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**The greats of
Australian nursing**

Karen Dansey MACN

**A lesson in
compassion**

R Lynette Russell AO
FACN (DLF)

**A trailblazer in
industrial nursing**

Nancy Bundle FACN

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R Lynette Russell AO FACN (DLF)

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*, *ACN eNewsletter* and *Collegian*.



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President's report

PROFESSOR CHRISTINE DUFFIELD FACN
AUSTRALIAN COLLEGE OF NURSING PRESIDENT

Welcome to this year's first edition of *The Hive – Acknowledging Past Champions*. The International Year of the Nurse & Midwife has so far been a tumultuous one. Nurses and health care workers who continue to fight against the COVID-19 pandemic deserve a special mention. They are indeed proving that they are true champions – constantly learning and evolving to provide the best care they can – just as those who came before them.

When I hear the word 'champion' I think of sportspeople who have won a medal or an event. However, use it as a verb and there is another meaning – an individual who 'champions' something; a change, a new idea or way of thinking. To be a champion or to champion change requires determination and discipline, self-belief, the ability to take action to follow a dream and perhaps most of all, courage and perseverance.

Nursing today is in so many ways unrecognisable from our early beginnings because of the vision and actions of our past champions. As a nation, we have a long and rich history of caring for families and communities: Aboriginal and Torres Strait Islander peoples have been doing so for over 60,000 years.

Providing care changed dramatically with the first hospital built here in 1788, staffed by convict care attendants (Burrows 2018). "Modern" nursing was introduced many years later when in 1868, Florence Nightingale sent Lucy Osburn and five other nurses here to establish the 'Nightingale' model of nursing. Her belief that providing sunlight and air, good food and sufficient sleep were critical for improving health are aspects of care as relevant today as they were then. Open plan 'Nightingale wards', where nurses could see what was happening with those in their care but also everything else going on, will be remembered by some of our membership. I vividly recall my first

shift on Ward 2C at the Royal Brisbane Hospital in the 1970s! The rest is history; starched aprons, long dresses, hot and impractical caps and veils, and all too often a larger-than-life matron gliding silently through the door, able to hear through walls and see around corners!

Nightingale may be the best-known nurse champion, but she is not the only one. Before her and since then, there have been countless others who have worked quietly behind the scenes contributing to the development of the nursing discipline, the advancement of knowledge and the 'shifting' of boundaries. Like Nightingale, they had the courage to do something new. However, unlike Nightingale, many remain unacknowledged while championing many firsts – the first male nurse; the first married nurse who served during war time; the first Aboriginal or Torres Strait Islander nurse; the first nurse with rank in the armed forces; the first nurse with a PhD; the first strike by nurses that saw them walk off the job; or the first nurse appointed as a CEO. The list is endless; but being lesser known doesn't diminish their contribution.

When considering champions, we cannot forget the significant contribution of an untold number of nurses who went 'willingly into the fray' (McCullagh 2010), frequently giving up their lives as they served in the armed forces. Nurses have seen service from as early as 1899: in the Boer War, World War I, World War II, the Korean War and the Vietnam War and more recently; in East Timor, the Gulf Wars, Banda Aceh, to name a few (McCullagh 2010).

Our professional 'colleges' have also been champions. Notably, presenting a united front in 1975, the NSW College of Nursing, the College of Nursing Australia and the Royal Australian Nursing Federation, together with the Florence Nightingale Committee jointly argued in a document

titled *Goals of Nursing Education*, that nurses should be educated in the higher education sector rather than a hospital apprenticeship model (Bessant 1999, pp i-iii). Their goal was achieved in 1983 with the announcement of the transfer by the NSW Minister for Health, followed by the Federal Government announcement in 1984. Australia became only the second country after Iceland to achieve the introduction of tertiary education for all nurses (Duffield 1986).

No matter the nature of their contribution, these past champions have guided our thinking, getting us to where we are now. Much has changed in our profession because of them, but much hasn't and never will. As Virginia Henderson stated in her oft-quoted definition of nursing: Our function "is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will and knowledge..." (Harmer & Henderson 1955)."

Caring for the well, sick or dying in a wide variety of settings is perhaps the most significant contribution that past champions have made; turning up for work every shift, every day, and every week, month and year until for some, 40 years later, they retire from the profession. By looking after millions of patients during their careers these silent individuals have championed nursing more than anyone else. We owe it to them to continue to push boundaries.

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Hello!

Welcome to the Autumn 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

As nurses, we are part of the largest health workforce in Australia. The world over, nurses and midwives are the backbone of health systems, integral to achieving gender equality, improving health and supporting economic growth. Never has this been truer than in the past few months.

With the world in the grips of a global pandemic, nurses at the frontline are battling COVID-19 every hour of every day. Your selflessness, courage and grace in these trying times is truly inspirational. It may not have been the 2020 Year of the Nurse & Midwife as we had imagined and planned it to be, but it certainly has highlighted to the world that there is no health system without nurses and, as acknowledged by the WHO, there is no response to COVID-19 without nurses.

As the pre-eminent nursing organisation in the country, the Australian College of Nursing has taken this once-in-a-lifetime opportunity of international recognition to celebrate our Champions of Change – past, present and future – those who paved the way for contemporary nursing and those who are redefining the landscape of Australian health care for future generations. And we must not forget that new champions are emerging today in light of challenges we could not have imagined.

To know where we are going, we must know where we come from. And so, with this year's first edition of *The Hive*, *Acknowledging Past Champions*, we want to highlight the stories of those who came before us. In **A lesson in compassion**, **R Lynette Russell AO FACN (DLF)** recounts the tragic yet awe-inspiring post-war experiences of Muriel Doherty, who treated war survivors in a Nazi concentration camp at Bergen-Belsen. Lt Col Vivian Bullwinkel's unmatched bravery and resilience as a prisoner of war at Bangka Island in **Remembering Australia's most distinguished war nurse** by **Anne Irwin MACN** is especially close to my heart.

Nursing influencers who pioneered and championed the cause of nursing education cannot be overlooked. **Nancy Bundle FACN's A trailblazer in industrial nursing** on Agnes Mary Lions and **Helen Hamilton FACN (DLF)'s A leader of conviction, commitment and courage** on Patricia Slater demonstrate to us their sheer grit, gumption and resolve to unite nurses towards a better professional future through better education.

On a special note, this edition acknowledges not just those who are written about, but the distinguished Fellows and Members who have authored these stories, they each are trailblazers in their own right. I have been a Member and Fellow of the College for over

25 years, and it is the Champions we will feature in this year's *Hive* magazines that are the reason I love our College. Where else do we get to stand on the shoulders of the giants of our profession?

