



#27 SPRING 2019

the hive

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Men inspiring
men's health

Luke Yokota MACN

How incontinence
is linked to inequity

Julie Tucker MACN

Let's talk
mental health

Helen Storer MACN

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MEN'S HEALTH





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#27 SPRING 2019
MEN'S HEALTH



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Cover

Luke Yokota MACN

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 eNewsletter.



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President's report

PROFESSOR CHRISTINE DUFFIELD FACN
AUSTRALIAN COLLEGE OF NURSING PRESIDENT

“ A diverse nursing workforce plays an important part in addressing the specific health needs of both men and women in Australia. This means we must address gender diversity and imbalance within our profession. ”

Males in Australia face a number of unique health challenges, while also experiencing a greater share of the total burden of disease (Department of Health, 2019). Men die at a younger age than women and more often, from preventative causes (Department of Health, 2019). Despite this, there is a lack of research, funding and publicity for men's health issues, such as prostate cancer.

The leading causes of death and disability for men living in this country are: coronary heart disease (13.3%), lung cancer (6.1%), dementia and Alzheimer's Disease (5.7%), cerebrovascular disease (5.2%), chronic obstructive pulmonary disease (4.8%), prostate cancer (4%), diabetes (3.1%), colorectal cancer (3%) and suicide (2.6%) (AIHW, 2018).

Suicide is the leading cause of death for men aged between 15-44 years (ABS, 2017). Across all ages, males are three times more likely to die from intentional self-harm than females (ABS, 2017). Yet, only 35% of men with mental health problems seek professional help (Slade et al., 2009). The suicide rate in Australia, particularly for males, is a serious concern and must be a key priority on the national health agenda.

An Australian systematic review found that the most prominent barriers to men seeking medical and psychological assistance for mental health issues were a disinclination to express emotions or concerns about health, embarrassment, anxiety and fear, and poor communication with health care

professionals (Yousaf, Grunfeld & Hunter, 2013). At the frontline of care delivery, nurses are uniquely positioned to reduce stigma and bias against those with mental health disorders, potentially reducing the rate of male suicide in this country.

A diverse nursing workforce plays an important part in addressing the specific health needs of both men and women in Australia. This means we must address gender diversity and imbalance within our profession. Currently, approximately 11% of the workforce is men (NMBA, 2019) and this figure hasn't changed much in the last 15 years. There are significant benefits of fostering a diverse workforce, where both men and women have equal opportunities for career progression. Gender diversity in nursing can improve workplace culture (Colby, 2012), enhance patient care (Institute of Medicine, 2010) and expand our recruitment base to meet rising demands for nursing services.

The Australian College of Nursing is committed to promoting the many benefits a nursing career can offer men. Not only will greater participation in our profession increase diversity but also, workforce supply. In line with this commitment we have formed a Men in Nursing Working Party, which is dedicated to addressing the key issues facing men in our profession, of which their health status is a significant factor. Nurses are well placed to drive the development and delivery of integrated systems aimed at enhancing health outcomes for men and boys.

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Hello!

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

ADJUNCT PROFESSOR KYLIE WARD FACN
AUSTRALIAN COLLEGE OF NURSING CHIEF EXECUTIVE OFFICER

Recently, at the Australian College of Nursing (ACN) National Nursing Forum (NNF) in Tasmania, I was fortunate to hear Mitch McPherson, founder of Speak Up, Stay ChatTY, talk about mental health. Mitch, who founded the organisation after his younger brother Ty committed suicide in 2013, shared an incredibly personal story to encourage everyone present to speak up about how they were feeling and more importantly, to ask those around us, "Are you okay?"

Our men and boys often tend to be silent sufferers, not just in terms of their mental health but physical wellbeing too. Consider the numbers: 1 in 2 Australian males have a chronic disease, the risk for Australian males being diagnosed with cancer before their 85th birthday is 1 in 2, and nearly 1 in 2 males have experienced a mental health problem (AIHW, 2019).

Australia's men may enjoy better health and a longer life expectancy than men in most other countries (Department of Health, 2018), but these statistics show that the subject warrants a far more serious consideration than it currently receives. And perhaps the starting point should be dispelling the stereotypes that surround men, the societal norms that further tropes of 'strong, macho men' who don't experience emotional turmoil or sexual ill-health.

In **Men inspiring men's health**, **Luke Yokota MACN** smashes another stereotype – that 'men can't be nurses' or that 'only gay men are nurses' – and discusses how men in nursing can play a singular role in advocating for males and their health needs.

In **Men's Health: Engagement is key**, **Malcolm Fraser MACN** takes this concept further and applies it to male health in rural and remote areas, where he stresses the need for taking health care services to men rather than waiting for them to access services and creating a safe and friendly environment where men can discuss health concerns.

As **Helen Storer MACN** writes in **Let's talk mental health**, nurses are in a unique position to notice when someone is struggling emotionally and provide early support to them. In Australia, one male commits suicide every four hours daily (ABS, 2017). These alarming statistics affect men, families and communities and access to nursing care can save lives.

We must also bear in mind that mental ill-health can be a direct result of a physical ailment. In **How incontinence in men is linked to inequity**, **Julie Tucker MACN** reveals how this unpredictable condition is a glaring example of disparity between men and women and is causing over one million Australian men to live with anxiety and depression. Nurses are key to starting conversations about sensitive issues such as these and can lead the charge to create change and improve the health of our communities.

And what better platform to acknowledge Australia's exceptional nurses than ACN's annual signature event, the National Nursing Forum. Over three days, luminaries of the nursing profession came together under one roof to connect, discuss and debate this year's theme, *Nursing Now: Power of Policy*. We shared important milestones,



President's Welcome at NNF 2019

announced new and exciting initiatives, and celebrated all that our nurse leaders have achieved, or are on their way to achieving.

While you will read all about it in this edition, I would like to proudly share that although the ACN team vibrantly gave back to nurses to thank them and acknowledge them for all that they give of themselves all day, every day, we returned feeling that we had received much more in return. As we always do.

We may have said goodbye to the most exciting NNF yet, but rest assured, there is much planning in place to honour our profession in Australia's Capital next year.

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MID-CAREER NURSE LEADERSHIP PROGRAM

INAUGURAL MID-CAREER NURSE LEADERSHIP PROGRAM LAUNCH

ACN launched its inaugural Mid-Career Nurse Leadership Program in June this year in Canberra. Through the prestigious program, 22 participants have received the unique opportunity to learn from and be inspired by some of the most high-profile nursing leaders in Australia. Over six months, they are being supported with learning sets and coaching while they complete a project or quality improvement initiative.

Applications for the next Mid-Career Nurse Leadership Program, commencing on 24 February 2020, are now open. Find out more at: acn.edu.au/midcareer



COMMEMORATING VIVIAN BULLWINKEL

Lieutenant Colonel Vivian Bullwinkel AO, MBE, ARRC, ED, FNM was the sole survivor of the 1942 Banka Island Massacre. After being shot, Vivian feigned death and survived, only to be taken prisoner for the remainder of World War II.

The Australian War Memorial has agreed (in principle) to build a commemorative sculpture in the grounds of the Memorial and ACN has committed to contributing to a fund to support this worthwhile project. If you'd like to join us in making this vision a reality, please contact Trevor Capps, Director of Philanthropy at Trevor.Capps@acn.edu.au.



EMERGING NURSE LEADER PROGRAM

ENL PROGRAM OPEN TO ENS AND DIP (NURSING) STUDENTS

For the very first time, the Emerging Nurse Leader (ENL) program, which was previously offered only to Bachelor of Nursing students and registered nurses, has also been opened to Diploma of Nursing students and enrolled nurses. To register your interest for the next intake of the ENL program, go to acn.edu.au/enl

JON BAINES SOUTH AFRICA STUDY TOUR

We have partnered with Jon Baines Tours to create a new and exciting nursing study tour to South Africa in June 2020. The tour combines visits to hospitals and clinics with safaris and sightseeing. Meet with South African nurses, see the big five on safari, travel with fellow nurses and enjoy wonderful food and wine, stunning landscapes and the warm hospitality of South Africa. The tour is led by Marilyn Gendek FACN. ACN Fellows and Members will receive a \$100 discount on the tour! Find out more at: acn.edu.au/initiatives#jbt

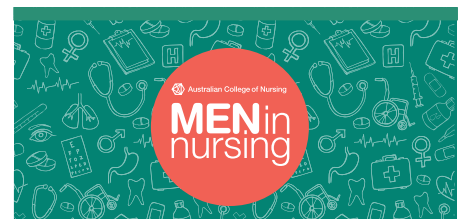


TONY DOLAN MACN APPOINTED AS WA STATE NETWORK CHAIR

ACN is delighted to announce that Tony Dolan MACN will be the WA State Network Chair. Tony, who is the inaugural member of the group, has been a Member of ACN since 2006 and was invited to join the exclusive National Nurse Executive Group (NNEG) in 2017.

Currently, Tony is the Executive Director of Nursing Services at Sir Charles Gairdner Group and North Metropolitan Area Health Service, a role he has held since 2010. As such, he provides strategic and operational nursing and midwifery leadership, advice and direction on nursing- and midwifery-related issues.

Tony has worked in various positions as a senior registered nurse within Sir Charles Gairdner Hospital and Osborne Park Hospital with a clinical background in orthopaedic nursing. He holds a Masters in Clinical Nursing and has an active interest in the promotion of clinical leadership and patient outcomes and satisfaction.



MEN IN NURSING E-BOOK

ACN strongly believes in equity for all nurses and is dedicated to addressing the shortage of men in the nursing profession and the challenges they face as nurses. To this effect, ACN and the members of the Men in Nursing Working Party sought out stories from male nurses all over the country and compiled them in the Men in Nursing eBook. Find it here:

acn.edu.au/men-in-nursing

ACN SNAPS

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

Remember to use our membership hashtag #ACNtribe



A delegation of Chinese nurses from the Hunan School of Nursing and Health Care visits our Sydney office



ACN reps at NAIDOC week training



ACN CEO Kylie Ward FACN at ICN Singapore in July

POSTED

Nurse Robbie @nurse_robbie

#Australia first across the stage for the parade of nations!! 90 National Nursing Associations here - so much diversity and so many incredible minds 😊. Big cheer from the Australians here - well done @acn_tweet and @kylieward and all the NNAs! #ICNcongress #Nursing

ACN @acn_tweet · Jun 30
RT @Belynda_Jane: Loved speaking with @MattWardsworth @abcbrisbane radio on my journey as a nurse! @acn_tweet @pahospital #PassionateNurse #Findyourkōgai #1stTimeonRadio

Sabina Knight @nswran

Em Prof @jillfwhite on cardinal role of nurses on responsibility & optimism #ICNcongress @acn_tweet





TOMICA GNJEC MACN
CLINICIAN

Almost 18 months ago, I said a final goodbye to one of my greatest supporters and mentors – and one of my first friends – my father Ante. His life ended prematurely due to a diagnosis of metastatic bowel cancer, whereby timely preventative screening may well have avoided his challenging and difficult end of life scenario.

Dad had mentioned some gastrointestinal symptoms to his doctors some years prior to his cancer diagnosis but no preventative/further investigative steps were suggested nor undertaken at the time. Being a migrant, older male his

DIALOGUE IS VITAL TO MEN'S HEALTH

understanding of health issues important to men's health was limited.

The National Liberal Government recently launched the National Men's Health Strategy 2020-2030 to review and work on the health outcomes of boys and men. As with the Women's Health policy, this strategy acknowledges the importance of considering gender and sex-based issues in Australian health care (Commonwealth Department of Health 2018).

It highlights the need for an inclusive strategy including targeted interventions for special population groups, e.g. Aboriginal and Torres Strait Islander males, those from socio-economically disadvantaged backgrounds, those who identify as gay, bisexual, intersex or transgender (Commonwealth Department of Health 2018). Intervention points have been suggested for

each life stage to include illness prevention, early intervention and treatment, health promotion and most importantly, promotion of self-care.

Implementation of this policy requires input from all health stakeholders – primary, secondary, private and public providers – in order to reach the diverse range of male population groups (Commonwealth Department of Health 2018).

Male access to health care remains behind that of females and it has been suggested that important dialogue is not necessarily being initiated by health professionals when men are in contact with the health system (Commonwealth Department of Health 2018). Engaging individuals in conversation – undertaking health promotion across a range of health issues, providing health education, assessing risk –

is vital in empowering men/boys to optimise their wellbeing and health throughout the life span.

During my father's cancer journey I encouraged him to share his story widely with peers and friends so that they may be encouraged to engage in behaviours that reduce risk and prevent disease. It has been said that 'an ounce of prevention is worth a pound of cure'. Let us recognise, invest, reinforce and empower the male health consumer with the understanding that their everyday and long-term health is one of the most important and precious of life's assets.

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DELL LOVETT MACN
MEN'S HEALTH RESEARCHER

Every year on the 12th of May, the anniversary of Florence Nightingale's birthday, International Nurses Day is celebrated globally (International Council of Nurses, 2019). Next year will mark the 200th anniversary of her birth.

This day offers us a chance to pause and reflect on the remarkable roles nurses play in advancing the health and wellbeing of the individual and our community, and the leadership that has made our profession what it is today. It provides us an opportunity to look at what

IMPROVING MEN'S HEALTH: NURSES AS LEADERS ACHIEVING HEALTH FOR ALL

is possible in the future and encourages us to keep evolving.

The theme for this year was 'A Voice to Lead, Health for All' – a theme that resonates throughout our profession. Health for All means enabling access to all aspects of our physical and mental health services and ensuring no one is left behind (World Health Organization, 1978). Tireless in her mission to ensure care for the most vulnerable and at risk, Florence Nightingale shows that this is achievable.

Improving men's health is a global concern (WHO, 2014). Although no more important than the health of women and children, it is different. Men's life expectancy is lower than women worldwide, and they are likelier to have unhealthy lifestyles, consume excess alcohol, smoke, eat unhealthily

and engage in other risk-taking behaviours (WHO, 2014).

Lead the change by starting the conversation with men about their health and wellbeing, no matter how difficult or uncomfortable the subject, and use the 'windows of opportunity' (such as, fatherhood and immunisations) to engage men in their health (Lovett et al., 2017).

This year's theme reflects the leadership role and responsibility we, as nurses, carry to ensure the achievement of Health for All. As the largest group of workers in the health care workforce, we are in a strong position to lead decision-making and policy development, ensuring that everyone has full access to every aspect of health care.

This article is from the 25 July 2019 presentation for ACN,

Victoria Network Melbourne Region at the Australian Nurses Memorial Centre, Melbourne.

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JAMES BONNAMY MACN
ACADEMIC

Men are alright, aren't they? In many cases, the answer is no, they are not.

A baby boy born in Australia in 2010 has a life expectancy of 78 years whilst a baby girl born at the same time could expect to live to 82 years old (Men's Health Week, 2019). Men take their own lives at four times the rate of women, which is approximately five men a day, on average whilst accidents, cancer and heart disease account for the majority of male deaths (Men's Health Week, 2019).

With all of these accidents and diseases you would assume that men frequently visit their general practitioners. Again, in most cases, the answer is no.

Men are far less likely to visit a general practitioner than women. The perception is that health services don't care about

PUTTING MALE HEALTH IN THE SPOTLIGHT

men's health or that they are not well-prepared to interact with men effectively (Commonwealth Department of Health, 2018).

