally an instinct in us as humans to care for others.

Throughout the ages, the role of nurses has undoubtedly expanded and is now held as one of the highest respected professions in our world. Constant new health care information, technology and research have shown there really is no limit to what the nursing profession can achieve!

The incredible thing about the nursing profession is the commitment to continual improvement. Looking for more effective ways to practice while valuing the hard work that nurses do.

Without surprise, we now ask the question again, ‘What does the future hold for nurses?’

Of course, the future can be short term or long term. The fact is there will always be a future ahead of us. However, what if we considered that the future is closer than we think. Consider that the future is today.

Yes, you read correctly – every movement we make, we are making that move in the future.

If we see it this way, it brings home the responsibility that the way we live today, tomorrow and the day after also counts.

We can be forever working towards a future goal that we forget how we are living the days in between. For our nursing profession to head in any direction with an advance in our knowledge, we need to make our first and foremost priority the quality in which we live our everyday life.

For the patient who becomes sick and finds himself or herself in the care of a nurse, no matter what day it is, no matter how long before the new technology comes out, that patient is having their experience now. We are there to care for them today. The quality we bring to that patient will be everything to them during that challenging time. The quality referred to here includes the way we look at them, meet them, acknowledge them, listen to them, and gently handle their body as we assist them with hygiene cares. As a health practitioner, we can either be in the quality of genuine care, or the quality of just doing our job.

From a patient’s perspective, no matter how much better the technology is, no matter how vast the research becomes, no matter which hospital they end up in, they want to be cared for. We are the people there in their most vulnerable moments and the ones that represent ‘life’ while they take a break from theirs.

The way we speak, move, interact, smile and communicate with someone is critical to inspire our patients while they are unwell. Therefore the way we care for ourselves has to continually go to a new level if we expect to care for our patients on a deeper level.

It’s time to bring us back to the question at hand about our future as a nursing workforce.

With each day being a step in the direction of our future, we must consider that the fundamental and most vital ingredient for our future recipe is the basis for which nursing began. It’s the innate instinct to care, the natural love for people and the knowing that all people are worth being treated with genuine respect and decency.

Throughout our history, we can see that the health industry has advanced. However, if we are improving our practice and upgrading our material then equally we must look at how we can take the way we care for people to a whole new level.

The only way to truly achieve this is to care even more for ourselves. That way our outpouring of care provided to patients is uplifting and joyous also when we can be witnessing some of the hardest moments in someone’s life.

To prepare for our long-term future, we need to be considering our every day as living the future now. If we are the inspiration today, then our tomorrow will be even grander.

Ultimately we are in this life together, and we will always be #GreaterTogether.

AUTHOR

ARIEL YOKOTA MACN (ENL)

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Nursing matters

Securing the future of nursing: How the ICN Global Nursing Leadership Institute is playing a part

SHUTTERSTOCK

> **“The institute gave us an undisturbed opportunity away from our workplaces to refuel our professional energy, revel in the exchange of ideas with people who shared our goals and consider our next steps in creating a brighter nursing future.”**

As passionate nurses around the globe know, the future of nursing needs to be secure in order to allow our profession to meet the health challenges which await us in the future. We need to maintain a robust community and be unashamed to stake our claim at the highest levels of decision-making. We need to inform the public and each other about successful initiatives and new innovations with the confidence and clarity to stand up to our critics. We need to see ourselves as part of a global network as well a local one and we need to retain our belief and energy in our work despite the hurdles that confront us. In other words, we need to continue to find the strength to fight for what we believe in, prove our worth through our successes and demand that nursing is allowed to reach its full potential as a fundamental pillar of health care around the world.

Having said that, the daily demands of work and life tend to shift consideration of the broader future of nursing to the backburner on most days. Even if one is feeling particularly inspired and motivated, where can training in ‘how to get politicians to take us seriously’ be found? There are courses and seminars on all sorts of things but a course on how to secure a ‘better nursing future and drive the policy agenda forward’ is a little less common.