As an early career nurse, I loved attending College events of RCNA and TCoN to see the leaders of our profession. Although I didn't dare approach them, and they didn't acknowledge me, I loved being around greatness and I still do. Today though, greatness comes at every age and stage, not just in the elders of our nursing tribe, and I am going to miss connecting with so many of you throughout our beautiful country and getting my fill of wonderful. My spirit is always filled by the inspiring nurses and midwives I connect with in our travels. Please be safe during these unpredictable times. We are the fleet of the most honourable and respected profession throughout history, and right now we are reminding the world why nurses are held in such high regard. I am always so proud to be a nurse, but right now I am especially proud to know each of you.

Warmest regards
Kylie



ACN CEO Kylie Ward FACN meets Commonwealth Government Department of Health's Chief Nursing and Midwifery Officer Alison McMillan MACN



At Mid-Career Leadership Program in February 2020

ADVANCED PRACTICE NURSING: THE WAY FORWARD

At the Australian College of Nursing (ACN), we continually strive to advance the nursing profession and advocate for nurses to have a seat at the political table and take part in policy-making decisions. Part of this effort involves communicating and engaging with government leaders.

To this end, in December 2019, ACN hosted a high-profile Parliamentary Breakfast in Canberra. Our valued Fellows, Members and VIPs received the exclusive opportunity to express their interest to attend. The event was attended by a number of high-profile dignitaries including The Hon Greg Hunt MP, Minister for Health; The Hon Chris Bowen MP, Shadow Minister for Health and Senator Richard Di Natale, former leader of the Australian Greens. The event incorporated the official launch of our latest White Paper titled *A New Horizon for Health Service: Optimising Advanced Practice Nursing*.

In the White Paper, ACN seeks to map a course for health service improvement drawing attention to the fact that some sectors of the Australian population are underserved in terms of timely, equitable access to health care. It further notes that our senior nursing workforce is underutilised and is a ready solution.



Minister for Health The Hon Greg Hunt MP at the Parliamentary Breakfast in Canberra

LAUNCH OF NEO APP

In February 2020, ACN launched the mobile app version of our web-based platform *neo*. The app, called **ACN-neo** allows Fellows and Members to connect with their networks online wherever they are and whenever they want to.



Through the app, which can be downloaded on both Android and iOS devices, Members can:

- Access and use all the forums they belong to
- Access NurseClick and ACN news
- Access all their Member benefits including free CPD course, Professional Portfolio, ACN Publications as well as being able to change their Communities of Interest preferences
- Access the events calendar
- Access their membership number and type
- Access and change their profile picture, address, phone number and job title.

Download the app and please send feedback to engagement@acn.edu.au

NEW REGION: MURRUMBIDGEE

ACN is pleased to announce that we have a new Region – NSW Murrumbidgee Region, which encompasses the Murrumbidgee LHD. The purpose of the Region is to provide a forum for nurses to connect, consider the unique opportunities and issues that are faced within the Region, and to offer CPD in an area that potentially faces challenges in educational opportunities. Amanda Moses MACN has been appointed as the inaugural Chair of this Region. She is currently employed as a full-time lecturer at Charles Sturt University, based in Wagga Wagga. Amanda maintains her clinical activities working in HDU/ICU at Calvary Hospital and as a nurse practitioner at a local aged care facility.

To join or know more, please email membership@acn.edu.au



ACN PODCAST

The Australian College of Nursing (ACN) is excited to launch our inaugural podcast during 2020 Year of the Nurse & Midwife. Throughout the year, Ben Jenkins MACN, a registered nurse and experienced podcaster, will interview nurses from a variety of backgrounds on topics relating to nurse practice and leadership.

Follow up every fortnight for a new segment as Ben talks about issues relevant to nursing during this significant year. The ACN podcast will be made available across all major streaming platforms, including Apple Podcast and Spotify. Make sure you subscribe to the podcast to stay up-to-date with the episodes.

For details, visit acn.edu.au/podcast

ACN SNAPS

Given the current health care crisis, we won't be able to share pictures of ACN events or other functions, but we welcome members of #ACNtribe to share snapshots with us and be part of this amazing nursing community in any way they would like.



A visit to the Royal Flying Doctor Service base



Ashley Page MACN presented nursing now at NSLHD Nursing and Midwifery Directorate Person-Centred Care Showcas



Nursing Now Roadshow in Hobart



Adjunct Professor Kylie Ward FACN presenting at QLD Health Care Week



Sharron Smyth-Demmon MACN and Darin Baldock FACN at the Royal Adelaide Hospital



Members at Parliamentary Breakfast in Canberra

PRESERVING HISTORY

PROFESSOR
MARY CHIARELLA
FACN ETHICIST



Judith Cornell AM, who died in 2014, was one of the great visionaries on whose shoulders the leaders of today stand. Her later professional life was strongly intertwined with that of the Australian College of Nursing (ACN) and earlier with its joint predecessors, the NSW College of Nursing, where she served for 10 years (1986–1996) as the Executive Director, and the Royal College of Nursing, Australia (RCNA), where she served as President.

Judith's later involvement with the College(s) was as a nursing historian. She was a founding member of the Society for the Preservation of Artefacts of Surgery and Medicine with Professor Ross Holland. This interest led to her becoming the honorary archivist to the NSW College of Nursing (later renamed the College of Nursing). In her role as Executive Director of the NSW College of Nursing, she had established the historical and archival collections in NSW and on retirement she continued to develop that collection throughout her life and then took on the role of adviser to the establishment of the ACN archival collection, when the two Colleges consolidated. Her tireless work as a historian led to her being elected president of the Health and Medicine Museums Special Interest Group of Museums Australia. In this role she supported the preservation of volunteer-managed collections all over Australia, some of which would probably not exist today otherwise.

Perhaps some of Judith's most visionary work related to her understanding of the need for

solidarity and cohesion between nursing organisations. Judith was an operating room nurse by specialty and worked in leadership positions in theatres at several Sydney hospitals. She was also a leader within the NSW Operating Theatre Association (OTA) and was awarded life membership in 1987. From her role with the NSW OTA she then spearheaded the establishment of what is now the Australian College of Operating Room Nurses (ACORN). She chaired the College's inaugural national conference; was the first President of that College and she gave the inaugural Judith Cornell Oration at an ACORN conference in 2002. She was instrumental in coordinating the different national nursing groups to advocate for the transfer of nurse education into higher education and in highlighting the need for nursing research.

Undoubtedly, her strong operating theatre knowledge informed her passion for safety and quality, at a stage when an understanding of human factors was in its infancy. This led to her long involvement with the Australian Council on Healthcare Standards, for which she was awarded its Gold Medal in 1996.

Throughout her life she studied constantly and graduated with a Master of Nursing Administration from the University of NSW in 1989. She presented numerous conference papers over her career and wrote several books including the history of the NSW Operating Theatre Association (OTA) in 2007. She was awarded a Member of the Order of Australia (AM) in 1995.

A NURSE, A HUMAN RIGHTS CRUSADER

TOMICA GNJEC MACN
CLINICIAN



We all have a foundation on which we have built our nursing beginnings and journey. How was this done by individuals whose basic human rights were once not even acknowledged? Today, I wish to honour one such nurse leader – Ms Dulcie Gladys Flower.