To date, the Federal Government has committed \$79 million for dedicated breast nurse specialists, however Federal Government funding has never been committed for bowel cancer nurse specialists despite 55% of people diagnosed being male, and bowel cancer accounting for Australia's second deadliest cancer (Bowel Cancer Australia, 2019).

Improving men's health outcomes is a two-way process involving men, women and families, and health services combined.

It is particularly important to increase men's use of preventative health care services to manage their health and find out before it's too late if problems exist. There are many practical ideas for how health care services can engage men. For useful resources, visit the Men's Health Information and Resource Centre: www.mengage.org.au/mengage/publications. Preventative health

care is particularly important as only 30% of a man's overall health is determined by genetics, the remaining 70% is controllable through lifestyle (Canadian Men's Health Foundation, 2019).

Young men in particular face specific health challenges and often don't seek help.

Testicular cancer is the second most common type of cancer in young men (18 to 39). Rates of diagnosis have grown by more than 50% in the last 30 years. Despite this, young men routinely avoid seeing a general practitioner, and most are unaware that young men under 18 can see a general practitioner independently of their parents (Latreille, Collyer and Temple-Smith, p 217-221). When men do access a health professional it is often for shorter consultations, and typically when a condition or illness is advanced (Commonwealth Department of Health, 2018).

However, there are some great inroads being made in men's health.

The need to address the health of males has now been recognised

globally. Notably, Australia is one of the only four countries with a national male health policy (Commonwealth Department of Health, 2018). The draft next edition of the strategy for 2020–2030 recently closed, but if you have something to contribute, consider emailing preventive.policy@health.gov.au. Better health for all cannot be achieved if the many challenges men face are left hiding in plain sight.

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DR MADONNA GREHAN MACN
HISTORIAN

BEING A REAL MAN

Concerns about men, historically, have ensured that this gender is embedded structurally in Australia's health care system. With the arrival of Europeans in Australia, government hospitals catered for ailing regimental soldiers. Philanthropically-led charitable institutions followed in the mid-nineteenth century, a response to the accidents and injuries which befell men on mining, agricultural, and industrial fronts.

As breadwinners for families, men dominated fields of work which were considered dangerous or potentially injurious to health. Men were thus the

focus of government-initiated occupational health and public health campaigns. Men have been the universal cohort for testing novel pharmacological agents in cardiac and other conditions, to the exclusion of women until only recently. In the 1980s, the health of men again became a specific focus with the emergence of HIV/AIDS, resulting in government-directed advertising campaigns to arrest its spread.

There's been little emphasis on men's psychological health. Yet they are over-represented in suicide statistics – men living in rural areas, Aboriginal Australian men, defence personnel, and

middle-aged men being prominent in the numbers. One of the main issues is the community's responses to disclosing any form of ill-health that is not physical. It's still the case that showing vulnerability can be equated with weakness in a man. One only has to think about commentary on men in sport for examples of those considered 'soft', not tough enough to withstand life's blows. The Federal Government has underway a review of the 2010 Men's Health Strategy. I hope that it focuses on mental health. I hope that we can dispel the notion that battling on and enduring whatever comes, without help, is somehow being a real man.



Men inspiring men's health

Men in nursing play a unique role in advocating for other men and their health needs

The stats are alarming, one man is diagnosed with prostate cancer every week, eight take their life every day while lifestyle-related diseases are affecting more and more men in Australia. Who are the role models when thinking about men's health, where do we turn?

When we think of health, what do we imagine? Someone exercising daily for at least 30 minutes, eating a balanced diet and maintaining mental health and wellbeing with activities they enjoy with friends and loved ones.

These ideas make sense. However, as individuals, what constitutes being healthy is different for everyone. Someone who eats exceptionally well but does little to no exercise will need different encouragement to someone who exercises regularly but could make improvements to their diet. How to be healthy isn't a one-stop program, it is a diverse topic in which no one size fits all.

Men in nursing are ideal role models for men's health, not only can they relate to similar lifestyle pressure and stereotype factors of masculinity and the stoic culture which impact many men in this country, they also have the knowledge and medical background to be diverse in conversation and just ask "Hey mate, how's your health going?"

Men in nursing, though, is not the solution to Australia's crisis in men's health, I'm not pretending it is. However, when you look for inspiration, wouldn't you want to receive that when going for your yearly check-up at a health clinic or out in the community? Men in nursing play a unique role in advocating for other men and their health needs. But half the problem is men don't present to a clinic or seek health advice to begin with, instead our community is facing a dire situation in men's health.

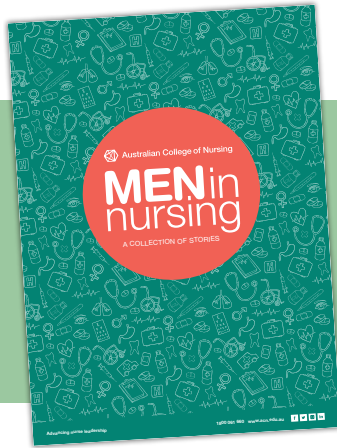
According to the Prostate Cancer Foundation of Australia, approximately 3,500 Australia men die of prostate cancer each year. More men die of prostate cancer than women die of breast cancer (Prostate Cancer Foundation of Australia, 2019). Imagine families and friends around the country collectively losing 3,500 brothers, uncles, fathers, friends, husbands and many more just from prostate cancer. Prostate cancer remains the most commonly diagnosed cancer for men in Australia (Prostate Cancer Foundation of Australia, 2019). On the other hand, we have men who feel so defeated by their current situation that they think suicide is the only way out.

Male suicides in Australia increased by 10% in 2017; 2,151 men committed suicide in 2017 – and it's never just one life, it also impacts the lives of all those involved (directly or indirectly) affected, whether it's colleagues, friends or family (Australian Bureau of Statistics, 2017). Just to give you an idea of how serious an issue this is, set a timer

on your smartphone to go off every three hours. Every time that alarm rings, a man in Australia has attempted to take his own life. These statistics include young boys too. Suicide in boys under 15 has increased from nine deaths in 2016 to 16 deaths in 2017, an increase of 71.3%. In the age group of 15–44 suicide remains the most significant single contributor to male deaths in Australia (Australian Bureau of Statistics, 2017).

These stats alone are impactful; however, these are only two of the many issues that affect men in our society. We are still experiencing an ever-increasing load of lifestyle-related diseases, heart conditions, diabetics and mental health conditions. There are many great initiatives already out there such as R U Ok? Day, men's health groups, community programs and mental health awareness campaigns. But we are still fighting an uphill battle. It's time for the entire community to stand up and ask about men's health and acknowledge that it affects everyone, not just men.

Working as an intensive care nurse, I have the reality check of seeing men who attempt suicide most days I go into work. Being of the Y generation myself, it is a sobering moment when you see someone of the same age attempting to take their own life. Unfortunately, it is the reality. For real change to have impact we must act as a community and recognise that men in our community feel so isolated that for them, self-harm is perceived as the only way out.



The Australian College of Nursing (ACN) recently launched the Men in Nursing eBook, the first of its kind, a compilation of powerful and inspirational stories of men in the profession, what nursing means to them and why #itsoktocare.

Download your copy of the eBook at www.acn.edu.au/men-in-nursing

As I said before, men in nursing being role models for men's health isn't the answer. We have many inspirational health leaders who are not nurses or men. It is only a piece in the puzzle. However, with any change, people want inspiration, leadership and courage. It's time to have the conversation, have those blood tests for early detection of prostate cancer, start having a conversation about embarrassing rectal prostate examinations and find out that it can be something quite normal and that we can all talk about openly. Ask your neighbour, friend, brother or husband and let's get the conversation started.

If you know someone who is struggling with their health, encourage them to speak to a health professional and tell them that it's better to talk about it now than when it gets out of control. I know too well working in a large tertiary hospital where, unfortunately, many patients could have avoided their stay with us if they took precautionary steps to monitor their health and wellbeing.

Let's give a voice to men's health and start the sometimes-uncomfortable conversations affecting many of our loved ones. Tell them it's ok to ask for help. This is where male nurses can be advocates for men's health and be role models to say, "Hey mate, it's ok to take care of yourself."

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AUTHOR

LUKE YOKOTA MACN



Currently one of ACN's Emerging Nurse Leaders, Luke is also the Chair of the Men in Nursing Working Party. The ACN initiative was launched in 2018 to address the key issues facing men in the nursing profession while also encouraging more men to join in. The members meet every month to continue the conversation regarding the barriers and perceptions of men entering the nursing profession.

Members of the working party

Luke Yokota MACN (Chair), Lee Poole MACN (Deputy Chair), Ariel Yokota MACN, Kate Barnewall MACN, Ben Chiarella MACN, David Stanley MACN, Prachi Javalekar MACN, Shauna Wilson MACN, Nicholas Hayward MACN (Undergraduate), Christopher Hinder MACN, Haydon Cunninghame MACN, Jennifer Smith MACN, Kylie Hasse MACN and Tammie Breneger MACN.

Objectives

The working party aims to bring more awareness to men in nursing by promoting the benefits of diversity, increased recruitment of men into the profession and highlighting the barriers

that have traditionally restricted men from pursuing nursing as a variable career choice. Some of the ways they plan to achieve this include:

- Creating a plan of action for a Men in Nursing national campaign
- Development of film and photography resources to support the campaign
- Collating research and statistics on the trends of men in nursing within Australia
- Developing an action plan to address the barriers men in nursing face.

Luke was also one of the keynote speakers at this year's ACN National Nursing Forum in Hobart, Tasmania where he formally launched the Men in Nursing eBook.

The 25-year-old shared his personal journey of becoming a nurse that wasn't without its challenges. Stressing the importance of male role modelling in the profession, Luke urged everyone to share that #itsoktocare, a feeling that resonated with everyone present.

GOOD NEWS FOR MEN AND BOYS

What the National Men's Health Strategy 2020–2030 means for nurses

“As outlined in the Strategy, there is a need to improve our workforce capacity, tailored training and mentorship to better meet men's health needs.”

There are many areas where men face challenges in their health and wellbeing that require our focused awareness. More often, Australian men die at younger ages in comparison to Australian women from diseases that largely have preventable causes. There are also 'at risk' population groups of males, in particular, Aboriginal and Torres Strait Islander men, living significantly shorter lives than others (Australian Government Department of Health, 2019).

These issues helped shape the Australian Government's National Male Health Policy in 2010, the first of its kind in Australia (Australian Government Department of Health and Ageing, 2010). The Policy recognised the need for applying a 'gender-specific lens' to address the unique health care needs of men and boys. While the Policy set out priority areas and populations for health reform, importantly, it reinforced the principle that investing in men's health is critical, not just for preventing disease, reducing health burden and mortality, but for meaningful social, cultural and economic gains (Von Saldern, 2019).

Moving forward

However, 10 years on, the men's health narrative has changed little. In a recent evidence refresh commissioned by the Australian Government and produced by Healthy Male (Andrology Australia), data on the current state of men's health in Australia was compiled. Findings from the report highlight that men still die in larger numbers from non sex-specific causes than women (Von Saldern, 2019).

Although there have been small reductions in the number of men dying from cardiovascular disease, stroke and lung cancer, the rate of death from dementia, chronic obstructive pulmonary disease and Type 2 diabetes is increasing. Possessing major risk factors associated with chronic diseases, obesity or smoking or participating in 'risk-taking' behaviours are also more common among men (Australian Government Department of Health, 2019).

Young men have a disproportionate number of deaths from preventable causes, linked to accidents and injuries, violence, substance abuse and suicide; Aboriginal and Torres Strait Islander men, men with low

socio-economic status, and those living in rural and remote areas of Australia have the highest rates of fatal and non-fatal burden of chronic disease and mental health disorders (Australian Department of Health, 2019).

Additionally, significant health issues relate to men's reproductive and sexual health and the impact these have on quality of life and psychological wellbeing. These include the following:

- Prostate cancer (which accounts for one quarter of cancer diagnoses in men)
- Male fertility
- Under-diagnosed conditions (e.g. Klinefelter syndrome, erectile dysfunction and related comorbidities, lower urinary tract symptoms and prostate disease) (Von Saldern, 2019).

Action area #2: How can nurses lead?

As the largest group of workers within the health care workforce, we are in a strong position and have a clear stake to lead decision-making and policy implementation, especially in regard to the Strategy's second action area. This is of particular



NATIONAL MEN'S HEALTH STRATEGY 2020–2030

As a result of the report findings, the Australian Government published the National Men's Health Strategy 2020-2030. The Strategy is designed to build upon, rather than replace, the 2010 Policy and identifies priority areas of action to drive improvement in the health and wellbeing of all Australian males, particularly those at greatest risk of poor health.

Action areas include:

1. Empowering men and boys (e.g. reducing stigma on ill-health and tackling poor health literacy)
2. Strengthening the capacity of the health system to deliver quality care (e.g. engaging men in prevention, reducing barriers to health care access, improving workforce capacity)
3. Building the evidence base (e.g. funding targeted research and improving access to health data) (Australian Department of Health, 2019).

A NOTE FROM THE EDITORS:

Many of the articles in this issue might cite the same study or statistics, but we appreciate the unique perspective and experience of the authors.

importance in the primary health care sector. We know from research evidence that men do visit their general practitioners (Schlichthorst et al., 2016), but there is also a tendency for men to seek help later in the disease process, with less opportunity for prevention and disease management (Yousaf, et al., 2016).

The Strategy reiterates the need to address barriers to health care access, especially for rural and remote communities. There is an established need to maximise the 'windows of opportunity' (e.g. standard consultation, fatherhood, immunisation) to more effectively engage men in their health care (Lovett et al., 2017). Further opportunities exist through targeted health checks, screening programs, and patient education with referral to prevention programs and other health care professional support services (Australian Government Department of Health, 2019).

Of particular relevance to nurses is the need to improve our workforce capacity accompanied by tailored training, coordination and mentorship as highlighted in the Strategy to better meet men's health needs.

In conclusion, although men's health is no more important than that of women

and children, it is different. It requires an action-orientated approach and a collaborative and integrated cross-sector partnership to fuel improvement.

The opportunity exists for nurses to start a conversation and ask industry questions on how to apply screening tools to access risk, educate and identify areas to improve men's health and wellbeing. The Strategy provides a guide with the potential to improve men's health overall and highlights that to achieve this, government and non-government bodies, the health sector and researchers, as well as men and boys in our community, all need to play a critical role.

Healthy Male (Andrology Australia) is a national organisation that provides easy access to the latest scientific and medical research on male reproductive and sexual health and supports health professional development through accredited online education modules.

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AUTHOR

DELL LOVETT MACN

Read on to find Dell's insights into diabetes and its effects on men's sexual and reproductive health

DIABETES: A RED FLAG FOR SEXUAL AND REPRODUCTIVE HEALTH

By encouraging open communication, nurses can not only address this chronic disease in men, but its many comorbidities

About 85% of people in Australia live with Type 2 diabetes. Diabetes has been designated a national health priority area since 1997 (Australian Department of Health, 2015), responsible for a reduced quality of life, disability and increased morbidity.