Fortunately, the International Council of Nurses (ICN) has come up with a solution and developed a fantastic workshop on these very themes in the form of the Global Nursing Leadership Institute. The institute is held in Geneva over seven very full days each year in September and, this year, I was privileged to take part accompanied by fellow Australian colleagues: Susan Anderson, Dr Dale Pugh, FACN, and Professor Patsy Yates FACN. Together, we joined an inspiring group of nurses from five continents and 17 countries all united by a drive to create a strong and robust future for nursing.

Although the Australian contingent did not know each other prior to the conference, we found that we were all drawn by very similar motivators. We had a wish to develop our understanding of how policy and politics function so that we could effect positive change in our profession, a desire to get to know other colleagues who felt the same way and a need to make sense of where our local nursing practices fit into the broader spectrum of global health.

Our skills and brains were put to the test throughout the week as we were introduced to our colleagues at the World Health Organization, ICN and Nursing Now and asked to consider our local experiences from a global perspective. We were immersed in stimulating, multinational discussions, mock policy debates, media training and ongoing informal dialogue with our international nursing colleagues long after the official sessions were over for the day. We read copious policy documents from nursing and beyond and began to see how we could link our agenda with broader initiatives such as the Sustainable Development Goals. We found that other nursing thinkers from contexts very different to our own were confronted with very similar issues and that we could find common ground for robust discussion with each delegate present.

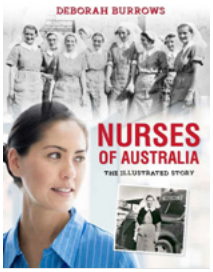
The week was simultaneously exhilarating and exhausting. By the end we were filled with a new sense of energy and commitment to driving nursing forward, a greater clarity regarding our individual contribution to nursing policy initiatives and an inspirational sense that we were supported by a world full of colleagues who shared our passion and were willing to work with us to achieve great things. On a more concrete level, we also came out of the experience with a much more realistic understanding of how change occurs at a political level and the very great importance of persistence, patience and strategy in effecting change. The institute gave us an undisturbed opportunity away from our workplaces to refuel our professional energy, revel in the exchange of ideas with people who shared our goals and consider our next steps in creating a brighter nursing future. We would heartily recommend the experience to any other colleague who wants to help shape the future of nursing in their community, our country and around the globe.

For more information on the ICN Global Nursing Leadership Institute, visit: https://www.icn.ch/what-we-do/projects/global-nursing-leadership-institute-gnli

AUTHOR

ELIZABETH MATTERS FACN

NOVEL THOUGHTS



NURSES OF AUSTRALIA: AN ILLUSTRATED STORY

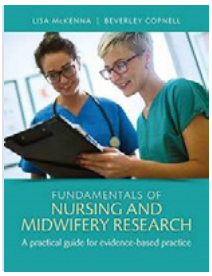
Author: Deborah Burrows
Publisher: NLA Publishing
Published: November 2018
Reviewer: ACN Communications Lead Emily Stone

This book is a special collection of stories celebrating the history of nursing and midwifery in Australia. Author Deborah Burrows has compiled a visual journey that celebrates our achievements, providing a special tribute to the pioneering nurse leaders who helped shape the nursing profession.

The ACN archives provided much of the historical material used in the book including photographs, records and illustrations. We are privileged to be able to share such a rich and unique collection and preserve the heritage of our profession.

Profiles of rural health nurses, wartime nurses, and Indigenous nurses are among the many remarkable stories woven throughout the book, highlighting the diverse roles nurses and midwives performed, often under pressure and with few resources.

The book not only showcases Australia's nursing history, it honours the wisdom, dedication and tenacity of our early nurses and midwives. Their stories are both heartfelt and inspirational. Reflecting on our past enables us to appreciate how our history has shaped who we are today.