Ms Flower's resilience, wisdom, strength and compassion guided her understanding and vision for the immense care and need for Aboriginal and Torres Strait Islander Peoples to 'do it for themselves' through addressing the lack of resources and access to community services and support, and fulfilling the need for wider community education (Foley, 1991).

Much work needed to be done in order to begin to address such overwhelming shortfalls. Ms Flower – a proud nurse and Torres Strait Islander from the Meriam country (National Aboriginal and Torres Strait Islander Women's Alliance, NATSIWA 2014) – dedicated immeasurable time, energy and passion in representing and campaigning for the acknowledgement and rights of all Aboriginal and Torres Strait Island Peoples – with significant input into the 1967 Referendum Campaign.

This vital step of recognition alongside working as a theatre nurse at The Royal Prince Alfred Hospital in Sydney, and growing her own family included: many decades of working to improve the health of all Aboriginal and Torres Strait Islander Peoples through involvement as one of the founding members of the first Aboriginal Medical Service in Redfern in the early 1970s; and participation in state and

national expert panels and consultative committees on a wide variety of health and related issues (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, CATSINaM 2017-2018).

Her focus and determination allowed for and paved the future path for discussion and roles in the development and continuation of a more balanced national Aboriginal and Torres Strait Islander Peoples health policy and direction (Foley, 1991).

The holistic contribution of Ms Flower and her peers – as advocates, carers, and activists – is extensive and continues today. In her own humble words in an interview on ABC Radio National (Hilary Harper on Life Matters, 2018), she states: I was 'in the right place at the right time...I had found I had a voice'. Ms Flower's lifetime of working for change alongside her Aboriginal and Torres Strait Islander nursing colleagues has paved a critical path for the future growth and investment in the social, emotional, cultural and physical well-being of our First Peoples and the health status of all Australians.

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Angie Monk,
Midwife

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THE GREATS OF AUSTRALIAN NURSING

In 2020 Year of the Nurse & Midwife, here's looking back to acknowledge and honour some of Australia's most luminary nurses. Contemporary nursing is what it is because of the sheer determination and dedication of our predecessors – whether it's military nurses who were placed straight into the face of adversity, those who championed the cause of nurse education or the nurses who stood for their community and people.

This article may contain the names or images of Aboriginal and Torres Strait Islander persons who may now be deceased.



Australian Nursing History Project

Agnes 'Betty' Jeffrey OAM (1908–2000)

One of the surviving nurses from the SS Vyner Brooke, Betty was washed ashore some days after the Bangka Island massacre but was captured and became a Prisoner of War. Betty wrote *White Coolies* based on a secret diary kept during her three and a half years in a POW camp in Sumatra. The movie *Paradise Road* is based on Betty's book. After returning to Melbourne, she and Vivian Bullwinkel travelled throughout Victoria raising funds to establish a memorial to those nurses who died in Sumatra. Betty was appointed as the first administrator of the Australian Nurses Memorial Centre (ANMC), later becoming its Patron. She also wrote the tribute *Matron AM Sage 'Sammie'*.



Australian War Memorial

Perdita McCarthy GBE RRC & Bar (1916–2012)

Perdita completed her training at Sydney Hospital in 1939 and enlisted as a member of the Australian Army Nursing Service (AANS). She served with the Second Australian Imperial Force (AIF) in WW2 in Papua New Guinea, followed by the British Commonwealth Occupation force of Japan, the Korean conflict, Malaya and then in the Vietnam War. She recalled initial opposition and resentment when posted to a medical unit in Seoul, Korea, in 1953; women were not usually so close to the front. But the nurses made their point, they only wanted to care for the wounded. Her distinguished career culminated in the highest promotion any nursing officer has reached – to Brigadier.



ACN Archives

Muriel Knox Doherty RRC (1896–1988)

As a nurse tutor at Royal Prince Alfred Hospital, Sydney, Muriel established the first preliminary training school for nurses in NSW in 1933. She enlisted in the Royal Australian Airforce (RAAF) where she inaugurated the RAAF Nursing Service in NSW and became the first nurse appointed to the rank of Squadron Leader, later rising to Wing Commander. As a member of the United Nations Relief and Rehabilitation Administration, after liberation, she witnessed the horrors of the Bergen-Belsen concentration camp in Germany where she served as Chief Nurse and Matron in 1946. Muriel was one of the four founders of the NSW College of Nursing in 1949 and co-authored the first Australian textbook for nurses published in 1944.



ACN Archives

Annie Moriah Sage CBE RRC (1895–1969)

Annie Sage first registered as a midwife in 1924 and then obtained her general nursing certificate in 1926. She saw military service in WWII in the Middle East as Matron, then became Matron-in-Chief AIF and was later promoted to Colonel. She organised the AANS for duty in South-West Pacific Area and oversaw the training scheme for the Australian Army Medical Women's Service. She assisted in the repatriation of the 24 Australian nurses imprisoned by the Japanese in Sumatra. In 1949, she became the inaugural president of the College of Nursing Australia (CNA). Annie also helped establish ANMC.



Encyclopedia of Australian Science

Olive Eva Anstey CBE MBE (1920–1983)

Olive started off as a bookkeeper and later, against her family's wishes, trained as a nurse. Qualifying in 1944, she went on to register as a midwife in 1948. As an active member of the Royal Australian Nursing Federation (RANF), she served as Federal President from 1971–75 and helped to establish the *Australian Nurses' Journal*. As Director of Nursing at the Sir Charles Gairdner Hospital, formerly the Perth Chest Hospital, from 1963 she encouraged innovation in nursing practice and education. Olive was President of the International Council of Nurses (ICN) from 1977-1981, becoming the second Australian nurse to hold this office.



ACN Archives

Joan Estelle Godfrey OBE FACN (DLF) (1922–2019)

Joan was a strong, outspoken advocate for improved standards in education and greater professional development of nurses. A nurse educator, she became Principal of CNA's Queensland branch and later the Foundation Head of Nursing Studies in Queensland Institute of Technology (later Queensland University of Technology (QUT)). She collaborated with Bartz Schultz in meticulous research and writing of the seminal history of nursing Australia, in two volumes, titled *A Tapestry of Service – The Evolution of Nursing in Australia*. Her services to the discipline of nursing were further recognised by QUT with an honorary doctorate in 1994.



ACN Archives

Olga Kanitsaki AM FACN

Olga Kanitsaki, Greek by birth, arrived in Melbourne in 1961 as a non-English speaking migrant. According to a *Sydney Morning Herald* article dated 26 April 2007, Olga, a hospital cleaner, was given a break by Vivian Bullwinkel after expressing her desire to become a nurse. Mastering the English language on the way she realised this ambition and much more. Olga specialised in transcultural nursing and aged care and became Head of the School of Nursing at Royal Melbourne Institute of Technology and Australia's first Professor of Transcultural Nursing.