Research findings indicate that the most common comorbidities are cardiovascular disease (CVD) (60%), disability (56%), depression (19%) and vision impairment (7%). However, much of the impact of diabetes is largely preventable through population health programs and optimising how the health system supports people with diabetes (Australian Department of Health, 2015). Prevention may be achieved by a healthy lifestyle, including regular physical activity, a balanced diet, and keeping weight within a healthy range (Healthy Male 2019).

Men and diabetes

Diabetes is the seventh leading cause of death and ranks as the sixth overall health burden in Australian men. Deaths and overall burden are higher in Australian men than women and impaired fasting glucose, an indicator or pre-diabetes, is twice as common in men (AIHW, 2018).

The burden of CVD and Type 2 diabetes is higher in specific population groups. Aboriginal and Torres Strait Islander men experience a disproportionate share of the burden of diabetes (Minges et al., 2010). Additionally, men's socioeconomic status and living in rural or remote areas can increase the risk of these chronic diseases (AIHW, 2018). This may also translate to men with

diabetes developing sexual and reproductive health problems.

Sexual and reproductive issues

Nurses and health care providers must understand how diabetes affects men's sexual and reproductive health to provide appropriate advice, thereby empowering men and their partners to seek the appropriate medical management and support.

Erectile dysfunction

Erectile dysfunction (ED) is when a man is unable to get and/or keep an erection that allows sexual activity and penetration. It is not a disease but a symptom of another problem, either physical or psychological or a mixture of both. Diabetes can cause erectile problems by:

- Reducing blood flow to the penis or by affecting the function of blood vessels in the penis, making it more difficult for men to get and/or keep an erection
- Damage to the nerves in the penis
- Lowering the levels of testosterone (Healthy Male, 2018).

Approximately 20% of Australian men over 40 years report having ED and for many, it's often the first sign of diabetes and is 3–4 times more common in men with diabetes compared to non-diabetic men (Holden et al., 2010). Evidence demonstrates that ED indicates an increased risk of CVD and depression in diabetic men (Lue et al., 2017, Raheem et al., 2017).

ED can be treated by controlling diabetes, smoking and alcohol consumption. Once diabetes is properly controlled, the first line of treatment is usually oral medicine (i.e. PDE5 inhibitors), e.g. Viagra®, Cialis® or Levitra®. Other treatments include vacuum devices, penis injections and surgery (Healthy Male, 2019).

Talking about ED:

- Include ED in the list of diabetes complications you recite. Pause to give men time to react
- Ask, "Has having diabetes affected your sex life in any way?"
- Mention that "Diabetes, cardiovascular disease, stroke, depression and erection are all linked. Changes with men's erections can be a warning sign of other health concerns. Have you experienced changes with your erections?" (Boston Scientific Corporation, 2018, Lovett et al., 2010).

Androgen (testosterone) deficiency

Testosterone is the most important androgen (male sex hormone) in men and it is needed for normal reproductive and sexual function. Approximately one in three men with Type 2 diabetes are more likely to have low testosterone levels if they are also obese (Healthy Male, 2019). Symptoms may include low energy levels, mood swings, irritability, poor concentration, reduced muscle strength and low sex drive. These symptoms may overlap with those of other illnesses and are different for men at different ages. Treatment

“ Men describe the fear of embarrassing a health care provider or ‘making a fuss’ about their health as a reason for not broaching these issues. ”



focuses on controlling diabetes and any other illnesses first. Testosterone therapy may be prescribed (Healthy Male, 2019).

Low libido

Apart from biological and personal factors, low testosterone levels in diabetic men can cause low libido too. Improving diabetes control and checking for any underlying conditions may be necessary for treatment. Counselling may also be helpful in identifying and addressing any psychological or relationship issues that may affect sexual desire (Healthy Male, 2019).

Retrograde ejaculation

Retrograde ejaculation is when the muscle at the opening of the bladder, which normally stops semen from entering the bladder during orgasm, does not close properly. This causes semen to flow back into the bladder. Diabetes and high blood glucose levels can cause nerve damage to the muscle (external sphincter muscle) that opens and closes the neck of the bladder. Treatment is not often required. However, it can make it more difficult to conceive a baby and couples may need the treatment of assisted reproductive technologies such as in-vitro fertilisation (IVF) (Healthy Male, 2019).

Balanitis

Symptoms of Balanitis (inflammation of the head of the penis) include not being able to pull back the foreskin, itchiness, rash, redness or swelling and possible discharge from the penis. Urine can be trapped under the foreskin and glucose in the urine may lead to

an increase risk of balanitis. It can be treated by washing of the affected area, antibiotic or antifungal medication and improving diabetes control (Australian Department of Health, 2015).

Open communication

Many health care providers say they do not broach sensitive issues because they lack the training and skills to deal with men’s sexual health and reproductive concerns, are uncomfortable with the subject, fear offending the person, have no suggestions to offer, or feel constrained by time (Healthy Male, 2019). At the same time, men describe the fear of embarrassing a health care provider or ‘making a fuss’ about their health as a reason for not broaching these issues.

Nurses are in an ideal position in the primary care setting to start a conversation with men about their sexual health and diabetes, to provide support, advice and referral to better meet men’s health care needs. Many organisations can support your practice and male patients with free, quality evidence-based clinical resources on men’s health.

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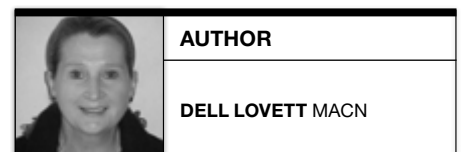
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In the previous article, Dell examines the National Men’s Health Strategy 2020–30 through the lens of nursing.

HOW INCONTINENCE IN MEN IS LINKED TO INEQUITY

By addressing the issue, nurses don't just provide holistic treatment to men, but also effect positive change in women's health

As nurses, we are well-aware of the disparity in health status in the Australian community. Many of us identify with the health disparities of culture, sexuality, disability, social and culturally diverse populations. As nurses we advocate for a person and apply principles of public and primary health through advocacy, education, health promotion and disease prevention. But do we actually do this for all of our client's needs?

The whole picture

As a women's health nurse I was made acutely aware that often the peripheral parts of a person's life are not really identified in our delivery of care. Sometime ago, I met the chief executive officer from a multinational company that offered services in continence products. We discussed how men managed continence issues differently to women – importantly, basic access to toilets in public areas – something I hadn't given any thought to as my scope of nursing was women.

I began to explore the barriers for men with incontinence in society, access to resources, and service provision. Looking from the viewpoint of women I see in clinical practice daily, what impact did this have on their care – the holistic viewpoint.

How did this affect the female client getting to her outpatient appointment or surgery if her male partner can't get her there because of incontinence?

How incontinence affects men

If you think only older Australians experience incontinence or persons with disabilities think again as males of all ages across the lifespan can be affected. In total, 1.34 million Australian men across the lifespan have sneaky leakage (incontinence) of bladder and bowel (AIHW 2012). Close to 35% of men with incontinence are under 50 years of age (Continence Foundation of Australia & Deloitte Access Economics 2011). This is a taboo area in health, and unlike women, men don't discuss these sensitive issues, nor do they seek help.

Incontinence affects every facet of a person's wellbeing, what they eat, wear, where and when they go out. It is unpredictable and consequently results in social isolation, poorer mental health and financial burden. Over three million Australians live with anxiety and depression and these symptoms are strongly linked to incontinence (AIHW 2016; Continence Foundation of Australia & Deloitte Access Economics 2011; Coyne et al. 2013).

Inequity of support

Looking at this issue from a behavioural perspective, I assessed (with my husband's assistance) the facilities in male toilets within my local community and local health networks. I reviewed the state legislation that governed provision of sanitary standards in public areas. I began to ask more questions from local prostate, Rotary, Men's Shed support groups, councils and other health professionals.

I was amazed at the nonexistence of the most basic provision – a bin to dispose continence products in male toilets. There is a variation within the State and Territory legislation around provision of sanitary/continence bins in public places, however, they are supplied in all women's toilets. Why?

The social inequity compounds the constant burden, worry and embarrassment of having to find somewhere to dispose of an incontinence product if and when the men ventured out into society.

How do the 1.34 million Australian men dispose of the continence waste? They probably retreat to a safe environment (home), which negatively impacts on social, financial wellbeing, physical health

“ This is a taboo area in health, and unlike women, men don’t discuss these sensitive issues, nor do they seek help. ”



and compounds isolation which also limits the active contribution within their local community (The Advertiser 2019; Continece Foundation of Australia & Deloitte Access Economics 2011; Coyne et al. 2013).

Role of nurses

Nurses provide a voice to lead and assist in uncovering the inequities in our society and health. I have been lucky to find kindred spirits in my walk for change. Discussions with a local health breast care nurse practitioner empowered me to engage with a local council in 2017. Through presentations, local media and community groups we have started a slow change in our community.

I encourage all of you to review your own hospital environment and seek clarification in the equitable provision of continence bins in all public areas. Health services are focused on improved client outcomes and valuing the patient journey and this relates directly to providing continence bins in men’s toilets. Remember, a man may not attend his appointment or bring his partner for their appointment if he faces the unpredictable nature of incontinence and the burden of having to find a disposal facility.

Positive impact

Change is often small but can start a positive chain reaction throughout the health network and community. The Gawler council in South Australia is the first to actively review current management and place continence bins in public toilets. There has been ongoing community education and signage to educate the community. Through engagement with the town council, other councils in South Australia are reviewing their services (ALGA 2018; The Bunyip 2018; Onecota 2019).

Incontinence disposal bins and posters are now accessible in men’s public toilets within two large tertiary hospitals in South Australia, in an attempt to reduce the stigma surrounding the issue of incontinence, and encourage men to seek help and feel supported in their community (The Bunyip 2019).

Nurses are an amazing, resilient group who champion a cause in order to improve health for all. I continue to engage at local, state and national levels through community, business groups, and now a national working party on men’s continence. It has been an amazing journey in improving social equity for all.

Let’s look broadly at improving health for our community.

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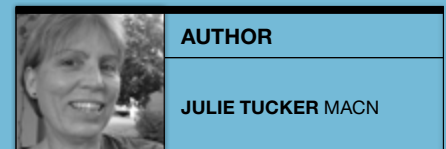
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LET'S TALK MENTAL HEALTH

It is a community health problem and nurses are often the first point of contact men have to talk about it

In April 2019, the Australian Government Department of Health released the National Men's Health Strategy 2020-2030 (NMHS). There have been some improvements in men's health over the past 10 years. The health of Australian men is better than most other countries. Australia has the eighth highest life expectancy in the developed world, 80.4 years and now only four years behind Australian females (Department of Health, 2019).

Despite these improvements, men are still dying in greater numbers from non-sex-specific causes when compared with women. Deaths from cardiovascular disease, stroke and lung cancer have fallen, but mortality related to dementia, chronic obstructive pulmonary disease and Type 2 diabetes is still rising.

Lifestyle risk factors for the development of chronic disease, such as obesity and smoking are more prevalent in men. Deaths in young men from preventable causes such as accidents and injuries, violence, substance abuse, and suicide are increasing. At higher risk of chronic disease development are Aboriginal and Torres Strait Islander men, men with low socio-economic status and men living in rural and remote areas of Australia (Department of Health, 2019).

Delving deeper, there is some alarming – but for those working in health care – almost certainly unsurprising data on mental ill-health. For Australian men, death by suicide is three times more common than for women and twice as common for indigenous men when compared to non-indigenous men. Younger males are

at high risk of self-inflicted injuries and suicide as they transition from adolescence to adulthood. In the mid-years of life, death by suicide and self-inflicted injuries is the leading cause of total burden of disease. Even though the impact of mental ill-health is significant, the biggest concern for those planning and delivering primary health care services is that Australian men are reluctant to seek support early from the health care system (Schlichthorst M et al, 2016). When they do, the consultation is generally shorter and the condition or illness is more advanced (Better Health Channel, Men's Health, 2018). Early intervention is a critical element of health care and disturbingly, 70% of men don't seek help for mental ill-health (Department of Health and Ageing, 2013).

Mental health has been identified in the NMHS as a priority health issue, coupled with priority population groups including Aboriginal and Torres Strait Islander males and males living in rural and remote areas (Department of Health, 2019).

Nurses are in a unique position to provide support to men individually and in their community. The experience of Ms. Casey Hooper, a practice nurse in Bega, New South Wales, outlines how nurses are well-placed to actively listen and start the conversation about men's mental health. Hooper suggests:

'It is common for patients to tell nurses things they wouldn't tell their doctors. In my experience this is true, perhaps believing the doctor hasn't got time, or their problem or challenge is irrelevant.'
(Meaker, 2018)

The normally resilient rural communities are at a breaking point as New South Wales and Queensland enter the seventh year of drought and here in Western Australia, where I live, we have had the driest July in 25 years. I grew up in rural Western Australia, and still have family there. In the late 80s, I had a rural practice for several years. Recently, a grieving widower revealed to me that he doesn't share his sadness with his children because they would worry too much. He comes to me, cries then apologies, and cries some more. I feel blessed that he feels he can express his pain and grief in a safe environment.

Local health care providers are seeing a surge in depression, suicide and an alarming increase in alcoholism. Although we have one of the best health care systems in the world, the remoteness of rural communities and the shortages of key workforce and services add to the pressures. While digital mental health and telehealth are options, it would seem that projects within the communities that support men, women and their families are more successful.

There are a number of health promotion initiatives and educational opportunities to empower nurses and other health professionals better respond to mental ill-health in our settings. The R U OK? Day promotes all Australians to 'check in' and ask if those around us are okay. It aims to destigmatise talking about mental health and prevent suicide. For nurses it can be a prompt to ask if people we see are coping with life's ups and downs.

“For Australian men, death by suicide is three times more common than for women and twice as common for indigenous men when compared to non-indigenous men.”

LivingWorks provides training to community helpers and health professions to improve awareness, provides education on prevention strategies and interventions for those who are ‘at risk’ of suicide or are recovering. The Farm Gate Counselling Service in New South Wales provides counsellors that have experienced the hardships faced by rural communities in a government-funded project. The new Australian government ‘Head to Health’ online portal provides links to trusted Australian online and phone supports, resources and treatment options that can be tailored towards an individual’s needs. The Melbourne University is involved in a longitudinal study on male health that has already provided valuable information around socio-economic stressors and suicide (Pirkis, J et al 2017).

David Leser (2019), recently quoted Don Watson, author of *The Bush*,

‘The bush has always been as much for hiding pathologies as repairing them. In the city, opinion corrodes the outer layer of existence; in the country it eats the inner.’

Mental health is a community health problem. Nurses often provide the first connection men have to talk about mental ill-health. They are in the position of being able to notice that someone is struggling and provide early support to engage men proactively in a journey to better health. As we look to the future and consider the access and delivery of primary health care services, we must find ways to support and enable early intervention to reduce the burden of mental ill-health for all Australians.



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MEN'S HEALTH: ENGAGEMENT IS KEY

Taking your service to where men meet and ensuring that they feel comfortable asking for help is the first step

Atherton is a rural town in the hinterland above Cairns in Far North Queensland. The catchment for the local Atherton hospital includes a population of around 25,000 people. These are predominantly farming communities, with a transient population of farm workers and a busy tourist industry.