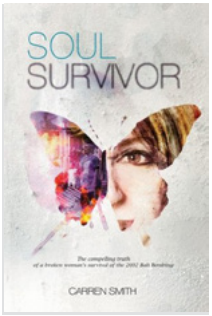
FUNDAMENTALS OF NURSING AND MIDWIFERY RESEARCH: A PRACTICAL GUIDE FOR EVIDENCE-BASED PRACTICE

Authors: Lisa McKenna FACN and Beverley Copnell MACN
Publisher: Allen & Unwin
Published: November 2018
Reviewer: ACN Communications Officer Olivia Congdon

This is a valuable resource designed for undergraduate students, authored by experts in the field of nursing and midwifery research – our very own *Collegian* Editor-in-Chief Professor Lisa McKenna FACN and *Collegian* editor Beverly Copnell MACN. *Fundamentals of Nursing and Midwifery Research* presents a unique approach to teaching the principles of health research using practical case studies to illustrate information.

One of the (many) admirable elements of the nursing profession is the focus on knowledge, learning and science. The value of health research is emphasised clearly throughout the book, explaining to student nurses how and why evidence-based practice is so important for quality care. It introduces the language of research in a very accessible manner for all nurses.

Not only is this a fantastic learning tool, it introduces the concept and pathways of research as a career direction for nurses. This is a promising outlook for the future workforce of nursing.



SOUL SURVIVOR

Author: Carren Smith
Publisher: Bermingham Books
Published: January 2014
Reviewer: Karen Dansey MACN (Associate)

This is a beautifully written book based on fact and the author's personal journey through trials and tribulations that tested her strengths and her beliefs in many ways.

The start of the book practically throws you in feet first – a farewell message from someone who would always hold a special place in Carren's heart. From the loss of someone by suicide, to her adventure in Bali that culminated in the bombing of the Sari Club which ended in so much horror and pain for many people, to the desperate race through the streets after extricating herself from the shambles of the Club to her voyage back home – the storyline is sharp, punchy and at times very graphic. It is also very, very real. Carren lays bare her emotions, all of them, through everything she felt and faced from her anger, to acceptance to forgiveness.

With the unending support of family, friends and perfect strangers she faced hurdle after hurdle. And, like the mythical Phoenix, Carren rose from the ashes, fighting her way back from the black pits of despair, overcoming heartache and setbacks, to become an inspirational leader.

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

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The leaders behind our Community and Primary Health Care Community of Interest

This edition of *The Hive*, we are placing the spotlight on our Community and Primary Health Care Community of Interest (COI) Leadership Group, who were instrumental in the success of ACN's Community and Primary Health Care Nursing Week this September. If you are a nurse working in or have an interest in community and primary health care, the leaders invite you to join our COI. Together we can make a difference. But first, meet the nurse leaders behind this active COI group.

CHAIR: KITTY HUTCHISON MACN

Kitty Hutchison has been working in community nursing for over 20 years. Her early roles were in post-acute care and coordination of care. For the past seven years, she has worked in nurse education roles specifically supporting and enhancing practice of community nurse clinicians. She is also an adjunct lecturer in community nursing at Griffith University. Kitty is committed to supporting community nurses to maintain high standards of practice and share their innovation and experience confidently with others.

Kitty completed her Master of Health Practice in 2016 with a major in Health Profession Education at Griffith University. Her studies confirmed her belief that nurses, particularly community nurses, are a valuable resource that can offer holistic management of the complex needs of those with chronic disease and bridge the ever-increasing gap between primary health care and acute care services in our Australian health care system. Kitty is committed to the promotion of research and dissemination of evidence to raise awareness of the value that community and primary health care nursing holds in the future of nursing in Australia.

DEPUTY CHAIR: ADJUNCT ASSOCIATE PROFESSOR ANNA M. SHEPHERD FACN (HON)

Anna has a lifelong commitment to raising the efficacy and impact registered nurses have on healing patients through their unique scope of practice in community and primary health care nursing. Anna is the Group President of the Regal Health Group, a private social impact family-owned home health and social support company trading as Regal Home Health established in 1966.

Over the past 35 years, Anna has worked as a passionate advocate for community and primary health nursing in the community. She has persisted in keeping this area of nursing on the national agenda and has driven the delivery of high-quality clinical services in the home. Anna's platform has been to promote primary healthcare nursing, social inclusion, suicide prevention, gender equity, democratic cultures and lifelong professional education.