Encyclopaedia of Australian Science

Lucy Osburn (1836–1891)

Credited with having played a critical role in establishing modern nursing in Australia, Lucy Osburn along with five Nightingale trained nurses arrived in Sydney from England in 1868. It was Sir Henry Parkes, then Colonial Secretary, who asked Florence to help improve Sydney Infirmary and Dispensary (later called the Sydney Hospital) and commence a training school for nurses. Reportedly, in her time, Lucy successfully trained many Nightingale nurses and established the Nightingale focus on cleanliness, sanitation, fresh air and adequate food.



ACN Archives

Patricia 'Pat' Slater OBE (1918–1990)

Pat, considered a modern leader in nurse education, played a major role in progressing hospital-based training to tertiary-based education. Pat also served in the AANS from 1943–1947. She is credited with helping education standards evolve from apprentice training to tertiary level. In recognition of her contribution, the street in Melbourne where CNA once stood, was renamed Slater Street in 1984.



ACN Archives

Vivian Bullwinkel AO MBE ARRC (1915–2000)

Possibly the most well-known of Australia's nurses, Vivian Bullwinkel was born in Kapunda, SA, and trained as a nurse in Broken Hill, NSW. She enlisted in the AANS in 1941 and was posted to the 13th Australian General Hospital. Vivian was the sole survivor of the Bangka Island Massacre after the *SS Vyner Brooke* was attacked by Japanese war planes in February 1942. She was a POW for three years. Vivian retired from the Army in 1947 and became the Director of Nursing at Melbourne's Fairfield Hospital. In 1973, she was President of the College of Nursing Australia (later RCNA). She devoted herself to the profession and to honouring those killed on Bangka Island, raising funds for a nurses' memorial and serving on numerous committees.

Martha Durward Farquharson (1847–1929)

From Ireland to Australia to England and finally back to Australia, Martha was 'a woman of great public spirit, deeply interested in the progress of the profession of nursing. Holding her vocation in the highest esteem, she was able to inspire her pupils with high ideals'. When ICN was established in 1899, Martha became a foundation member and councillor. She was a foundation member of the Australian Trained Nurses Association (ATNA) as well. Martha was a quiet yet determined leader of nursing in its formative years, leading by example of 'extraordinary' public service and a commitment to nursing's nascent professional sphere. During her career she served as matron of the Alfred, Melbourne and Bendigo hospitals in Victoria.



ACN Archives

Lowitja (Lois) O'Donoghue CBE AC DSG FACN (Hon) (1932–)

Lowitja O'Donoghue is a Yunkunytjatjara woman from SA. Initially a nursing aide, she applied to complete her training at Royal Adelaide Hospital (RAH) but was refused. She fought the decision and it was overturned, and she became the first Aboriginal person to train as a nurse at RAH. As a public administrator she became active in Aboriginal affairs and was appointed the inaugural chair of the Aboriginal and Torres Strait Islander Commission (ATSIC) 1990–96. She is the recipient of honorary doctorates from three Australian universities and in 1998 was declared an Australian National Living Treasure; she was also named Australian of the Year in 1984. In 2010, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research was named the Lowitja Institute in her honour.

Ngingali Cullen (1942–2012)

Ngingali trained as a nurse at RAH, where Lowitja O'Donoghue was a charge nurse. Upon graduation she worked in the hospital at Port Augusta, one of only two Aboriginal people on staff. In her career she served in South Australian Hospitals, the Trans-Australian Rail Health Clinic and the Royal Flying Doctor Service (RFDS). Ngingali brought RFDS to remote communities, managed welfare train cars and Aboriginal alcohol rehabilitation units; she was instrumental in setting up a Centre for Aboriginal women in Port Augusta. Ngingali transferred to Canberra in 1992 as a health policy officer for ATSIC – the role took her all over Australia – evaluating the national Aboriginal health strategy. She was a vital link in the Journey to Healing.



Australian War Memorial

Elizabeth Kenny (1880–1952)

Elizabeth was a bush nurse and although she didn't have the recognised qualifications for registration, she served in WW I as a staff nurse in the AANS on troopships and was promoted to Sister in November 1917. Sister Kenny, working alone in country NSW and QLD, developed a successful but 'radically new and controversial method of treating children with polio'. There were no vaccines then for polio. Her therapies ran counter to the conventional medical treatment of the day and so, were opposed by the medical profession. However, she won support from the Queensland government and opened two clinics. Her ideas and practices were better received in America where she went in 1940; there she won acclaim and became the recipient of many honours. After she passed, she received another honour within her home country. In 1995, she was awarded the Posthumous Testimonial Fellowship by RCNA, the first of its kind.

ACKNOWLEDGEMENT: I would like to acknowledge and thank Helen Hamilton FACN (DLF), Lynette Russell AO FACN (DLF), Lesley Potter FACN, Marilyn Gendek FACN and Susan Hogan MACN for their assistance.

EDITOR'S NOTE: Do you know someone that must be recognised as a nurse champion? You can send us their story to be published on *NurseClick* or give them a shout-out on our 2020 Inspiration Wall at acn.edu.au/2020/inspiration-wall.



AUTHOR

**KAREN DANSEY
MACN (ASSOCIATE)**

#RECOGNISINGOURBLACKNURSESANDMIDWIVES: CELEBRATING A DIVERSE WORKFORCE

A new campaign by CATSINaM highlights the stories and contribution of Aboriginal and Torres Strait Islander nurses and midwives to Australian health care

In 2020, the Year of the Nurse & Midwife, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) would like non-Indigenous nurses and midwives across Australia to join them in a campaign called *#RecognisingOurBlackNursesandMidwives* that celebrates the diversity of the nursing and midwifery workforce within Australia including Aboriginal and Torres Strait Islander nurses and midwives.

The year 2020 is linked to the Year of the Nurse & Midwife and the finale of the Nursing Now campaign, which in turn, are linked to Florence Nightingale. CATSINaM feels the link to Florence Nightingale devalues the contribution and work of all nurses and midwives across Australia including Aboriginal and Torres Strait Islander nurses and midwives. And although it fails to recognise the traditional healers and Aboriginal and Torres Strait Islander women who birthed babies and supported women for thousands of years, the campaign *#RecognisingOurBlackNursesandMidwives* aims to highlight their amazing stories.

Evidence from numerous researchers has shown the value and impact Aboriginal and Torres Strait Islander nurses and midwives bring to the Australian health care system. This is often due to the cultural understanding and lived experience Aboriginal and Torres Strait Islander People bring to the role of nursing and midwifery (Stuart and Neilson, 2011).

Evidence of traditional healing can be seen through the work being done in South Australia to incorporate the traditional healing of the Ngangkari. These healers are based in central Australia and incorporate their practices into the mainstream medical service.