The local hospital services the community through provision of an accident and emergency unit, general medical and surgical units, maternity and day oncology along with several specialist services that visit from Cairns. The Atherton Community Health (ACH) centre provides services aimed at identified community needs such as generalist community health services, continence advice, indigenous health, a Community Hospital Interface Program, cardiac rehabilitation, diabetes education and a wound management service.

In recent years, the primary health centre, in response to a survey commissioned by the local regional council, identified that there was a significant service gap in men's health. Underpinned by national data and the recent launch of the National Men's Health Strategy 2020–2030 (Commonwealth Department of Health, 2018) and the Australian Men's Health Forum Queensland

Men's Health Report Card 2019, the ACH has now begun to implement a multifocal approach to improving men's health and encouraging greater participation by men in their service.

The key is to ensure that men feel comfortable when they ask for help or advice. One of the first activities we kick-started was engaging the local Men's Shed. Atherton Men's Shed (AMS) has a membership of around 70 men and is open six days a week. I visit the shed on a regular basis, calling in to chat to the men about health issues and providing them with an opportunity to discuss health concerns in a safe and friendly environment.

The shed has developed a 'Community Health' notice board with current health information and advice on display that the men can read at their leisure. The shed also launched a member's newsletter that features up-to-date, evidence-based information provided by community health clinicians in a way that men with variable health literacy can understand. So far, it has covered topics such as falls prevention in older men, the importance of flu vaccine and how to manage the flu, and wound management during Wounds Awareness Week this July.

Additionally, the service provides regular evidence-based updates from reputable health agencies to clinical staff for them to better understand men's health issues.

More recently, ACH commissioned a range of community-based men's health programs. In collaboration with North Queensland Primary Health Network and Tableland's Regional Council (TRC), they were able to bring renowned men's health consultant and educator Greg Millan to Atherton for a series of community events.

These events were launched during the Men's Health Week in early June, the first of which highlighted the involvement of the local Men's Shed in working towards the issue. The event provided a wonderful opportunity for many to gain deeper insight into the work and activities of the Shed and encouraged many more to become members.

Part of improving men's health is talking about the issues no one talks about, especially in remote communities. And so, the second event, 'Reaching Men in Rural Communities' featured an interactive session to examine current health challenges faced by rural men. The session was delivered by Greg who discussed topics such as male suicide,

“As a clinical nurse it is important to recognise the value of the current research and evidence in delivering effective men’s health programs.”

men as victims of domestic violence, social isolation for older men, limited access to rural health services and making male health services male friendly.

The event also saw the launch of the 2019 Queensland Men’s Health Report Card, which is now available nationally and provides important insights into the health trends among men and boys in the state as well as outlining a conceptual framework for taking action to improve their health and wellbeing.

It’s also worth noting that healthy workers can make for a healthier, more productive workplace. The third event featured the ‘Healthy Men at Work, Train the Trainer’ program, specifically targeted at the role of primary health nurses in community capacity building. Around 16 community members were trained so they are able to return to their workplaces and promote and implement health and wellbeing using the ‘Train the Trainer’ model.

The program included discussions on holistic health models, male health and wellbeing issues, running a healthy-men-at-work session, along with practice sessions and some self-care strategies. The afternoon program included participants delivering education presentations back to the group.

As a clinical nurse it is important to recognise the value of the current research and evidence in delivering effective men’s health programs. As such, it’s important that nurses are cognizant of developments in these areas, whether that information comes from organisations or through the numerous e-journals.

As a nurse, opportunities to progress and improve the men’s health agenda present themselves on a regular basis. Given that the outcomes are poorer in so many areas, there are regular requests to present the data on a range of different forums. Recently, ACH was represented at a Diversity Forum in Cairns targeting the poor state of men’s health in the aged care sector.

As a male nurse working in a primary health care setting, I have a simple message: Promoting men’s health is not difficult but it takes doing lots of small things well and regularly. And finally, men respond to humour! Delivering health messages in a tasteful yet humorous manner that appeals to their lighter side is a helpful strategy in getting the messages across.

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HOW NURSES CAN PROMOTE MEN’S HEALTH

- **Building staff awareness and capacity about how to communicate with men**
- **Engaging men in their own safe and friendly environments where they feel relaxed**
- **Building community networks that empower the local community to take ownership of their health**
- **Resourcing yourself and others with sound evidence-based information that can be disseminated in a way to improve health literacy**



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MALCOLM FRASER MACN

APPROACHING MEN'S HEALTH DIFFERENTLY

Why workplace health programs work better than clinic visits for men

As a men's health and urology nurse practitioner for 25 years, I've realised that men's health is a constantly evolving area of work. I was endorsed as a nurse practitioner in 2009 and developed the role within the rural setting.

Currently, I work in Victoria's Western District in Hamilton. My duties include managing a men's health clinic with general practitioners on a weekly basis, undertaking physical and mental health checks and support of men in the community. I also support visiting urologists by providing surgical care and post-operative management to urological patients, which includes performing flexible cystoscopies, management of prostate related conditions and coordination of bladder cancer treatments.

What works – and doesn't

Men – especially those in rural areas – are, now more than ever, accessing health services. Often, they do so on a whim and simply say 'I'm here for a full check-up'. Although admirable, this involves a great deal of work looking at the presentation of the man, his family history, health risks, past health concerns and the consideration of what they think being "healthy" is.

We need to work out a way to provide a model that suits them. They don't prefer

going to a clinic or sitting in a waiting room. Preventative screening is also not high on their agenda. Taking the health care to them appears to work and often men are engaged, supportive and interested in learning with other men in their workplace.

Men are 'problem solvers', so when something is broken or in need of repair they tend to want to fix it 'here and now'. Unfortunately, some men come too late and the ability to "fix" their health is more about management of the health condition rather than the ability to cure/treat it, a problem that's seen across the ages. The Australian Bureau of Statistics reports men have minimal voluntary access to health care up to the age of 44 when there is a dramatic increase, followed by an increase of 10% for every decade of life (AIHW, 2018). Men appear to act when their health determines the need for intervention rather than uptake preventative screening programs (Parkin, 2018).

This is why workplace health programs are essential. Giving men access within their workplace, health education and screening is a great opportunity to promote health and assess and manage health concerns before they become chronic. It's an ideal environment because it's a familiar setting, they are paid to attend, the health information is delivered to them individually whilst feeling valued as an employee. The key difference is to make

the intervention as close to seeing their general practitioner as possible with active intervention, treatments and coordinated follow-up (Chu, 2008).

It's getting better

In general, we are making progress. Men are becoming more aware of their health. They feel more in control of their decisions related to health management, and they can see value in accessing health care earlier in their lives. Research in America shows positive peer and workplace involvement between men where active discussion, assessments and intervention have seen improvements in their uptake of positive health measure (Houle, 2017). Additionally, the uptake rates from men to websites such as Beyond Blue have seen a significant rise in information accessed by men (Beyond Blue, 2014).

As far as mental health goes, men struggle to admit to suffering from depression, but this is changing. They are now happy to take time out to focus on improving their mental health (Beyond Blue, 2014). This is a major step forward. Examples have been shown more recently in professional sport where men take time out to "focus on their mental health" rather than saying they have depression and cannot go on (AFL Mental Health, 2019).



“Taking the health care to them appears to work and often men are engaged, supportive and interested in learning with other men in their workplace.”

There's a need, however, to continue promoting the need to have positive mental health rather than focussing on the negative connotations that go with the words like depression, stress and anxiety. More and more organisations are actively fighting for positive health promotion, but with little or no government funding to support these initiatives. From a political point of view, male health is “at arm's length” of policy development. The 2010 policy sat idle for the best part of a decade, yet it has seen a recent resurgence with governments looking at the National Men's Health Strategy 2020–2030, which we hope achieves more for males in city and rural environments (Australian Government 2019).

Men have poorer health than women, we know this, and need to address it. (AIHW, 2018). We cannot assume that men will respond to health promotion the way women do. They are raised to be providers

for their families and children. They want to be successful and most importantly, support those they love and care for. Using these mediums, we can influence their health and wellbeing.

As a nurse practitioner, I'm pretty proud to be a nurse and my sons are fully aware of the role I play in promoting men's health in my work and in our home. As such, I have the added ability to create a one-stop shop where men can have tests coordinated, referrals made and medication prescribed. This is not a general practitioner role, though. I have the ability to add to the nurse's role and guide men with support, advice and advanced practice. Men are very accepting of the role and have full confidence in the role I play in their long-term health care.

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DISTINGUISHED LIFE FELLOW: ADJUNCT PROFESSOR JOHN G KELLY

From nurse to nursing champion



When I finished school in 1972, I was going to study dentistry at university. At the last minute, however, I decided not to, and I proceeded to be an early supporter of the modern gap year and took two years off working and travelling. The first year I worked in biscuit factories in Brisbane, sugar mills in Mackay, fruit picking in Victoria and fork lift driving in the Victorian Alps, before heading off overseas to London. Over the next 12 months, I wound my way back to Australia across Europe and Asia having collected far too many stories to tell in this missive!

For some reason, by the time I returned I wanted to undertake nursing. I had no family members in the profession, and I did not personally know any nurses. But I was attracted by its learning model, the art and science associated with its practice and the person-centred nature that underpinned it. So off I went to Princess Alexandra Hospital (PAH) in Brisbane to begin my journey in nursing. From that first day in 1975 to the present, I have never regretted that decision. It was the beginning of a lifelong and ongoing education about people mainly, but wrapped up in a knowledge base that provided both – solutions for our care recipients and job satisfaction for the carer.

Of course, from day one, all of the frustrations that still exist today abounded – such as lack of time and staff to provide the appropriate levels of care, being thrust into some practice settings well before any theoretical education had been provided for that area. But the positives that flowed from these circumstances stemmed from the teamwork, ingenuity and support from colleagues, the innovation, agility and pragmatism that over time, I became accustomed to as the trademark of my nursing colleagues.

“ I have found the eclectic path that my professional life has traversed has aided my ability to “sell” the case for the worth of nurses with decision makers. ”

I settled into cardio-thoracic intensive care nursing post registration. Having always had an interest in learning, I quickly progressed my studies post registration to gain additional qualifications as an Organisational Psychologist, spending some of the next years undertaking research into the stress levels and coping strategies of doctors and nurses in high-dependency environments.

At the same time, I pursued my active interest in the profession by serving on the Federal Council of the Australian Nursing Federation (ANF) (as it was then) that flowed from my involvement in student representation at PAH. This led me into my early active work for the Australian College of Nursing (ACN) which has continued to the present.

My skill set led me to move into the Repatriation Hospital system as a nurse educator in 1982 which led on to a national role across their eight hospitals as a nurse advisor to the Head of the Department of Veterans' Affairs (DVA) and the Head Nursing Clinical Consultant, Cliff Buchanan at Concord Hospital in Sydney. This was the beginning of my interest and involvement in policy setting and advocacy and my early understanding of its importance for the profession, health care planning and delivery and consumer outcomes.

By mid-80s, I was deeply involved in progressing the important role that nurses needed to play in health care policy setting, management and delivery. However, it was plainly obvious that status and gender issues were significant barriers to the equal and importantly sensible (and cost effective!) optimal participation of nurses in the health care team.

The Hawke era led to a government push to require unions to work through peak Councils within sectors. At the same time, the ANF commenced a major work value case for nurses before the Australian Industrial Relations Commission. The potential cost to the health sector of a significant increase in

the base rate paid to nurses was significant and as a result, every State and Territory intervened in the case. This led to a bar table of around 40 including 10 QC's as well as the Full Bench of five. DVA seconded me to the case which ran for nine months and visited 57 health sites across the country, including Aboriginal health services in central Australia, teaching hospitals, community health centres, specialist nurse led clinics in capital cities and district hospitals. I enrolled in a law degree part time and completed this in 1990.

For the next 22 years, I was a partner at top tier law firms managing health law practices. At the same time, my professional interests in nursing actively continued and I spent 10 years on the Board of the College, including three years as President. My nursing representation included periods as a Director or Representative on the Australian Nursing & Midwifery Council (ANMC), the International Council of Nurses (ICN) and the Australian College of Nurse Practitioners (ACNP).

Outside of nursing, I continued to take an interest in governance, regulation and advocacy. My governance hat saw me serve on the Boards of Catholic Healthcare, Ingham Institute of Health Research, Manly Warringah Division of General Practice, Master Electricians Association and the NSW Aboriginal Health & Medical Research Ethics Committee. I was a Director for nine years of The Smith Family including five years as Chair. Equally, I spent time as a Director and Chair of UnitingCare Ageing (NSW & ACT). These led to Ministerial appointments on the NSW Ministerial Advisory Committee on Ageing and a term as the Commonwealth Aged Care Commissioner.

My regulatory interests led in 1995 to an appointment on the Nurses and Midwives Registration Board of NSW, a position I held for 20 years, including 10 years as President (as the NSW Nursing & Midwifery Council in its modern form). I also chaired the Medicines Australia and the Medical

Technology Association of Australia Codes of Conduct Committees for seven and four years, respectively. Additionally, I chaired the Commonwealth Aged Care Complaints Resolution Scheme for six years concluding in 2007. For the past eight years, I have chaired the NSW Mine Safety & Assessment Review Committee.

My research and teaching interests in nursing and health care more broadly have continued through a period as a Member of the John Curtin School of Medical Research Foundation and ongoing academic appointments in Nursing at University of Technology Sydney and University of Sydney.

The majority of these appointments have been in pro bono roles while my livelihood has tended to be as a health lawyer, and more recently as CEO of an aged care peak body and currently, the Heart Foundation. A significant part of my time now is spent lobbying governments and departments to progress health care issues and the roles that nurses can perform in this context.

I have found the eclectic path that my professional life has traversed has aided my ability to “sell” the case for the worth of nurses with decision makers. I have been able to present a broader view than just a health perspective, and I have been able to use my relationships across extensively varied networks to reinforce that messaging.

The small influence I have been able to exert though is underpinned by the richness that the profession of nursing has brought to my life, as well as my involvement in ACN during this entire time. I can only encourage ACN members and readers to actively involve themselves in College activities as the rewards are personally immeasurable.



AUTHOR

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REGION: MELBOURNE

Improving men's health

On the back of this year's International Nurses Day theme 'Nurses: A voice to lead, Health for all', the Melbourne Region recently hosted an event titled 'Improving Men's Health' at the Australian Nurses Memorial Centre.

The special guest speaker, Dell Lovett MACN has a strong interest and passion for addressing the contemporary health needs of men. Drawing upon her experiences and work as a primary health care nurse, diabetes educator and involvement with Healthy Male (previously known as Andrology Australia), she provided an insightful and engaging presentation.

Mindful that many members of the Australian College of Nursing (ACN) have associations with men through family connections, work and social groups, members were encouraged to bring along a male associate to this seminar. The discussion was premised on the current situation surrounding men's health globally and in Australia.

Although it is well-known that in Australia, men generally do not live as long as women, it is barely questioned as to why this is the case and what nurses should be doing about it (Wang et al. 2012).

As Dell explained, even though 80% of males see a general practitioner at least once a year, health outcomes for males continue to remain lower than females, thus highlighting the narrow window of opportunity to encourage preventative measures and early interventions for males (Wang et al. 2012).

Australia was the second country in the world to create a men's health policy, leading the way in men's health worldwide (Department of Health and Ageing 2010).