SECRETARIAT SUPPORT: KAZUMA HONDA MACN

Kazuma has always wanted to work in a specialty of community nursing since graduating from university. In May this year, his dream came true and he is now working as a community nurse for Hospital In The Home on the Central Coast, NSW.

He feels privileged to be a part of the Community and Primary Health Care COI leadership group where he feels supported by fantastic leaders who are pre-eminent in community and primary health care. The role allows him to share his passion of how community and primary health care nurses provide care to patients and their significant others as a whole to assist in preventing disease, sustain health and treat any existing health complications, while also improving independence in life-style, wellbeing and providing carer assistance. community and primary health care nurses are key to a healthy vibrant community! Kazuma is also one of our engaged Emerging Nures Leaders (ENLs) from 2018.

Meet your Melbourne Region Leadership Group

Our Regions and Communities of Interest are integral to our ACN tribe. Local nurses connect with each other through our Region events and activities, all led by enthusiastic Leadership Groups. Meet the team who represent and advocate for Melbourne Region ACN members on issues that are core to their professional practice.

CHAIR: DR JENNIFER NEWTON FACN

Jenny is an Adjunct Associate Professor of Nursing at Monash University, Melbourne and an Associate Clinical Professor in the School of Nursing, McMaster University, Ontario Canada. She is a highly experienced educational researcher and has been the recipient of a three-year Australian Research Council post-doctoral fellowship examining workplace learning in nursing.

From 2012–2014, Jennifer was the lead investigator on a two-year ARC Discovery project on workplace learning in health care. Jennifer has presented at numerous international and national conferences and has over 100 refereed publications and conference abstracts.

She is an Editor for *Collegian*, on the Board of the *International and Interdisciplinary Reflective Practice journa*l and a member of the Sigma Theta Tau International Honor Society of Nursing, Psi Zeta-at-Large Chapter.

DEPUTY CHAIR: KALPANA RAGHUNATHAN MACN

Kalpana is an experienced education strategy and course development consultant. She has worked in clinical areas and different leadership roles in education management. She developed and managed health and community services portfolio of qualifications for national training providers. Kalpana specialises in designing education programs in vocational training.

Her educational background is diverse, with qualifications at the Masters level including nursing education, human resource management and development studies. she also has qualifications in sociology, community development and business management. She is committed to contributing to nursing education innovations and enhancing educational experiences for the learners. Her Masters research was on education strategy, teaching and learning and learning preferences among nursing students. Kalpana has also been a contributing author for a nursing textbook, reviewer for different publishers' new edition textbooks and digital learning solutions in nursing and community services.

COMMUNICATION COORDINATOR: CATELYN RICHARDS MACN

Catelyn is originally from Tasmania and moved to Melbourne in 2013. Though Catelyn knew she wanted a life and career that would allow her to work in service of the community, she didn't always know she wanted to be a nurse. It took several years of volunteering with the Oaktree Foundation in international aid, a volunteering placement working in the Solomon Islands supported by AusAID and many moments of self-doubt before Catelyn decided her place was working in health care.

Since taking on this challenge, Catelyn has dedicated herself to her studies with Monash University and has taken on a role working as a nurse at the Royal Children's Hospital. She is incredibly passionate about someday working among the global health community, but for now is trying to learn and grow as a junior nurse. Catelyn is also a member of the Adolescent and Young People COI and Next Gen COI Leadership Groups. Catelyn was a dedicated member of the 2018 ENL cohort.

SECRETARIAT SUPPORT: ROSIE EASTOE MACN

Rosie loves nursing and its many challenges. Rosie spent her first two and a half years working at St Vincent's Hospital Melbourne participating in two supportive rotational years. She then decided to step outside her comfort zone and into the world of paediatrics, through working at The Royal Children's Hospital, Melbourne. She found the area both exciting and rewarding. She became a qualified nurse immuniser through ACN in 2017 and is now working as a practicing immunisation nurse.

Rosie has always had her eye on intensive care nursing, and is now undertaking an Introduction to Intensive Care Program through The Royal Melbourne Hospital. She is interested in persuing postgraduate studies particularly in the intensive care environment. This is Rosie's second year participating in the ENL program through ACN.