CATSINaM has advocated throughout its inception in 1997 for the stories of Aboriginal and Torres Strait Islander nurses and midwives to be told and shared in broader Australian Society. The book *In our own right: Black Australian Nurses' Stories* tells the stories of many nurses and midwives who are past champions for CATSINaM and these stories helped to create pathways for the Aboriginal nurses and midwives who are members of CATSINaM today (Goold and Liddle, 2005).

During an investigation of the experiences of Aboriginal women during their undergraduate nursing in WA (thesis by Robinson, 2018), the findings revealed the enormous value Aboriginal women bring to their undergraduate studies including the interactions with other non-Aboriginal students and clinicians. Sometimes this comes at an enormous cost to the Aboriginal students and their well-being (thesis by Robinson, 2018).

CATSINaM is hoping to showcase the enormous value and benefit that the employment of Aboriginal and Torres Strait Islander nurses and midwives bring to a health service and how critical it is to ensure that they are retained and valued

as clinicians and as Aboriginal and Torres Strait Islander People. Racism and a lack of cultural safety are important factors that can impact on the retention of Aboriginal and Torres Strait Islander nurses and midwives.

In this research, they focused on the Aboriginal health services that are often cited as models of best practice when it comes to retention of Aboriginal health professionals (Deroy and Schutze, 2019). Key themes from the research included the importance of cultural safety, leadership from management, support from peers and colleagues, opportunities for professional development, financial remuneration and recognition (Deroy and Schutze, 2019).

CATSINaM urges all nurses and midwives across Australia to join them in celebrating the diversity of the Australian nursing and midwifery workforce. In 2020 and beyond, we need to ensure that the voices and stories of Aboriginal and Torres Strait Islander nurses and midwives are heard and recognised.

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Melanie Robinson MACN with a Ngangkari traditional healer at the CATSINaM conference in Adelaide 2018



AUTHOR

MELANIE ROBINSON MACN

REMEMBERING AUSTRALIA'S MOST DISTINGUISHED WAR NURSE

Lt Col Vivian Bullwinkel's life story of courage and dedication – during and post-war – is nothing short of extraordinary

Lieutenant Colonel Vivian Statham, AO, MBE, ARRC, ED (née Bullwinkel; 18 December 1915 – 3 July 2000) was an Australian Army nurse during WWII. Her medal group includes the world's highest honour available to nurses, the Royal Red Cross Florence Nightingale Medal, awarded in 1947.

Born in Kapunda, South Australia, Vivian trained as a nurse and midwife at Broken Hill in New South Wales before joining the Australian Army Nursing Service (AANS) in 1941. She had previously been rejected from the Royal Australian Air Force for having flat feet.

It's well-known that Vivian was the sole survivor of the 1942 Bangka Island massacre. She joined AANS and was assigned to the 2/13th Australian General Hospital. In September 1941, she sailed for Singapore. In December 1941, Japanese troops invaded Malaya and as Vivian and 65 other nurses boarded the SS Vyner Brooke to escape the Island in January 1942, the ship was torpedoed and sunk. However, Vivian and 21 other nurses along with a large group of men, women and children made it ashore. The group elected to surrender to the Japanese and while the civilian women and children left in search of someone to whom they might surrender, the nurses and wounded waited.

The Japanese soldiers killed the men, then motioned the nurses to wade into the sea. They then machine-gunned the nurses from behind. Vivian was shot through the abdomen, but the bullet miraculously missed her vital organs. She feigned death and emerged from the waters after the Japanese left. Vivian hid with wounded British Army Private Cecil George Kingsley of the Royal Ordnance Corps for 12 days before deciding once again to surrender. They were taken into captivity, but Private Kingsley died soon after.

Vivian was reunited with survivors of the Vyner Brooke and spent three and a half years in captivity. She told them of the

massacre, but no one spoke of it again until after the war lest it put Vivian, as witness to the massacre, in danger. She hid her bullet-riddled nurse's uniform and diary, made from bible pages, in order to survive and tell the story of the massacre.

Following the Japanese surrender of 15 August 1945, Australian war correspondent Hayden Lennard began searching for the nurses. A number of leads from local villagers led him to their camp at Loebok Linggau. On 15 September, a month after the Japanese surrendered, the nurses were told they would be flown out of the camp. Years of captivity and privation as a prisoner of war had reduced Vivian to weigh just 25 kilograms. She was one of just 24 nurses, many of whom were severely ill with malaria, dysentery and beri-beri.

The Australian Army doctor who travelled with the rescue team, Harry Windsor, was so outraged by the appearance of the surviving nurses and the other prisoners at the camp that he recommended officially that the Kempei Tai (military police) and all the Japanese involved in their treatment "... be forthwith slowly and painfully butchered".

On 4 October 1945, after enduring three years and seven months as prisoners of war, the 24 sisters sailed for Fremantle Australia. Vivian retired from the military in 1947, the same year she gave evidence of her horrific experiences at the Tokyo War Crimes Commission Trials.

Recent evidence collected by historian Lynette Silver, broadcaster Tess Lawrence and biographer Barbara Angell indicates that Vivian and "most of" the nurses were sexually assaulted before they were murdered. However, Vivian was allegedly "gagged" by the Australian government from speaking about the rapes at the Tribunal in 1946.

In September 1977, Vivian married Colonel Francis West Statham and changed her name to Vivian Statham. Determined to improve recognition, training and conditions for Australian nurses, Vivian

became Director of Nursing at Melbourne's Fairfield Hospital and devoted herself to the nursing profession. To honour those killed on Bangka Island, she raised funds for a nurses' memorial and served on numerous committees, including a period as a member of the Council of Australian War Memorial and later, as President of the Royal College of Nursing, Australia.

She and fellow nurse Betty Jeffrey worked together towards the establishment of the Nurses Memorial Centre in Melbourne, ongoing nursing scholarships and advancement of educational standards for nurses. In the decades following the war, Vivian received many honors and awards, including the Florence Nightingale Medal, an MBE and the AM.

She returned to Bangka Island in 1992 to unveil a shrine to the nurses who had not survived the war. Vivian died of a heart attack on 3 July 2000, aged 84, in Perth, Western Australia.

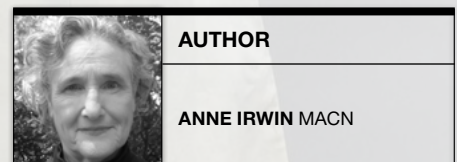
The true nature of a nurse's compassion and improvisation came out in many ways – medical improvisations, helping and nursing their seriously ill and dying colleagues and civilians, and burying their dead. Those are probably the untold stories that were really the true test of their characters, resolve and their team spirit.

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AUTHOR

ANNE IRWIN MACN



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 was the sole survivor of the 1942 Banka Island Massacre where 21 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 Lt Col Bullwinkel with a sculpture in the grounds of the Australian War Memorial. This will not happen without your support.