Despite this, Australian men have a life expectancy four years lower than women and are at risk of severe mental health issues and suicide risk, with this risk being even greater within our Indigenous Australian populations (Department of Health and Ageing 2010, Lovett et al. 2017).

This raises the questions of whether this health outcome is due to an incomplete understanding of male gender roles or the lack of a case for action by men that accounts for the difference in health outcomes for males and females. Does global diversity have a role in obscuring the difference in health between genders?

The World Health Organization (WHO) has reported striking differences between poorer health outcomes and the associated social determinants between boys and men compared to women and girls (Baker et al. 2014). Understanding the sociological differences between males and females is essential in ensuring individualised health care to allow health care professionals to work with people, not against them and ensure best health outcomes.

This is the impetus and the embodiment of the drive to change Australia's approach to men's health care. Drawing on correlations between poorer health outcomes and boys having poorer average National Assessment Program-Literacy and Numeracy (NAPLAN) test results during school years, higher rates of school drop-outs, and higher risk work environments compared to their female counterparts, Dell suggested that our case for action needs to begin early (Department of Health and Ageing 2010).

It is important to note that improving men's health does not degrade women's health. It is about addressing the reasons why men tend to have poorer health outcomes and work towards better prevention and early intervention as to ensure everyone receives health equality.

In fact, improving men's health and encouraging increased involvement of men in fatherhood leads to better health outcomes for men and their children, regardless of gender (WHO, 2007). With current policies and strategies in place to enhance men's health, nurses have a pertinent role to play in transforming men's health and wellbeing by providing an open space for men to voice their health concerns.

Social isolation and marginalisation of individuals has an enormous impact on these people's health. What role do we as nurses have in improving the health of such disadvantaged individuals? This will be the focus of the annual Gertrude Berger Oration and Symposium to be held in October (watch **neo** for announcements).

An end of the year gathering is planned for early December. Finally, we need to know from our Melbourne Region members of topics or events that they would like to see offered in 2020. We look forward to welcoming you to our next event.

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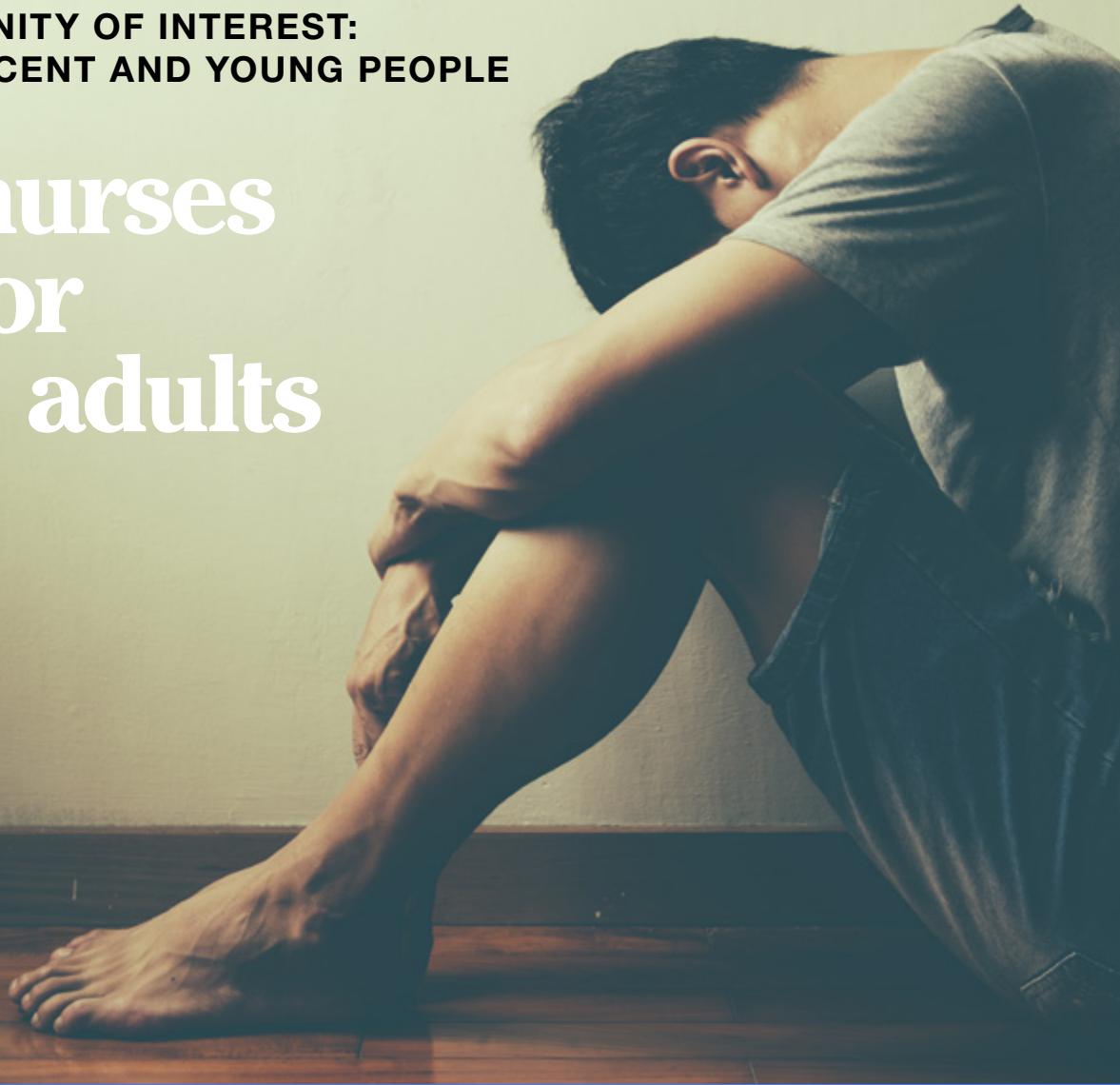
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**COMMUNITY OF INTEREST:
ADOLESCENT AND YOUNG PEOPLE**

How nurses care for young adults



Professor Alison Hutton FACN is the Chair of the Adolescent and Young People Community of Interest (COI) and is Acting Head of School at the University of Newcastle. The COI is also managed by Associate Professor Lucie Ramjan MACN from Western Sydney University (WSU). The Adolescent and Young People COI was formed late last year and currently has 334 members.

The COI is still finding its feet in regards to a leadership team and is currently seeking new members to join. Late last year, the COI hosted a supper at WSU where Lucie presented her mentoring support programs for young people with eating disorders.

The aim of this supper was to identify from members what they would like the COI to accomplish in 2019. From this evening, we did identify some topics of interest and due

to the breath of members in the COI, we decided to host webinars.

The first of these kicked off in February, and Alison spoke about Future Proofing Youth Health – Harm minimisation at outdoor music festivals. In early April, we then heard from Britta Crozier who spoke about the role of school nurses in caring for young people. Following that, in late April, Dr Nathan Wilson talked about mentoring unemployed young adults with intellectual disabilities.



We have two more webinars booked for the rest of the year. These are Sexual Health in the Rural Environment from youth worker Will Doran from the Lower Hunter region in NSW in July, and in August, Dr Gill Murphy will discuss nurses' role in supporting young people experiencing loss.

Even though our webinars have been well attended over the year, Alison and Lucie

are positive that they would like to do much more. However, they really need another pair of hands, to branch out to other activities. So they would love to hear from you!

Lucie and Alison would like to thank Catelyn Richards, Ainsley James and Jess Mathie for their time in the leadership team of the COI.

For information on how to join the COI, visit acn.edu.au/membership/coi

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	PROFESSOR ALISON HUTTON FACN
	LUCIE RAMJAN MACN

Message from the Chief Nursing and Midwifery Officers



Jenny Hurley MACN, Chief Nurse and Midwifery Officer SA

In January 2019 the South Australian Minister for Health and Wellbeing, Hon. Stephen Wade MLC launched the SA Health Nursing and Midwifery Strategic Directions 2019-2022. The Strategic Directions articulate a clear vision for the nursing and midwifery professions in SA, echoing the Nursing Now campaign strategy of professional empowerment through the elevation of profile and status. The Strategic Directions have four key pillars to help achieve this vision through:

- Enabling professionalism
- Connecting care
- Increasing workforce agility
- Embracing research and innovation.

As a visual expression of how this vision is being operationalised, the Nursing and Midwifery Office commissioned a series of short, 90-second video clips based on each of the key pillars. Nurses and midwives from across SA starred in the clips, expressing how the Strategic

Directions are being utilised in diverse workplace settings across SA Health to promote excellence in nursing and midwifery care.

The passion and commitment of each practitioner to their profession(s) certainly shines through in each clip. The videos will be distributed across the South Australian local health networks to further promote the Strategic Directions.

As the Chief Nurse and Midwifery Officer, I had the great pleasure hosting a celebratory cocktail reception to officially launch the release of the videos on 10 July 2019. This event was attended by the Minister for Health and Wellbeing, Executive Directors of Nursing and Midwifery, representatives from the Australian College of Nursing, the Australian College of Midwives and other professional colleges, and many nurses and midwives from across SA Health. The stars of the video clips were the guests of honour. To view the videos, or for further information about the Strategic Directions, visit the Nursing and Midwifery Office pages via the SA Health website.



Adj. Assoc. Professor Ann Maree Keenan MACN, Chief Nurse and Midwifery Officer Victoria

Every year in March, I host the Victorian Nursing and Midwifery Leadership Forum. This forum brings together the Directors of Nursing and Midwifery from our public and private hospitals, and the academic Heads of Nursing and Midwifery schools in Victoria. This year's forum, the third in Victoria, brought together 140 leaders to network, learn and discuss key issues facing the professions.

We were privileged to have the retiring Commonwealth Chief Nurse and Midwifery Officer, Adjunct Professor Debra Thoms FACN (DLF) as our keynote speaker. Debra delivered a personal address reflecting on her esteemed career and shared her predictions for where the professions are going in the future. We also heard from the Eastern Health Chief Executive Officer, Adjunct Professor David Plunkett FACN, who shared his journey from nurse to chief executive officer. David spoke candidly about the importance of leaders building resilience, being kind and the importance of self-care and trust.

The feedback from attendees overwhelmingly reminded me how important it is for our professional leaders and health services to regularly meet, share and connect, as we all work towards the same goal – the provision of outstanding health care.

I take every opportunity that I possibly can to recognise and celebrate the contribution of our nurses and midwives, but I especially look forward to the formal celebrations to occur next year as we raise the profile of nurses and midwives globally.



Dr Robina Redknapp MACN Chief Nurse and Midwifery Officer WA

Gradconnect

The Nursing and Midwifery Office (NMO) Western Australia Health entered a collaborative with National Health Service (NHS) Grampian approximately 12 months ago. This initially began as a recruitment drive, held in November last year, driven by the shortages experienced within the Nursing and Midwifery workforces. The recruitment process for WA graduates is undertaken via the NMO, known as GradConnect. Over the last six years, there has been a steady increase in the number of applicants who apply for GradConnect, which far outweighs the number of positions identified by health services as graduate positions. Due to this over and undersupply, the collaborative was born and has now expanded to include research, scholarship and potential exchanges between countries.

The first few cohorts of graduates, approximately 20 in total, have arrived in Aberdeen, to undertake the two-year supportive program. It includes a year-long graduate program (Flying Start) followed by a progression to undertake a post graduate or master's degree. As part of attaining registration in the UK, nurses and midwives must sit an Objective Structured Clinical Examination (OSCE) in Ulster, Northern Ireland. To date, everyone who's taken the OSCE has received a 100% pass rate. What an amazing achievement and reflection on both our nurses and midwives and NHSG for their support through this process. More cohorts of graduates will follow within the next few months, with over 90 expected in total. A further recruitment drive is scheduled for November this year.

GHAWA@home

The NMO, through the Global Health Alliance of Western Australia (GHAWA), developed a cultural immersion experience for student nurses in rural and remote communities in WA.



A pilot program called GHAWA@home allowed eight nursing students from Perth to spend four weeks living in Kununurra homes and completing work placement in various health services. The unique initiative pairs clinical experience with an opportunity for cultural immersion in the form of accommodation with local families.

The aim is to challenge student nurses' cultural perceptions and help make them more empathetic and culturally aware. Students were billeted with local families through Rotary and were required to present to a Rotary meeting regarding their experiences, as well as volunteer for Rotary at the local agricultural show. The first day of the program, conducted by David Newry, a Miriwoong elder, was spent at Mirima Dawang Woorlab-Gerring Language and Culture Centre for a language and culture awareness course. Just days into the program, students were already reporting it as a wonderful experience.

WA Nursing and Midwifery Research Strategy development

A strategic priority of the NMO is to embed a translational research culture, the key to which is building capacity and capability in the WA nursing and midwifery workforce.

In October 2019, a stakeholder forum was convened by the NMO with the key objective to map existing nursing and midwifery research priorities and resources in WA. This was the

initial step to developing a Nursing and Midwifery Research Strategy for the state. In attendance were key stakeholders from health services (public and private) and education providers in WA. A mapping report was developed and an overview paper detailing the purpose and background to the initiative and action plan going forward were tabled for discussion at a second stakeholder forum.

A WA Nursing and Midwifery Research Strategy has now been developed, and stakeholder consultation on the final document is complete. The strategy details the vision, mission, a framework, governance structure and key directions to grow a translational nursing and midwifery research culture in WA.

In conjunction, the NMO is undertaking a review of the fellowships and grants program with the aim of increasing opportunity for WA Health novice and emerging nursing and midwifery researchers to secure early stage funding for research/practice improvement/innovation projects in their practice area. International research partnerships are also being explored to provide further opportunity in this area.

The final Sustainable Health Review recommendations addressing research and innovation support the direction nursing and midwifery is taking to embed a translational research culture and enable nursing and midwifery led research in WA.



Delegates at NNF 2019

#NNF2019: Power of policy, power of nursing

It may have been a cold and rainy day that kickstarted the National Nursing Forum (NNF) 2019 in Hobart this year, but nothing could dampen the spirits of those who attended the annual leadership event of the Australian College of Nursing (ACN).

From 21-23 August, nurses and health leaders explored the different facets of this year's theme, **Nursing Now: Power of Policy**, inspired by the global campaign Nursing Now. The interpretations were many, but the sole underlying message was: The power of policy is unmistakable and it is up to nurses to harness that power by participating in policy decisions and boosting positive change in health care.

A warm welcome

After a spectacular welcome to the country by Sinsa Mansell, Master of Ceremonies Dr Veronica Croome MACN took the stage. Like last year, her innate ability to both engage and entertain made for a terrific launch to the NNF this time too. ACN President Professor Christine Duffield FACN welcomed the delegates and officially launched the event.

Interest and inspire

This year, the highlight of the opening plenary session was an earnest and inspirational speech by Luke Yokota MACN. Luke, an Emerging Nurse Leader and Chair of the Men in Nursing Working Party, spoke

about his oft-challenging but gratifying journey as a nurse and called for more men to choose nursing as their career. He also launched ACN's Men in Nursing eBook* during the session, which was received with a resounding applause.

While Associate Professor Georgina Willetts FACN emphasized the importance of legitimizing the nursing profession and giving it its due recognition, Melanie Robinson MACN, CEO of Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) discussed the role of nurses in policy and how well positioned they are to effect changes.