TOP 10

I'm dreaming of a green Christmas

SAY NO TO WASTE THIS CHRISTMAS!

Australians throw out $8 billion worth of edible food every year. Note that this figure only relates to household food waste. The total value of food waste in Australia would far exceed this figure.
www.abc.net.au/news/2013-10-08/food-waste-value-australia/4993930

Research shows that nine in 10 Australians usually throw away more than 25% of their food during the festive season.
www.sbs.com.au/food/article/2016/12/19/dont-want-end-pile-leftovers-tossed-bin-read

According to CARE Australia, Australians wasted around $179 million on unwanted Kris Kringle gifts in 2016.
www.mamamia.com.au/kris-kringle-gift-ideas/

In 2017, Australia wasted $70 million in unredeemed gift cards.
www.smh.com.au/money/saving/australians-waste-70m-a-year-on-unused-gift-cards-20170729-gxl9hi.html

1 OPT FOR FAIRTRADE & LOCAL

Make a point of supporting local businesses and suppliers this Christmas. When it comes to your tree, ham, fruit and veg, decorations, gifts – shop at the local farmer's markets, art and craft markets and visit local suppliers. Buying locally ensures that you know where your products come from and it keeps the carbon footprint small.

2 GREEN GIFTS

So many unwanted gifts end up in landfill or add to existing clutter. This year, consider giving an experience rather than a physical gift. There is something for everyone, from a family pass to the zoo, cinema, concert, rock climbing, museum, or a voucher for a massage, restaurant or even a car wash – the choices are endless.

6 DON'T WASTE FOOD

If you are entertaining, take people up on their offers to bring a contribution. Not only will this save money and time at the shops, it also means you aren't spending all day in the kitchen, giving you more time to enjoy friends, family and a little Christmas cheer. Get creative when it comes to Christmas leftovers – it doesn't have to be ham sandwiches for days! Google Christmas leftover recipes for inspiration.

7 PICNIC IN STYLE

Disposable picnic items are handy for outdoor Christmas parties – but they come at a terrible cost to the environment. Real cutlery and plates are much nicer to use. Picnic sets make it easy to store and carry reusable crockery and cutlery. Use a cloth tablecloth rather than a plastic disposable one, and use green bags and eskies to carry food. Fill up reusable water bottles rather than buying bottles of water – and say NO to plastic straws!

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Christmas is traditionally a time of celebration, holidays and catching up with friends and family. However, it's also a time of excess – and all that wastage and packaging takes its toll on the environment. Fortunately, there is a lot we can do to make greener choices, enabling us to celebrate our environment as well as the festive season.

3

THINK GREEN WHEN IT COMES TO THE TREE

If you are considering buying a tree this year, real trees get the green thumbs up as they are grown in tree plantations under sustainable conditions. Christmas tree plantations also help to filter the air and the industry provides local agricultural jobs. Most locally-grown trees have a much smaller carbon footprint than plastic trees, but you could also get creative and make your own tree.

4

SUSTAINABLE DECORATIONS

Make your own Christmas decorations instead of buying mass-produced baubles and trinkets. Get some friends and family together for a Christmas Crafternoon and make your own Christmas crackers, bunting, candy canes, paper snowflakes, gingerbread men – the sky is the limit. Alternatively, visit your local art and craft markets and support the talented artists and designers in your community.

5

GREEN GIFT WRAPPING

There are much greener alternatives to commercial Christmas wrapping paper. Keep a look out for reusable gift boxes, baskets, special containers, scarves and reusable cloth bags. If you do prefer wrapping, use recycled paper, brown paper, newspaper or get the kids to draw or paint on large sheets of craft paper. Jazz up your presentation with a sprig of native leaves, ribbon, string or a candy cane. Avoid buying foil paper as it cannot be recycled.

8

RECYCLE

It might sound obvious, but the importance of recycling cannot be overstated. Keep a couple of large boxes in a corner of the garage free to store recycling that won't fit in the recycling bin and save it for next time, or if your neighbours will be away, arrange to use their bins. Look for local recycling options for batteries and use rechargeable batteries where you can. Donate or re-gift unwanted presents before they end up in the bin during a post-Christmas clean-up.