If just 5% of registered nurses went without five cups of coffee (\$25), we would reach our goal. To be part of that 5% go to www.acn.edu.au/bullwinkelproject to make a donation or email Trevor Capps, Director of Philanthropy to arrange a discussion or seek more information trevor.capps@acn.edu.au.

A LESSON IN COMPASSION

Charged with treating war survivors in a Nazi concentration camp, Muriel Doherty found the greatest yet the most tragic nursing experience of her life

On 25th May 1945, Muriel Knox Doherty arrived at Mascot airport, Sydney to begin her journey to the UK – a long, arduous journey with many stops and changes of planes, until she landed at Bournemouth harbor in a Sunderland flying boat and finally arrived in London by train.

Later, Muriel reported to the United Nations Relief and Rehabilitation Administration (UNRRA) Headquarters in the city. UNRRA recruited highly specialised people in areas such as supply, transport, health, welfare, industry and social welfare to assist those people and countries who had been devastated by the effects of World War II.

At the outbreak of war, Muriel was appointed as Assistant to the Principal Matron of the Australian Army Nursing Service (AANS). She then accepted the position as Squadron Leader, Royal Australian Air Force, where she inaugurated the Royal Australian Air Force Nursing Service (RAAFNS) New South Wales branch. In 1942, she was promoted to Principal Matron of the service and given the rank of Wing Commander.

Always keen on serving in the war zone but never allowed, she resigned her commission in the RAAFNS and applied for the position with UNRRA – a decision that was to have unexpected outcomes. A strenuous round of meetings, lectures and instructions and preparations then took place.

During the processing, Muriel was asked what work she was prepared to undertake, to which she said that “she was prepared to go anywhere and do anything”, an innocent remark that she did not realise would end up in one of her life’s greatest, yet saddest experiences.

Muriel was assigned to go to the Bergen-Belsen concentration camp as its Chief Nurse and Principal Matron of the Bergen-Belsen concentration camp Hospital, where there were still some 10,000 patients, majority of whom were in appalling condition.

An exhausting trip by boat and train from England, across France and finally to Germany was then necessary before arriving at Bergen-Belsen, a peaceful and picturesque little village, home to what the world now knows as Horror Camp. Towards the end of the war, the Nazis, knowing they were losing, endeavoured to hide the evidence of their wholesale brutality. They feverishly transported thousands of slave workers from Bremen, Hamburg and other areas to Belsen in open trucks and on foot in the winter.

The concentration camp was grossly overcrowded and the facilities unimaginably poor. When there was no more space in the camp, people were driven into the nearby forest and left to fend for themselves. Within the camp epidemics – particularly typhus – were raging with thousands dying without medical aid, food or shelter. In April 1945, the Chief of Staff of the First German Para Army approached the Brigadier General Staff of the British 8th Corps and invited them to take over the camp to prevent the spread of the disease across Europe. This was agreed to and the Bergen-Belsen concentration camp was liberated by a British Unit on the 15th April 1945 before the official end of the World War II.

When Muriel arrived, there was no staff and everything moved in a rather sluggish manner. It was decided that all inmates would be moved to another part of the camp, which had been occupied by

German troops. But a huge undertaking loomed before them – the clothing of the 30,000-40,000 inmates to be moved was in a deplorable condition and so, had to be removed and burnt. Their bodies were also cleansed of the filth and finally deloused using DDT powder. By 1st May, they had been evacuated to the new hospital area, now called The Glyn Hughes Hospital.

Another challenge was getting them back to reasonable health. Extremely under-nourished, the inmates were unable to digest a normal or supplemented diet at first. Gradually, however, a regime was introduced that turned out to be effective. On 19th May, a historic ceremonial burning of the last hut in the concentration camp took place. The razing of this pestilence-ridden camp was a great symbol. The moment was the end of a chapter – one of hate and bestiality – and the beginning of a new, better future.

Muriel’s letters describe the many challenges that her work in this camp presented and the way in which these challenges were overcome. A major challenge was her UNRRA staff which she states were truly sensational – English, Scottish, Australian, Canadian, Belgian, French, Dutch, Danish, American and Eire. The staff all spoke some English so that helped. In addition, ‘many German nurses were allocated to assist and they at times presented many problems’. In 1945, Muriel left for Poland to advise the Polish Ministry of Health on all problems of nursing organisation, administration and training and to be involved with the training of public health nurses at the National Institute of Hygiene. It was yet another daunting task that she undertook with her normal enthusiasm and expertise.

“When Muriel arrived at the camp, epidemics were raging with thousands dying daily without medical aid, food or shelter.”

For her military service, Muriel was awarded, at the hands of King George VI at Buckingham Palace on 16th October 1945, The Royal Red Cross Medal (1st class) whilst still working at the concentration camp. After returning to Australia in 1946, she deposited her collection from Bergen-Belsen, including her series of letters home, with the Jewish community in Sydney. The community, with her permission, sent the unique collection to the Holocaust Museum and Archives (Yad Vashem) in Jerusalem, where they are still held.

Back home, Muriel worked for the establishment of a college of nursing. She became a foundation member of the Council of the NSW College of Nursing. Her dream of a national nursing college was realised with the formation of the Australian College of Nursing. She was also an active member of the Council of the Australasian Trained Nurses Association, and she helped to inaugurate the National Florence Nightingale Memorial Committee of Australia, becoming one of its first two Vice-Presidents.

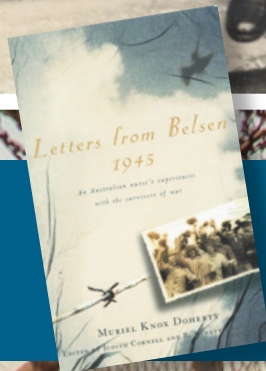
Muriel Knox Doherty continued her active involvement in matters relating to nursing and the health care sector until her death in 1988. She was a truly inspirational nurse leader who always maintained that her time in Bergen-Belsen was one of the most worthwhile jobs of her life.



AUTHOR
R LYNETTE RUSSELL
AO FACN (DLF)



F. Tannenbaum, 'Life in Concentration Camp' series, Belsen, 1945



READ THE BOOK

Letters from Belsen 1945 is a collection of the letters written by Muriel Knox Doherty, edited by R Lynette Russell AO FACN (DLF) and Judith Cornell AM.

A TRAILBLAZER IN INDUSTRIAL NURSING

Agnes Mary Lions' relentless pursuit of education and training for industrial nurses is a shining example of nurse leadership



ACN archives

In this Year of the Nurse & Midwife the call from the Australian College of Nursing to acknowledge past nurses who have challenged the status quo and changed the course of nursing history provides the opportunity to pay homage to the amazing career and achievements of Miss Mary Lions MBE.

She left a legacy of letters which together with an interview reveal her beliefs, passion and her endeavours to promote nursing as a truly professional service provided by well-educated practitioners.