* For more information, see the ACN News and Views section.

WITH THANKS TO OUR FORUM PARTNERS AND SPONSORS





Associate Prof Georgina Willets FACN



THE NATIONAL NURSING FORUM
Nursing Now – Power of Policy
21–23 AUGUST 2019
 Hotel Grand Chancellor Hobart, Tasmania



Sharon Bown MACN



(L-R): ACN President Christine Duffield FACN, Premier of Tasmania Will Hodgman, ACN CEO Kylie Ward FACN, Tasmania's Chief Nurse and Midwife Francine Douce MACN at President's Welcome

Emeritus Professor Lynette Russell AO FACN (DLF) in her Oration compared the past and present of the nursing profession and concluded that how the profession and those who practice it, have been responsible for its development, and in turn, that of health care.

Adjunct Professor John G Kelly FACN (DLF), a nurse highly regarded for his experience in both nursing and law, delivered a thought-provoking presentation on effective policy platforms – ensuring a strong evidence base, effective collaborations and knowing local politicians as well as involvement in local communities, to name a few.

He underlined the importance of 'being clear on your strategy and what it is that you're trying to win' and becoming more media-visible and undertaking media training.

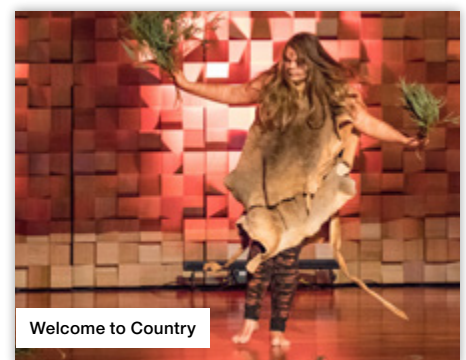
Chief Nurse and Midwife, Tasmania, Francine Douce MACN's 'If you're not at the table, you're on the menu' talk was an equally interesting concept. Francine stressed the importance of networking and

grassroots advocacy, challenging nurses to question status quo and reiterated nurses need to 'Take a Seat' at the table.

ACN was extremely honoured to have Hon Sarah Courtney MP, Minister for Health and Women, Tasmania, who shared success stories and challenges that Tasmania's health care system grapples with, as well as applauding the overwhelming pride among nurses for their profession.

Underlining the need for a community where health care is provided by the right people in the right manner, Sarah encouraged nurse leaders to be at the 'front and centre of the debate on health care policy and reform'.

Another highlight at the NNF was the inimitable Wing Commander (Retd) Sharon Bown MACN. Sharon's evocative speech invited nurses to – after three days of discussing the power of policy – reflect on the power of nursing. Her reading from her book *One Woman's War and Peace*, about her experience in war as a nurse was especially moving.



Welcome to Country



Veronica Croome MACN at Gala Dinner



Speak Up, Stay ChatTY founder and CEO Mitch McPherson



Kylie Hasse MACN at Speed Leaders session



Gala Dinner photo booth



Our tribe at Gala Dinner night



(L-R) ACN CEO Kylie Ward FACN, Lesley Potter FACN, Lynette Russell FACN (DLF), ACN President Christine Duffield FACN at the History Conference

Explore and engage

Nurses, new and experienced, had the wonderful opportunity to learn and engage with each other over the diverse aspects and disciplines of the profession through the lens of policy at the concurrent sessions moderated by our talented Emerging Nurse Leaders, and the ever-popular Speed Leading session.

The Next Generation Healthcare Session – Reducing the Carbon Footprint – The Millennial Perspective paneled by Nick Hayward MACN (Undergraduate), Catelyn Richards MACN, Melinda Goode MACN and Luke Yokota MACN, and chaired by ACN CEO Adjunct Professor Kylie Ward FACN, also witnessed active participation from members in the crowd on how nurses can lead the change towards making the profession more sustainable and consequently, play an active role in preserving the planet.

There was a renewed interest from delegates in ACN’s Communities of Interest (COI) – Military Nursing, Chronic Disease Policy Chapter, Community and Primary Healthcare Nursing and Next Gen COI – as well on the final day of the NNF.

Of course, the NNF was about having fun as much as it was about learning! Our distinguished guests had an exciting experience at the Museum of New and Old (MONA) at our first-ever and highly exclusive President’s Welcome.



And at the Gala Dinner, fine dining was followed by a late night of dancing and fun photo opportunities.

Awards and announcements

It was a proud moment for ACN Members who were welcomed as Fellows of the organisation and students who were felicitated at the graduation ceremony on successful completion of a graduate certificate course, as well as this year's ACN grants and awards winners.

Over the course of three days, several new initiatives were announced at NNF. These included:

- The launch of the ACN Institute of Leadership
- ACN's contribution of \$75,000 towards building a memorial sculpture of Vivian Bullwinkel in the Australian War Memorial grounds
- Announcement of Early Career Nurses Day that will kickstart NNF 2020
- The launch of a White Paper by Distinguished Professor Patsy

Yates FACN, Chair of the End of Life Policy Chapter

- The launch of the ACN Foundation which, among other things, will support Policy Fellows and the 2020 Jon Baines Study Tour Scholarships.

Not to forget, of course, the announcement by Kylie about next year's NNF that is taking place in Canberra. Here's to another year of positive policy changes, improving the health of our communities and making nursing bigger and better. In the meantime, in the words of Sharon Bown, "What ripple will you create?"

How nursing history will impact nursing future

On 20 August 2019, the Australian College of Nursing (ACN) conducted the 4th History Conference in the charming city of Hobart, Tasmania. Some of Australia's most accomplished and experienced nurse leaders explored the theme *The Power of History – Nursing Now* over the day-long conference, which builds on a strong commitment to showcasing how the profession and its many contexts have developed over time.

The members of the predecessors of the ACN – The Royal College of Nursing Australia and The College of Nursing (NSW) – laid foundations with history events over many decades.

The ACN inaugural history conference in 2012 reflected the unification of the two Colleges with the theme *Threads that Bind*. The 2nd History Conference in 2015 focused on *Disrupting Discourses: New views on nursing history*. The program for latest conference follows immediately on the success of the 3rd History conference held in 2018.

Marilyn Gendek FACN, Chair of the History COI and ACN President Professor Christine Duffield FACN welcomed delegates to the conference, followed by several insightful sessions. Speakers explored the complexities and differences of the past that have shaped the nursing profession and the illuminating presentations detailed research on historical and personal perspectives related to nursing and its broader contexts.





Moving forward by building on our past

A thought-provoking Oration by Emeritus Professor R Lynette Russell AO FACN (DLF)

It was an honour to have Emeritus Professor Lynette Russell AO FACN (DLF), a renowned nurse leader and veteran in nurse education, deliver the Oration at the 2019 National Nursing Forum (NNF). She has been an active member and contributor to the Australian College of Nursing (ACN) and its predecessor organisation The College of Nursing for more than 40 years.

Lynette is particularly well-known and respected for her work on ACN's archival collection in researching and recording the history of nursing. So it was no surprise when she chose to explore if and how the profession – and how it operated – had an impact on nursing and health care in the future.

One of the earliest examples Lynette chose was the standardisation of nurse training and how senior nurses then took it upon themselves to develop a professional nursing organisation, The Australasian Trained Nurses Association, the only voluntary organisation of nurses anywhere in the world to succeed in imposing education standards for nurse training on hospitals.

It was one of many such instances of how nurses have, Lynette observed, collectively

effected positive policy changes in the profession – more so by being part of professional nursing organisations.

An excerpt:

Another outstanding example of how effective we can be working together was the *Goals in Nursing Education* initiative which commenced in 1975 (*Goals in nursing education*, 1975). This initiative was supported by all the major professional nursing organisations in Australia. This, in itself, was quite a feat getting all these different organisations to work together. *The Goals in Nursing Education* initial document then became the focus for discussion groups held across Australia involving many members of the nursing profession. The purpose of these groups was to gain consensus on the future directions of the pre and post registration education of the profession. This consensus was gained and this document was the foundation of the profession gaining access to the academic setting, where all other health professional groups were educated, initially for

the pre-registration courses and then the development of undergraduate and post graduate courses for nurses offered from the academic setting.

I think we sometimes forget what a major win this was. Australia was the first country in the world to gain, as the initial qualification for all registered nurses, a degree from the higher education sector. This change to nurse education was a major win for the profession against all odds.

This revolution was unique across the nursing world. The successful achievement, over such a short period, is something of which we, the nursing profession in Australia, should be very proud. It is a great demonstration of what we can do if all members of the profession work together for something that we believe should happen.

REFERENCES

Goals in nursing education, Policy Statements of the Royal Australian Nursing Federation, College of Nursing Australia, National Florence Nightingale Committee of Australia, New South Wales College of Nursing, April 1976; *Goals in Nursing Education: Part 11*, Report of a working party of nominees of: Royal Australian Nursing Federation, College of Nursing Australia, The National Florence Nightingale of Committee of Australia, The New South Wales College of Nursing, Melbourne, February, 1975.



We love our ACN Tribe

Thank you to our NNF delegates

There is a reason why year after year, the National Nursing Forum (NNF) is a raging success – the ACN Tribe.

Over the three days of NNF, our speakers, delegates and staff bring with them tremendous enthusiasm and energy which makes the NNF one of the best platforms

for the nursing profession in the country. This year, the NNF boasted close to 600 participants.

We love our tribe and are grateful for your support and the experiences and insights you share with fellow nurse leaders. See you in Canberra at #NNF2020!



TESTIMONIALS FROM OUR DELEGATES

"Thank you Kylie and the ACN team for an inspiring conference! We have been challenged to be disruptive, to Take a Seat and to leave a legacy. The power of a collective nursing voice and resolve will make positive change happen. Your leadership is amazing!"

Kath Riddell MACN

"Thank you to the ACN team! It was a great Forum and a great privilege for me to deliver the closing Keynote Address. I'm really looking forward to ACN NNF 2020 in Canberra!"

Sharon Bown MACN

"Already signed up for next year! What an amazing three days!! Thanks ACN for creating an awesome forum full of fun laughter and a whole lot of inspiration!"

Nalani Cox MACN

"What an amazing forum... expected nothing less and it did not disappoint. ACN, you are amazing!"

Sue Hawes FACN

"Fabulous to have such an informed bunch of young professional nurses sharing their opinions about our carbon footprint. Thank you sincerely!"

Carmen Morgan FACN

2019 ACN Fellowships



Nancy Arnold FACN

Nancy Arnold's distinguished nursing career spans three decades. Although she has held many a leadership role, the title Nancy wears with most pride is that of a registered nurse. Ms Arnold has helmed several innovative projects in Tasmania's health care system that have tremendously improved the quality of patient care in the state.

As an assessor and clinical advisor with the Australian Nursing and Midwifery Accreditation Council, Ms Arnold made significant contributions to the nursing curriculum offered within Australia.

An active Member of ACN both at the national and state level, Nancy has been an integral part of the growth and strong support within the Tasmanian membership. Through her leadership roles, such as ACN Tasmanian State Chair and Deputy Chair of the Healthy Ageing Policy Chapter, Nancy has continually demonstrated her commitment to the organisation and the wider health care community.

We are proud to have awarded ACN Fellowship to Nancy in honour of her passion for innovation and dedication.



Dianna Burr FACN

Dianna Burr is an outstanding nurse leader within the nursing community. Her passion for nursing education and commitment to leadership within the profession is evident throughout her career and post-graduate continuing development.

Ms Burr has time and time again assumed the role of a leader at different junctures of her career to effect positive departmental policy changes, secure partnerships to drive potential employment for regional students and re-invent training models to significantly improve the teaching experience for the nursing faculty.

Dianna has been a valuable Member of ACN and Royal College of Nursing Australia. She has actively contributed to ACN's policy surveys and submissions, as well as publications over the years. She regularly attends and promotes ACN events and has continually strived to build her leadership team since she became Chair of the Victorian Goulburn Murray Region. Through this experience, she has promoted not just regional but broader ACN membership too.

We are pleased to award ACN Fellowship to Dianna to acknowledge her passion and commitment to the nursing profession.



Sharon Downman FACN

In a highly-accomplished career that has spanned over three decades, Sharon Downman has demonstrated leadership and passion for nursing in a truly unique way. As the second nurse to complete her Certification in Health Informatics Australasia, she has been instrumental in promoting the strength of nursing and midwifery through the lens of digital health.

Her dedication to patient safety and quality in the management of patient electronic information saw Ms Downman at the helm in two of Queensland's biggest digital eHealth projects. She also led a state-wide consultative group to implement an alert for newborns at risk of hypoglycaemia, demonstrating the importance of a nursing voice in the digital build of an Electronic Medical Record (EMR).

Sharon has been a Member of ACN and Royal College of Nursing Australia since 1995. Her unparalleled expertise in digital health has been of special significance in her leadership role as Deputy Chair of the Nursing Informatics COI. Sharon was also one of the inaugural Clinical Nurse Champions promoting the My Health Record in partnership work undertaken by ACN and the Australian Digital Health Agency. She has demonstrated exceptional commitment to ACN through the NNF, National Roadshows and other ACN events, as well as contributing to ACN publications and policy submissions.

In recognition of her outstanding and trailblazing leadership, we are delighted to bestow Sharon with the prestigious title of ACN Fellow.

ACN Fellowships are awarded to distinguished nurses among us who have made exceptional contributions to our organisation and profession. Fellowship is the highest honour bestowed upon nurses by their peers. It was a pleasure to see our new Fellows and Distinguished Life Fellow invested at the National Nursing Forum in Tasmania on 22 August 2019. We extend our warmest congratulations to you all, and hope that our readers and aspiring nurse leaders take inspiration from your nursing journey.



Tania Dufty FACN

Tania Dufty is a widely respected and distinguished nurse leader. She has demonstrated her exceptional capabilities time and time again by leading high-level projects that have had transformative outcomes.

Some of Ms Dufty's notable accomplishments include the considerable improvement in the NSW Health rating for Southern NSW Local Health District, leading the implementation of the new Australian Commission on Safety and Quality Healthcare Standards and the first Australian public nurse-led walk-in centre in the ACT, exemplifying significant strategic nursing leadership.

As a consultant and project manager, and Director of Strategy at ACN, Tania has delivered on key

initiatives including the Mid-Career Nurse Leadership Program, Health Minister's Award for Nursing Trailblazers and Nursing Now in Australia. In her 14 years of membership at ACN and Royal College of Nursing Australia, Tania has steadfastly supported the organisation through policy submissions, involvement in the Workforce Sustainability Policy Chapter in 2018 and 2019, and volunteering at ACN events.

Through her influential leadership roles, Ms Dufty has successfully effected system-wide change and consequently enhanced the nursing profession. In recognition of this work we are proud to have awarded ACN Fellowship to Tania.



Adjunct Prof Alanna Lorette Geary FACN

Adjunct Professor Alanna Geary's leadership transcends multiple health care facilities within Queensland, and she is a highly regarded nurse executive. In 2014, as Nursing Director of Cancer Care Services at Metro North Hospital and Health Service, she established the Divisional Nursing Research unit which was instrumental in the evolution of nurse led research in cancer care.

Adjunct Professor Geary's contributions to the formation of policy, both locally and nationally, and initiatives aimed at improving culture in organisations, have earned her numerous accolades.