9

ENVIRONMENTALLY FRIENDLY CARDS

Emailing Christmas e-cards to friends and family will save trees and a lot of time spent buying cards, writing them all out and lining up at the post office. Many people do love paper cards and kids enjoy handing them out at school, so if you do opt for paper cards, make sure you buy those made from recycled paper or ones that support a charity. Alternatively, make your own environmentally-friendly cards and get the kids to make some for their classmates.

10

SAVE ELECTRICITY

When it comes to Christmas lights, make sure you choose LED fairly lights as they use far less energy and last much longer than incandescent bulbs. They are also much cheaper to run. If you have the older-style fairy lights, limit how long you leave them on. Solar powered lights are a great way to spread some Christmas cheer in your garden. Make the most of the festive evenings by lighting candles and dimming the house lights.

Road trip to independence

Could three young men suffering from varying degrees of schizophrenia live, travel, sleep and eat together in one car with me, their previous carer, for a period of seven weeks? I took it upon myself to find out.

Schizophrenia presents itself in many different ways – no two people will have exactly the same symptoms, consequently they must be treated as any other person because we are all different.

Prior to this trip, I owned a supported accommodation facility in Brisbane. The level of support was high and all the residents were cared for by my staff. As a result, the amount of independent decision making was limited, so it was with this concept that I undertook the holiday to see if the extra freedom would allow for personal development and growth.

Previously, the three men had lived with me in my supported accommodation business. After I lost the business, the men lived in two shared houses in Brisbane. The Government decided that this accommodation was not suitable and had given these men notice to leave. A friend of mine looked for more suitable housing for the men, while I took them on a holiday to western Queensland.

During the course of the seven weeks, they would have to collect wood to build fires, unpack and pack up the car, pitch a tent, ensure they had enough clean clothes, plan a meal, buy the food and organise their finances to cover the costs for the trip.

I was the driver and took care of the Ute and ensured that we had enough petrol for the next journey, and I prepared and cooked the food. We camped under the stars every night except for the four nights in a cabin in a caravan park in Emerald whilst the local Ford dealer replaced the turbo that I blew up. One piece of advice here is that you need to carry a spare air filter for your car and once you have completed the Simpson Desert crossing, replace the air filter. I learnt about this the hard way.

Living with them in my supported accommodation business for 12 years, and having cared for these men before opening my business, I had developed an excellent rapport with them. I am a Registered Nurse, so I ensured that all their medication needs were attended to. All three men were on an injection to help them with the treatment of their schizophrenia. I carried the needles, the syringes and even a sharps container to depose of the ‘used needles’. When we ran out of prescriptions we visited the local hospitals.

Besides the opportunity for the men to gain an understanding of how to care for themselves, the trip also enabled these men and myself to experience some of the best country in Australia. When we camped outside we noticed the desert the sky is so black. To see Mars, the moon, Venus, the Milky Way, the Southern Cross

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and many more constellations every night was fantastic. The countryside, even though it can be very bleak (especially around Birdsville), also provided enjoyment and fascination.

Bedourie just north of Birdsville has a magnificent artesian spring. The town, through generous government donations, has paved and enclosed the area. There is a hot spa with temperatures reaching 48°C and a 25m Olympic standard swimming pool. It is an oasis in the desert.

Another experience that even the men enjoyed was the Dinosaur Stampede just south of Winton. It is an enormous clay pan that has fossilised dinosaur footprints from 60 million years ago. The story is of two different dinosaurs, one chasing a group of other dinosaurs who are trying to get away from this carnivore.

The country around Winton is full of surprises. South is the area of Opalton, where you can fossick for opals. Fortunately for us the local miners donated a bucket full of off-cuts at the campsite where we stayed so we had a chance to collect a rock with a very tiny piece of opal in it. North of Winton is the township of Corfield (population 3). To have a legitimate township and therefore a population, the township must have a post office and Corfield had a post office, an abandoned tennis court and a camping ground. We stayed in the campground for three days and played pool in the pub and had showers in the artesian waters. No need for a cold or hot tap, just one tap with water at just the right temperature.