Mary grew up in an academic family that instilled in her high principles of personal behaviour. Her father refused to allow her to continue her schooling beyond the Intermediate Certificate, instead she undertook her nurse training at Royal Prince Alfred Hospital graduating in 1931 (Pratt & Russell 2002, p. 83).

She compounded this with a range of nursing experience including operating theatre work and management of a private hospital. In 1940, Mary was introduced to industrial nursing at John Vicars Woollen Mills with 1,000 employees (Pratt & Russell 2002, p.83). With the advent of World War II, the Commonwealth Government created the Allied Works Council to construct necessary infrastructure works such as port

facilities, aerodromes, roads and bridges. Many, such as nurses, were conscripted to these sites and Mary was appointed to the Captain Cook Graving Dock.

Nurses learnt to undertake unusual duties such as suturing, incising abscesses and removing foreign bodies from eyes. Mary moved on to the Health Centre at the Reconditioning Hangers at Qantas. In 1947, she joined the Department of Railways being appointed Senior Industrial Nursing Sister to supervise the nurses engaged in the numerous Railway workshops (Lions, n.d.).

Because of the war, many male factory workers joined the allied forces and women were recruited instead. Concern for their welfare caused the Commonwealth Government to introduce an Order requiring metal trades industries to provide first-aid equipment and to employ a trained nurse (Commonwealth Dept of Labour and National Service 1943). From 1942, many nurses entered the world of industry for the first time, but there was no training available for them.

A group of industrial nurses emerged. The Australasian Trained Nurses Association (ATNA) held its first meeting for industrial nurses in 1944, but the ATNA had sworn off trade union activity (Australasian Nurses

Journal 1944). In 1946, the NSW Nurses' Association formed a branch for industrial nurses (The Lamp 1946). Mary was asked by the Branch President to get information for the claim for Award wages. In her own words Mary "worked hard, at my own expense, on unpaid leave from work" (Dawn Springett 1981).

She found some industrial nurses were working for only £2.50 per week. Mary drafted the first log of claims and gave evidence before the Conciliation Committee, a harrowing experience. In 1948, the *Nurses Etc. Other than in Hospitals Etc. (State) Award* was handed down (*NSW Industrial Gazette* 1948). The nurses' wages increased markedly, some being doubled.

Mary Lions served as Branch President from 1947 to 1951. For the nurses' training, she obtained material from the Royal College of Nursing in London and from Industrial Nurses Groups in America. She prepared a syllabus modelled on the Industrial Nursing Course at the Royal College of Nursing. But at that time there was no college of nursing and no means to pay lecturers.

Then an extraordinary event occurred that truly demonstrates the sheer willpower and tenacity of Mary Lions. Midway through

“ Mary also worked tirelessly with other nursing leaders towards the establishment of the NSW College of Nursing. ”



ACN archives



Nancy Bundle FACN presenting on Miss Mary Lions at 2018 ACN History Conference

1948, she was invited to the Annual Meeting of The Royal Sanitary Institute (Lions, n.d.). On a Friday night, tired but determined not to let the industrial nurses down, Mary went. To her horror, the Chairman named her as a speaker when in fact, she hadn't been invited as one.

Unprepared but undeterred, she stood up and said, "I am a woman and like to talk, and any nurse in a public health field such as the one I work in has to be aware of the problems of bad housing and to have some thoughts on these and their alleviation in the short term."

There was much applause. Later, Mary met Dr. Edward Ford, Director of the School of Public Health and Tropical Medicine of Sydney University and convinced him to include the Course of Studies in Industrial Nursing at the School. Mary was invited to be the supervisor for the course, while attending as a student. Twenty-three nurses graduated from the course that commenced in 1949 in conjunction with the NSW College of Nursing. They did not have to pay fees.

Mary was also involved in the establishment of the NSW College of Nursing. As far back as 1912, there were moves to establish post-registration education for nurses. Throughout the 1970s nurses worked tirelessly to develop a college in New

South Wales rather than be dominated by a Federal college sited in Victoria. They were tumultuous years and Mary, representing the NSW Nurses Association, played an active role in the movement until finally a committee representing the four state nursing organisations met in a "shabby back room ...on Monday, 10th January 1949 and actively founded the College" (Pratt & Russell 2002, p.18).

Mary was a member of the Provisional Council to plan for the commencement of courses. Later, writing about the founders of the College, Professor Judy Lumby said, "Our founders were not ordinary women. They had all the attributes we need today to lead the profession and the health care system forward. They believed in themselves and their goals, focusing on the future while dealing with the present. They were tenacious and gutsy. Above all they were consummate politicians (Pratt & Russell 2002, p.xiii)".

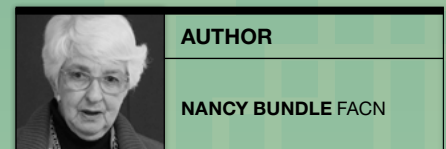
Mary was elected President of the College on 31st January 1950 and with the exception of a nine-month period she held that position until 1962. She delivered the Annual Oration in 1956. She also served in a number of organisations such as the Florence Nightingale Memorial Committee, the NSW Nurses' Memorial Fund Committee and was a member of

the Committee on Nursing of the National Health and Medical Research Council. In 1960, Mary was awarded an MBE for her services to nursing. Like Florence Nightingale, Mary Lions believed in "the importance of grasping opportunity".

Together with her brother Jack, she retired to Alice Springs to explore the joys of the local flora and fauna. She took an avid interest in the welfare of the local indigenous population. Her letters from Alice Springs were full of love and intrigue.

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NURSE EXTRAORDINAIRE IN WAR AND PEACE

“A remarkable nursing leader, Kathleen Best inspired the same courage in her fellow nurses that she displayed.”



Artist Nora Heysen | AWM Art.22216

War often brings out the best in people. As we look back on the past, we remember and honour those of the nursing profession who joined the Australian Army Nursing Service (AANF) to serve their country in WWII. Some are well known, others less so.

One outstanding nursing leader in both war and peace who is not well known today is Kathleen Annie Louise Best (1910–1957). Kathleen Best RRC OBE completed her general nurse training at Western Suburbs Hospital (Croydon) and midwifery at the Women’s Hospital, Crown Street. Her nursing career involved working as a staff nurse at Wyong Hospital, acting-matron at the Rachel Forster Hospital for Women and Children before becoming deputy-matron at the Masonic Hospital, Ashfield. In May 1940, Kathleen enlisted in the Australian Army Nursing Service (AANF) and posted to the 2nd/5th Australian General Hospital (AGH) as Matron. She was to have an outstanding career in both war and peace as a remarkable leader.