Alanna's illustrious association with ACN includes her notable work as Deputy Chair of the Workforce Sustainability Policy Chapter, participation in establishing the National Nursing Executive Group and representation at the Race Discrimination Forum and Workshop organised by the Australian Human Rights Commission.

We value Alanna's extensive contributions to the nursing profession and to ACN and are delighted to acknowledge this through awarding ACN Fellowship to her.



Melinda Jayne Hassall FACN

In a career that has spanned over two decades, Melinda Hassall has demonstrated strong leadership, be it in disaster management or in leading policy work to advocate for nurses.

Ms Hassall has specialised in blood borne viruses and sexually transmissible infections and has gained significant expertise in this area through work, extensive research and publication in national and international peer-reviewed journals.

As a member of ACN and RCNA since 2010, Melinda's contribution to the organisation is evident through her numerous engagements.

As a clinical expert in the field of adult

immunisation, she represented ACN internationally at the International Council of Nurses and Pfizer adult immunisation workshop in Paris.

Melinda has been highly involved in ACN's Brisbane Region, and has been an active volunteer at the ACN Expo in Brisbane in 2014, in addition to contributing to ACN's publications.

Ms Hassall is a valued and highly respected Member of ACN and to acknowledge her efforts in advancing the nursing profession and enhancing patient care, we are delighted to award her ACN Fellowship.



Susan Hughes FACN

Susan Hughes is a highly respected nurse and midwife who has demonstrated strong leadership to the nursing profession and wider health care in Tasmania. As a member of the Nursing Board of Tasmania and the Nursing and Midwifery Board of Australia, Mrs Hughes played a crucial part in the development of standards and codes of practice for nurses and midwives. She has been at the helm of several initiatives within the nursing profession that culminated in new nursing roles and expansion in scope of practice for nurses.

Susan has been a Member of both Royal College of Nursing Australia and ACN, valued by nurses and her peers. She has actively contributed to the organisation as part of the Tasmanian Region Leadership Group and at events, both regional and national. In recognition of her commitment to the nursing profession and to ACN, we are proud to welcome Susan as a Fellow of ACN.



Dr Deborah Mary Ireson FACN

Dr Deborah Ireson is an exceptional nurse leader, demonstrated through her work caring for women and children within Western Australia's health care system along with extensive experience within the UK National Health Service.

Dr Ireson's advocacy for age appropriate care for pregnant adolescents and engagement with young women and their families has helped them throughout their birth experience in often challenging circumstances.

In 2015, Deborah completed her PhD that focused on antenatal care for pregnant adolescents. In her current role at Edith Cowan University, she supports registered nurses and midwives to complete their PhD.

Not only has she actively promoted ACN to the membership base in WA, she has also supported ACN through volunteering at major events and mentoring student members. In recognition of her contributions, we are proud to award ACN Fellowship to Deborah.



Joanne Mapes FACN

A high-calibre nurse leader, Joanne Mapes demonstrates dedication, commitment and strategic thinking in all that she does. Joanne provides inspiring leadership for professional practice to 4,000 nurses and midwives and endeavours to tirelessly drive expansion of the scope of practice for nurses, workforce initiatives and regulation and policy development.

Joanne's appointment as a practitioner member of the Victorian Nursing and Midwifery Board further underlines her commitment to the nursing profession.

Ms Mapes has been an ACN Member since 2016, and in that short duration, she has embraced opportunities to promote the importance of membership with the nursing professional peak body.

Ms Mapes regularly represents ACN on national and international platforms, demonstrated through her NNF and ICN presentations.

In acknowledgement of her strong leadership and support for the profession, we are delighted to award Joanne ACN Fellowship.



Professor Brett Mitchell FACN

Professor Brett Mitchell is a highly regarded nurse leader whose contribution to the nursing profession through research, policy and education is remarkable.

Professor Mitchell's work in infection, prevention and control has been recognised both nationally and globally – particularly as member of the Nursing and Midwifery Executive when he led Tasmania to become the first Australian state to publicly report infection rates. Brett's extensive research experience boasts over 120 peer reviewed

publications with an impressive \$1.9 million awarded in grants.

Professor Mitchell has been instrumental in ACN's policy initiatives through his feedback on policy consultations. He actively participated in regional events while in Tasmania, and his involvement in the Career Coaching program and valuable mentorship to students also deserve a special mention.

In recognition of Brett's exceptional contribution to the nursing profession, we are delighted to bestow him with the prestigious title of ACN Fellow.



Robyn Joan Quinn FACN

Robyn Quinn's exceptional leadership transcends health care systems nationally and globally, particularly in the area of pain management. She was the first nurse ever to be elected to the Council of the Australian Pain Society and as a member of the prestigious International Association for Pain, Ms Quinn had a pivotal role in the curriculum development for pain management in several nursing colleges the world over.

Robyn is a highly-respected member and advocate of ACN and its predecessor organisations.

She has enthusiastically assumed various leadership roles, including Chair of NSW State Network, Deputy Chair of the Chronic Disease Policy Chapter and Chair of the Clinical Product Advisors Community of Interest. Currently, Robyn is actively working to promote ACN in NSW and create engagement opportunities for our Fellows and Members.

Robyn is a high performing nurse leader and in recognition of her tireless efforts to advance nursing, we are delighted to honour her as a Fellow of ACN.



Kalpana Raghunathan FACN

An accomplished nursing education expert, Kalpana Raghunathan's work in education strategy and course management has been truly commendable. Kalpana's expertise in innovative course designing and education strategy in vocational training has been instrumental in redesigning the curriculum and program delivery of several nursing education programs including integrating Nursing Informatics competencies into entry to practice curriculum.

Ms Raghunathan's leadership in mentoring and workforce development has provided immense

support to new nurse educators in entering the formal teaching environment.

A Member of ACN since 2007, Kalpana has continually sought out ways to stay connected. She has held the Deputy Chair role for ACN's Melbourne Region and actively promotes informal networking and formal CPD events, as well as membership engagement in the Region.

To acknowledge her outstanding leadership and contributions as a member of ACN, we are pleased to welcome her as a Fellow of ACN.



Adjunct Professor John G Kelly AM FACN (DLF)

Adjunct Professor John Kelly is an honourable, intelligent and wise leader, not only within the nursing profession, in which he has served for many years, but also within health care, the charitable sector and the legal professional within Australia and internationally.

Adjunct Professor Kelly's commitment and contribution to the professional nursing Colleges, firstly the NSW College of Nursing and the Royal College of Nursing, Australia and now to the Australian College of Nursing, has been steadfast and generous.

Adjunct Professor Kelly has served as President of the NSW Nurses and Midwives Board of Australia and now the NSW Nursing and Midwifery Council for many years, bringing his amalgam of nursing and legal knowledge to bear on nursing and midwifery regulation.

Adjunct Professor Kelly has demonstrated exceptional leadership across the roles he has worked in, such as Director and Chair of the Smith Family charity, Aged Care Commissioner, Director of Uniting Care, CEO of Aged and Community Care Services and currently as CEO of the National Heart Foundation of Australia.

John has made significant contributions to ACN, one of which is the collaboration between ACN and the Heart Foundation to support ACN's NurseStrong initiative.

We admire his dedication and support to the profession and are extremely proud to recognise Adjunct Professor Kelly as a Distinguished Life Fellow of ACN.

ACN Grants and Awards

ACN would like to congratulate the following ACN Grants and Awards recipients for 2019.



ACN SCHOLARSHIP GRANT

Kate Rowan-Robinson
MACN

Kate is the national nurse manager for Sonic Health Plus, an occupational health, GP and travel medicine provider. To enhance her skills in clinical governance, Kate is currently completing her Master of Applied Law in health and medicine at Queensland University of Technology. Kate is using this grant towards completing this course and buying textbooks.



FLORENCE NIGHTINGALE MEMORIAL SCHOLARSHIP

Dr Samantha
Jakimowicz MACN

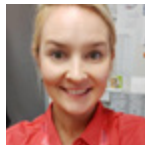
Samantha is a lecturer at University of Technology Sydney. Her passion is compassion and empathy in health care. She plans to use the grant to pilot and evaluate Schwartz Rounds across health care disciplines. The Rounds are a space where health care staff discuss social and emotional aspects of caring for others in a safe and structured forum. More information on Schwartz Rounds can be found at www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/.



SISTER MARGARET Y WINNING SCHOLARSHIP

Lee Poole MACN

Lee has more than 19 years' experience in critical care and emergency nursing and is currently undertaking Higher Degree Research at Queensland University of Technology. Lee is using appreciative inquiry to investigate the quality of communication in the emergency department. This grant will support Lee to develop and facilitate appreciative inquiry workshops in clinical settings.



CRESTANI SCHOLARSHIP FOR CANCER NURSING

Jade Curtain MACN

Jade plans to use this scholarship to pursue her career as a McGrath Breast Cancer Nurse where she feels she will be able to make a positive difference in the lives of women living with breast cancer and their families.



ERIC MURRAY ACHIEVER AWARD

Lucy Osborne MACN

Lucy is an early career nurse with a passion for education and development. She is currently working between paediatric emergency and NICU at the Royal Children's Hospital in Melbourne, whilst completing her Graduate Certificate in Paediatric Nursing with ACN. Lucy is in her third year of the Emerging Nurse Leadership program and writes a blog on NurseClick, The Scrubs that Fit. Lucy plans to use this scholarship and opportunity continue her professional development, funding the ongoing learning outside of her clinical base. Lucy plans to share an extended view of how the scholarship funds help her to attend exciting events via her blog.



ACN RESEARCH GRANT

Dr Tiffany Conroy FACN

Dr Tiffany Conroy FACN is a Senior Research

Fellow in the College of Nursing and Health Sciences, Flinders University. Her research interests include fundamental care, knowledge translation and systematic reviews. The Research Grant will enable generation of evidence to reduce avoidable hospital readmissions for older adults.



LAURA SAUNDERSON AGED CARE NURSING FUND

Colette Kirk

Colette is a Clinical Nurse in the Aged Care Rehabilitation Unit of Rockingham General Hospital and has been working with the elderly for 10 years. She is enrolled in a Post Graduate Certificate in Leadership and Management which will assist her to deliver the optimal standard of care to patients.



LAURA SAUNDERSON AGED CARE NURSING FUND

Diane Piper

Diane Piper is a registered nurse and registered midwife and has been qualified for more than 30 years. She plans to use the scholarship to complete her thesis "Research Clinical skills recently graduated nurses require when transitioning into aged care and the most effective and efficient method of obtaining these".



THE 'OLLIE SCHOLLIE' NURSE PRACTITIONER SCHOLARSHIP

Giuliana Murfet MACN

Giuliana, one of the first four nurse practitioners endorsed to practice in Tasmania, has extensive diabetes experience including leadership and advisory roles nationally. Her key works include:

- Retrospective Diabetes in Pregnancy Outcome Study
- Assessment and Management of Obesity and Self-maintenance Study
- A competency-based approach to expanding the diabetes health care workforce (current PhD)

The Ollie Nurse Practitioner Scholarship supports attendance to the 11th International Council of Nurses' NP/APN Nursing Network Conference in Nova Scotia in 2020.



POWER OF POLICY

Policy: Not just supporting it, shaping it

What is the power of policy and how are nurses in a unique position to harness that power towards a more robust Australian health care system?

“Nurses need to be policy-aware and it is only by being part of the consultation process that they can leave a legacy for future nurses.”

One of the core objectives of the Australian College of Nursing (ACN), as the national and pre-eminent leader of the nursing profession, is to provide a collective voice for the nursing profession by utilising our Members' experience and knowledge to provide input into health and aged care debate and policy.

Nurses are at the forefront of Australia's health care system and it's essential that their expertise be represented in policy development throughout the country's health and aged care system. On the other hand, it's imperative that nurses speak up, recognise their potential and realise how well-positioned they are to influence policy decisions.

And that's what the National Nursing Forum (NNF) 2019 was all about – the 'Power of Policy'. That nurses need to stop being on the sidelines of policy decision-making and engage in policy development was the central theme of the NNF.

Former South Australian Labor MP Professor Annabel Digance's speech was a clarion call for nurses – who make up for the largest chunk of Australia's workforce – to 'be present at the political table and talk policy'. The fact that there are only two (out of 227 Parliamentary seats) nurses in the Senate and House of Representatives drove home her point about the urgent need for participation by nurses in policy decisions.

Adjunct Associate Professor Francine Douce MACN echoed the sentiment, highlighting that nurses need to be policy-aware and it is only by being part of the consultation process that they can leave a legacy for future nurses. Francine stressed that that nurses should have the confidence not just to advocate for their patients but for their profession too.

But what's the starting point? How do nurses make sure their voices are heard? Adjunct Professor John G Kelly AM FACN (DLF) suggested a simple yet practical method:

By going local. By being in touch with their local communities, who in turn are connected to local politicians and media, John said that nurses could develop relationships with political leaders, policy decision-makers and media. Equally important is, he said, to have evidence-based policy work that can lead to positive results for the nursing profession and the health care system.

As ACN CEO Adjunct Professor Kylie Ward FACN noted, nurses can't – and shouldn't – wait to be asked for their input, they must be proactive and put forth their views if they want their opinions to be considered at every level of decision making in the country.

ACN has recently written an information sheet on how to engage with your Member of Parliament which you can find in the Policy section of our website acn.edu.au/policy.

ETHICS MATTERS:
ISSUES IN NURSING AND WHY THEY COUNT

Ethical dilemmas



Welcome back to the second edition of this new column. You will recall from the Winter edition of *The Hive*, that the intent of this column is to identify issues of concern to the profession (what ‘matters’) and to suggest ethical or philosophical ways of thinking about them. The aim is to enrich practice for all nurses whether they be working in a clinical, research, managerial or an educational context. This time we look at a dilemma which foregrounds the nature of the relationships between codes of ethics, conduct, legislation and professional practice.

All nurses registered to practice by the Nursing and Midwifery Board of Australia (NMBA) must meet the NMBA’s professional standards. These standards include the Code of conduct for nurses (2018); the Registered nurses standards for practice (2016) and the ICN Code of ethics for nurses (2012) (Professional Standards, NMBA, 2019).

‘Standard 1’ expects nurses to “think critically”, to “reflect on...beliefs to identify how these shape practice” and to use “ethical frameworks when making decisions”. The code of conduct “sets out the legal requirements, professional behaviour and conduct expectations for nurses in all practice settings” and expects nurses to “practice honestly and ethically”. Nurses are also expected to “adopt” the (seven) values outlined in the code of conduct notwithstanding their “personal beliefs and values”.

The code of ethics is a “guide for action” and states that in order to achieve its purposes, it “must be understood, internalised and used by nurses in all aspects of their work”. Although the similarities between these professional practice expectations is obvious with the quotations chosen here, the nature of the relationships between the three can be fraught, typically resulting in a real dilemma as opposed to a practice situation with ethical dimensions.

When a situation arises where a nurse – thinking critically on practice as the standards demand – encounters a circumstance where they cannot, at one and the same time, act both ethically and lawfully, (as the code of ethics and of conduct demand), then they have a true ethical dilemma. It is in these kinds of circumstances that codes of ethics, as a “framework” are intended to “guide action” in the face of legal obligations and conduct expectations.