By the third week of the trip, with a car carrying four men and a tray carrying swags, eskies, cooking equipment, spare tyres, tools, two jacks, three shovels, an axe, a sledge hammer and about anything else we thought we might need, all participants began to understand their roles. At the start of the day we would look at the map and determine our course for the day. We aimed for about five to six hours driving per day. There was no specific destination, but a general plan had been made for the overall tour. For example, we did trips to Innamincka, Cameron Corner, Winton, Longreach, and Aramac; we just worked out how to get there as we went along.

Food is very important to everybody, especially these men on their holiday. Breakfast was usually Weet-bix, lunch consisted of ham, tomato, cheese and chutney rolls, and dinner was a creation of mine. Wherever we visited, we bought our meat at the local butchery, including Quilpie, Winton, Longreach, Emerald and Miles. The surprise I found was the price. The steak was half the cost of that in the city and the sausages and chops were all locally grown. Sausage rolls were also part of the diet. Who can bypass a bakery after travelling three days in the desert? Winton, Farina and Longreach get mentions here.

> **“Besides the opportunity for the men to gain an understanding of how to care for themselves, the trip also enabled these men and myself to experience some of the best country in Australia.”**

SHUTTERSTOCK

I was hoping that this holiday was teaching the men some survival skills and increasing their self-reliance abilities. The men had to decide on a daily basis where and when to set up and then in the morning pack up camp. No two locations were the same and they had to work as a team to achieve this goal. They had to pack their bags and bedding every day and ensure they had clean clothes at hand. They had to go into supermarkets and buy the food for the upcoming days. This involved looking at the prices, use by dates, and the freshness of the vegetables and fruit. I did not help with any of this, as the idea was for them to care for themselves and work as a team.

The men had lived in their own rooms in my facility and not really shared their lives with anybody else. One of the schizophrenia symptoms can be isolation and withdrawal from society, so to work as a team and share their lives and space together was a challenge, but one which was accomplished, and I think a bond developed between these men.

The highlight for me was to see the difference between the expeditions of Burke and Wills and that of Stuart. Stuart took six expeditions to accomplish the feat of travelling from the south to the north of the continent. Burke and Wills had one expedition to reach the north of the continent. It has not been proven that they did so, but they perished at Cooper Creek on the way back and never made it to Melbourne. The irony is that Burke’s body was recovered and he was eventually buried in Melbourne on 21 January, 1863 – the same day that the South Australian Government held celebrations for Stuart’s achievements. Stuart followed water holes all the way to the top (the first half is the Oodnadatta Track) and then the Finke River and Newcastle Waters. Burke and Wills came to the Cooper Creek and Menindee Lakes and continued without water. Stuart befriended the local people and Burke did not. None of the men were the least bit interested in this history, but I enjoyed the romance of it all and found that Australians are different in that we celebrate the failure of Burke and Wills not the success of Stuart!

The end of the trip came upon us very quickly. During our time away, my friend had managed to locate accommodation for the men. I was happy that I had given them a holiday and helped secure accommodation for all three. I had to commence a job and I could leave with the thought that they had a roof over their heads and were going to be cared for. It was a sad day when I had to say goodbye. Collectively I had looked after these men for 45 years and just like that it would cease. I believe I had enriched their lives and made a difference, which I suppose is all you can do. I will truly miss their company.

AUTHOR

CHRISTOPHER VEAL MACN

Posted

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

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

The four themes for the 2019 editions of *The Hive* are: Aged Care, Women's Health, Men's Health, and Artificial Intelligence and Innovation.

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!

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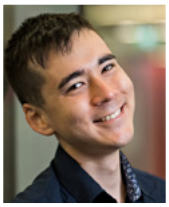

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The frontline workforce

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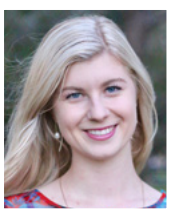

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