A stark example of this occurred in Australia in mid-2015 in relation to the Australian Border Force Act 2015 (the Border Force Act). As briefly outlined above, nurses were then, and still are now, mandated by the terms of their registration to “practice legally” and to “abide by relevant laws” (Code of conduct for nurses Principle 1, 2018).

Similarly, codes of ethics applicable then and now, also establish legally mandated ethical conduct including nursing action to “meet the health and social needs of the public, in particular those of vulnerable populations” (ICN Code of ethics for nurses, Element 1: Nurses and People, 2012). Part 6 of the Border Force Act contained secrecy provisions about what was deemed to be “protected information” that were specific to Australia’s Immigration Detention Centres (mostly offshore). These provisions were so severe that if a nurse (or other health care worker) disclosed conditions that were adversely affecting the health and wellbeing of those in their care, they faced a two-year prison sentence.

Yet nursing codes of ethics and of conduct legally required nurses working in these centres to report the adverse conditions they were witnessing: they were also obligated by legislation other than the Border Force Act, to report these circumstances.

In the June 2015 edition of ACN’s publication *NurseClick* (now online), ACN reported on this impossible situation for nurses.

Together with other health professionals, ACN advocated for nurses to change this legislation and in October 2017, the Act was amended and the “protected information” provisions were removed. In other words, ethics (rightly) became the driving force behind this collective action, demonstrating that there are occasions in professional life, when doing the ‘right’ thing for the ‘right’ reasons, that is for ethical reasons, trumps both ‘the law’ and conduct. This circumstance also highlights the importance to the profession of the leadership role ACN can take collectively for the benefit of the profession.

Unfortunately, there has not been space here to explore in any depth the nuances of this situation and other circumstances where a true ethical dilemma arises. It must be noted that ACN is not suggesting that nurses disobey “relevant laws” when resolving dilemmas as nurses must always practice within their regulatory and legislative frameworks and adhere to their professional code of ethics and of conduct. Rather what is being suggested is that approaches to ethical dilemmas requires a sophisticated thinking through of the situation and the actions to be taken (or not taken): codes of ethics both guide the decision-making process in these circumstances and contribute to the necessary rationales for the decision.

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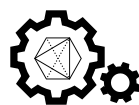
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AUTHOR

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ACN RESEARCH AND GOVERNMENT
RELATIONSHIPS OFFICER



CONTINUING PROFESSIONAL DEVELOPMENT: IMMUNISATION UPDATE

The latest in immunisation

Louise Baker, a registered nurse with over 40 years of nursing experience, is an educator for the Australian College of Nursing's (ACN) Immunisation Update CPD course. Louise's interest in immunisation began when she first worked in the community as a Child Health Nurse. Since then, her roles and involvement in immunisation have continued to grow including the roles of Adolescent School Program Coordinator and Immunisation Clinical Nurse Consultant in the Public Health Unit.

What piqued your interest in the subject of immunisation?

My interest in nursing education began with my own experience as a student of Cumberland College of Health Sciences when I enrolled in the initial Diploma of Applied Science (Nursing) course in 1975. This was a pilot program and provided me with a comprehensive grounding in nursing. The nurse educators that I met and was taught by ensured that I understood the importance of nursing education and the examples they all set encouraged me to ensure that I shared my experiences and education with my peers as I continued in my career.

Following my general training I completed my midwifery training. Having worked primarily in rural areas I was exposed to all fields of nursing. This also led me to complete my Child and Family Health Certificate. As I moved in to the Community Nursing setting I became involved in discussing immunisation with parents and participating in immunisation clinics.

I worked for several years with general practitioners (in the role of Immunisation

Project Officer with the Division of General Practice) and then moved in to Public Health in 2004, to work in a Public Health Unit.

I have been involved with ACN since 2010 when I first co-presented the Immunisation Updates. And from 2013–2018, I was a tutor for the Immunisation Course.

What kind of work are you involved in right now?

A move in to semi-retirement has now meant that I seem to be busier than ever. I work casually as a school immuniser and love the chance to interact with young people and assist in their understanding of the significance of immunisation. I also work part time with NSW Health Immunisation Unit and have the opportunity to see the changes in policy and practice come in to play.

What kind of changes in immunisation have you seen?

In the time I have been involved in immunisation, I have seen the implementation of the Authorised Nurse Immuniser role – allowing nurses to work autonomously and provide consumer friendly services. I have seen the development and/or expansion of vaccines such as Hepatitis B, Haemophilus Influenzae B, Meningococcal, Human Papillomavirus vaccines – all of which have resulted in decreased disease rates in our community. As research continues in preventing diseases through vaccination, I am sure I will see additional vaccines available.

What can nurses hope to gain from the Immunisation Updates CPD course?

Through this face to face session, nurses can expect to learn more about the current National Immunisation Program, attitudes to immunisation, vaccine preventable diseases, the current guidelines for

immunisation practices, cold chain guidelines and principles of catch up.

In any role in immunisation the main challenge that many of us have faced are anti-vaccination sentiments. At times these can result in very difficult conversations and more significantly mean that those who are vulnerable in our community may not be protected. We'll discuss the reasons for vaccine hesitancy and how course participants can deal with delicate situations of that kind.

How does the course help nurses with their professional development?

As the majority of the nurses attending are authorised nurse immunisers, the course provides them with up to date information about current immunisation practices, the current schedule and changes that may impact their practice.

By having the opportunity to meet with a group of practitioners who may have faced similar clinical issues they can share these experiences. Becoming more aware of the most current and up-to-date sources of relevant immunisation information, it provides additional information sources for their ongoing professional development.

What do you enjoy most about your work?

I love that it allows me to meet such an interesting and diverse group of nurses, all of whom are passionate about immunisation and keen to learn more. The shared experiences are fantastic. I am lucky enough to work in a range of different areas – all relating to immunisation. It allows me to gain knowledge and experience from my roles.

My passion for this specialised area of nursing has certainly increased and I feel that I can share my experiences and skills with other nurses who are keen to know more about the role of a nurse immuniser, and in turn, helps me maintain my own level of knowledge.

NURSING HISTORY:

The role of history in men's health



Adolphe Quetelet

Only a few months ago, the Australian Government released a new strategy for men's and boys' health for the next decade. The National Men's Health Strategy 2020-2030 (Australian Government, 2019) supersedes the previous male health policy and declares five priority health issues of focus: mental health; chronic conditions; sexual and reproductive health and conditions where men are over-represented; injuries and risk taking; and healthy ageing where a life-course approach is advocated in applying interventions.

How will the impact of the Strategy be measured? Mortality? Morbidity? Use of services? What will be measured? One measure that we are all familiar with and can be certain to be used in health assessment is Body Mass Index or BMI. While not exclusive to measuring health outcomes in men, it has been closely associated with showing and predicting relationships between a mismatch of height and weight, and certain illnesses such as cardiovascular disease and Type 2 diabetes.

The first component i.e. height has been used for centuries as a proxy gauge of health, strength, and nutritional status (Floud 1998) and consequently associated with social benefits. One of the most common populations from which historical height data has been collected has been men. For centuries recruited into armies, they have been subjected to a height criterion. The records of existing anthropometric data have been used to explore and compare changes in populations. For example, using the data in WWI records for men born in England and Wales in the late 1800s, Bailey et al (2018) studied the effect of coal emission intensity and child development by analysing heights. When compared to an average increase in height of British males in the 20th century, some connections to reductions in atmospheric pollution by coal could be considered (Bailey et al. 2018).

Weight, the second component of BMI, has a strong correlation to height but on its own is a less reliable measure because of biological differences and changes to our bodies over time (Floud 1998, p.4). It is an indirect measure of adiposity, however, variations in measurement also depends on the technology available at the time and how people were weighed.

A measure of body weight-for-height dates to the 19th century but the term Body Mass Index dates from the 1970s. The Quetelet Index, on which the BMI is based, was described by a Belgian mathematician and astronomer Adolphe Quetelet (1796-1874). He was interested in social statistics and developed mathematical methods which he applied to the study of "... human characteristics and social aptitudes" (Eknoyan 2008, p.47). Following his studies on human growth, he concluded that after allowing spurts of growth, weight increases "as the square of the height" (Eknoyan 2008).

In 1972, Ancel Keys (1904–2004) a physiologist and public health scientist, renamed Quetelet's Index the Body Mass Index. The need for a normal relative body weight was recognised when insurance companies noticed an increase in death claims of customers considered to be obese and growing medical concerns about links between obesity and specific diseases after World War II increased the need for a more reliable measure of weight (Eknoyan 2008). Interested in cardiovascular research, Keys founded the Seven Countries Study in the 1950s to demonstrate links between heart disease, cholesterol and diet (Oransky 2004). He published a study in the early 1970s that involved almost 7,500 men in five countries which considered which formula would be the "...best predictor of body fat measured directly" (Sassi 2010, p.59). The Quetelet Index, Keys decided, was the best for accuracy.

More about Quetelet, Keys and the debate about BMI is beyond the scope of this article, what can be gained is the role history will

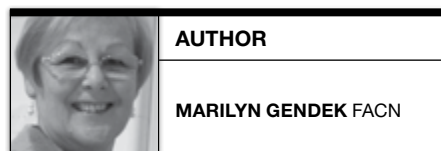
play in the National Men's Health Strategy 2020–2030. Ensuring consistency and accuracy will be the key to data collection. As stated in a NSW Health guideline:

Weight and height measurement of children and adults – or weight, length and head circumference measurement of younger children – should be performed on a regular basis as part of providing good clinical care. (Centre for Population Health, 2017, p.1)

To finish, as this is the year of Nursing Now, Florence Nightingale is well known for statistical skills. She was a student of mathematics and studied Quetelet. Her data collection during the Crimean War was later presented in Polar Area Graphs which she developed. Nightingale's skills were used to influence reform in military and civilian hospitals and led to her election as a Fellow of the Statistical Society of London in 1858 as well as honorary foreign member of the American Statistical Association in 1874.

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IN MEMORY:

Barbara Florence MacMillan FACN (DLF)

10/11/1927 – 12/03/2019

The nursing profession lost another exceptional nurse leader early this year – Barbara Florence MacMillan.

Barbara left school in 1944 successfully completing her Leaving Certificate. She was keen on nursing at the Royal Alexandria Hospital (commonly known as the Kids Hospital) in Sydney but she was only 17 (you had to be 18). She worked as a teacher in a kindergarten for a year and during that time, she applied to the hospital, unbeknownst to her parents. Although her mother wasn't pleased when her application was accepted, her father loved hearing about her life as a nursing trainee. She finished training in 1950.

After Barbara got married and her children began attending

school, she went back to nursing in early 1960s at a local hospital and became involved in the community as well. In 1963, Barbara was accepted to do her midwifery training at the Broken Hill hospital. A colleague at the hospital describes Barbara as 'one of those unconventional bright characters that makes life worth livin! (sic)'.

She came second in the state with her final results. Despite resistance for being married at the time (in those days married women were not allowed to do nursing training), Barbara continued to work at the hospital in various roles after having proven that she had, in fact, declared it clearly on her application. She spent some time working at Wilcannia and continued studying, constantly adding to her nursing

qualifications before returning to Broken Hill hospital as a teacher of maternity students.

In the process of studying, she often travelled to Sydney and Melbourne, sometimes for weeks. During this time, she met and worked with Vivian Bullwinkle and Fred Hollows, who inspired her greatly. Barbara was bestowed with a number of state awards and in 1992, she was admitted as a Fellow of the Royal College of Nursing of Australia. At the age of 67, Barbara retired from nursing and moved permanently to Wilcannia. She did go back to nursing for three years or so but didn't continue for long, however, she continued to give back to the community in various capacities.

Barbara was passionate about things she became involved in and was not afraid to voice her opinion when it suited her. As we reflect on Barbara's life, one would have to say she was a doer. She lived her life to the fullest with many experiences and achievements. Her final act was to donate her body to Adelaide Uni Medical School. She tried everything and definitely marched to the beat of her own drum. We will not forget you; you were one of a kind!

By Kym Williams, Nicholle Binetti, Stacey Williams, Heidi Rodgers, Eleni MacMillan, Abbie Arbon, Leah Hodgson, Letitia Rattley (Barbara's grandchildren).



SHARE YOUR STORY WITH US

Thank you to all of our wonderful Fellows and Members who contributed to the 2019 Spring edition of *The Hive*.

The theme for the next edition of *The Hive* is:

- Artificial Intelligence and Innovation

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

Thank you to all of our authors!



TOMICA GNJEC MACN
Dialogue is vital to men's health



JAMES BONNAMY MACN
Putting male health in the spotlight



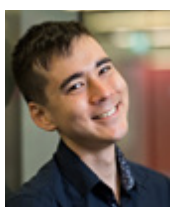
DR MADONNA GREHAN MACN
Being a real man



DELL LOVETT MACN
Improving men's health: nurses as leaders achieving health for all

Diabetes: a red flag for sexual and reproductive health

Good news for men and boys



LUKE YOKOTA MACN
Men inspiring men's health



STUART WILLDER MACN
Approaching men's health differently



JULIE TUCKER MACN
How incontinence in men is linked to inequity



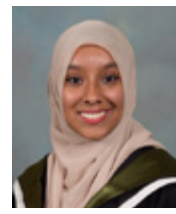
HELEN STORER MACN
Let's talk mental health



MALCOLM FRASER MACN
Men's health: engagement is key



ADJUNCT PROF JOHN G KELLY FACN (DLF)
From nurse to nursing champion



AALIYA FANHAM ENL MACN
Improving men's health



ERIN MERCIECA ENL MACN
Improving men's health



JENNIFER WELLER-NEWTON FACN
Improving men's health



PROFESSOR ALISON HUTTON FACN
How nurses care for young adults



LUCIE RAMJAN MACN
How nurses care for young adults



MARILYN GENDEK FACN
The role of history in men's health



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Keep an eye on our website for additional speaker announcements.
The next program intake will commence on 24 February 2020. Places for
the exclusive program are strictly limited so apply now to secure your spot!





THE VIVIAN BULLWINKEL PROJECT

*A Great Australian; A Great Leader;
A Great Woman and a Proud Nurse*

Lieutenant Colonel Vivian Bullwinkel AO, MBE, ARRC, ED, FNM was the sole survivor of the 1942 Banka Island Massacre where 20 nurses were machine gunned to death. After being shot, Vivian feigned death and survived, only to become a prisoner for the remainder of the war. Despite these atrocities, Vivian went on to become a great Australian.

Following the war, Vivian advocated for better education and conditions for nurses, established and raised funds to set up the Australian Nurses' Memorial Centre, and later held the role of President of the Royal College of Nursing, Australia. Vivian also became the first female member of the Council of the Australian War Memorial.

Together with the Australian War Memorial, the Australian College of Nursing (ACN) is recognising the service of LtCol Bullwinkel with a sculpture in the grounds of the Australian War Memorial. This will not happen without your support.

Adjunct Professor Kylie Ward FACN is calling on all nurses to join the first donors from ACN's National Nursing Forum in August 2019. All donors who contribute prior to 31 October 2019 will be recognised on an Honour Roll on ACN's website and in a publication.

To be acknowledged as a groundbreaker go to www.acn.edu.au/bullwinkelproject to make a donation or email Trevor Capps, Director of Philanthropy trevor.capps@acn.edu.au.