The 2nd/5th AGH was stationed first at Rehovot, Palestine and then moved to Greece in 1941. The nurses of the 2nd/5th AGH had to disembark quickly at Athens during an air raid. From here, they were sent to Ekali, 18km from Athens to set up

a field hospital, despite the loss of all the records designating the contents of the packing cases. The situation remained dangerous and the Australians were forced to evacuate. Colonel Kay, the commanding officer requested 40 nurses of the 2nd/5th AGH remain to treat the wounded. Matron Best asked for volunteers, warning that it was likely the enemy would capture them. She requested the nurses put their name with a simple ‘stay’ or ‘go’ in a secret ballot. There was not a single ‘go’ so Matron Best had to choose the nurses who would stay with her. However, due to the advancing German Army, all Allied personnel had to evacuate and were transported to Crete under difficult wartime conditions. The 2nd/5th AGH eventually was sent to the Eritrea, Ethiopia in the Middle East.

Following her return to Australia in 1942, Kathleen became Controller for the Australian Army Medical Women’s Service. Other appointments followed. In 1943, she was promoted to Lieutenant Colonel and became Assistant Adjutant-General Women’s Services. In 1944, she became Assistant Director of the women’s re-establishment and training in the Department of Post-War Reconstruction, assisting ex-service women to adapt to post war conditions.

Kathleen Best was awarded the Royal Red Cross in 1942 for gallantry, courage and devotion to duty whilst in Greece. She was further honoured in 1956 with an appointment as an Officer of the British Empire (OBE). She died of melanomatosis on 15 November 1957 in Victoria. Her life was celebrated with a military funeral.

The story of the 2nd/5th AGH not only records the remarkable leadership of its Matron, Kathleen Best, but the heroism and hardworking nurses of this field hospital. As we look back on the past, nurses today can be proud to remember and honour those of the nursing profession who joined the AANF to serve their country in WWII.

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AUTHOR

LESLEY POTTER FACN

CELEBRATING NURSES & MIDWIVES

It's The Year of the Nurse and Midwife,
there's so much to do and say,
To harness our potential, to speak out and lead the way,
We can and need to be, change in the world we want to see,
Promoting our vital roles every day,

There's page on page of motivation,
defining our respective roles,
And calling us to champion the sustainable development goals,
The lady with the lamp, would surely give her rubber stamp,
As our professional dedication it extols.

There's been a former focus, when 'resilience' was the cry,
We should manage our emotions, be objective; not ask why,
We should do much more with less,
learn to cope and manage stress,
How reality makes us all heave a heavy sigh.

This year there will be fighting talk, to stand up for what is right,
Caring is our nursing role to defend with all our might,
Geopolitically it's alarming, how inequality is harming,
And social determinants of better health seem out of sight.

Much of this has been said before, a long, long time ago,
When the need for change was pioneered
by our dear founder, Flo,
She remains our inspiration, with her relentless dedication,
Underpinning nursing as the profession that we know.

Florence led the need for change during the Crimean war,
She also championed the disenfranchised,
those in poverty and poor,
She recognised the need for education,
clean water and sanitation,
Her motivation's our inspiration, for she led the way before.

In many ways there's been massive change
since her written word,
The SDGs echo them, ensuring that they're heard,
She'd see overwhelming human need,
afflictions dealt from power and greed,
To think we've made much humanitarian progress is absurd.

Why should nurses be interested in health or
know 'the right to health as an approach to care'?
Is transformational delivery conceptualised and is it really fair?
We need to value our approachability
and reconcile the affordability
And our experiential practise we must share.

This year, in 2020, change is within our sight,
Called to be a voice to lead, know 'Health is a human right,'
We've read all that we need to share,
debated constraints that we must compare,
Now is the time to be that effective leading light.

Students are keen and enthusiastic,
quick to learn and eager to share,
The latest evidence-based practise,
new and improved models of care,
How can we provide support,
when we are always so time-short?
Gaining confidence and feeling safe is only fair.

We have new grads vying for placement,
first choice competition is high,
Trying to secure a new grad program,
leaves many grads wondering why,
Their degree has not brought, the choices that they thought,
It should be a career on which they feel they can rely.

We have a frustrated, ageing workforce,
tired of providing more with less,
How many sick calls there will be today, is anybody's guess,
There remains the ongoing disparity,
between the ideal and the reality,
There's no denying the ongoing cost of workplace stress.

Whilst we address how to be effective
in the delivery of better health,
Our own health needs to be valued and
our knowledge prized as wealth,
Whilst we applaud what we deliver, as the ultimate care giver,
Caring for ourselves requires great fortitude and stealth.

Nursing's not just the gentle art of caring,
it's ensuring health is a human right,
We need to be a relentless advocate and
keep goals firmly in our sight,
It's time to lead the way, to use our voice,
to speak for those without a choice,
And use our inner collective strength for change,
with all our might.

The year of the nurse and midwife, it's ours to celebrate
With 2020 vision, there's our future to debate
It's time for great reflection, to take decisive, clear direction,
And passionately, influence and motivate.



THE HISTORY OF ACN: A REFLECTION

“During the amalgamation of the two colleges, undoubtedly the most vital process was the ensuing member engagement with both organisations’ stakeholders.”



**Australian
College of
Nursing**

Two professional membership-based peak bodies representing nursing amalgamated on 1 July 2012.

Both organisations were iconic in their own right and had loyal membership that advocated on behalf of each professional college their benefits to nursing. Both organisations were held in high regard and respected in both mutual and respective individual arenas of the profession and the broader health care sector.

There are esteemed academics and nurse historians who can do greater justice than my reflections on the history of these two bodies. However, it is a privilege to offer a personal reflection on the amalgamation of Royal College of Nursing, Australia (RCNA) and The College of Nursing (CoN) to establish the Australia College of Nursing (ACN).

Recognising what an important year 2020 is for the professions of nursing and midwifery, the World Health Organization declaration of this being the International

Year of the Nurse & Midwife gives rise to the perfect backdrop for some personal reflection and reminiscences of the occasion of amalgamation. The joining of two well established organisations, which some people suggested could not and would never happen, was and is an important story worthy of reflection.

My thoughts are written with a preface acknowledging that many, many people were actively involved in the process and so many people championed the successful outcome, that I cannot possibly name all. However, there are three leaders who I offer recognition and respect for, by mentioning their names. Professional colleagues Stephanie Fox-Young FACN (DLF), Chairperson of RCNA, Kathy Baker AM FACN (DLF), Chairperson on CoN and my professional peer Tracey Osmond FACN, CEO of CoN. Each demonstrated leadership and focus throughout this period and their contributions must be recognised as significant in the unification journey.

This is indeed a personal reflection of the process, so I make no pretences of offering an academic paper, historical recollection or a philosophical consideration of what eventuated. I would like to take the opportunity to thank ACN for inviting me to offer my retrospective.

Established as the College of Nursing, Australia in 1949, the name was changed when the title ‘Royal’ was added in 1989 to become, the Royal College of Nursing, Australia. RCNA represented the nursing profession and nurses chose to become members as a professional aspiration.

The initial establishment of NSW College of Nursing, also in 1949, stated one of their goals was to be a college that provided postgraduate education for nurses. In 2003, the name of was changed to The College of Nursing.

As history now stands, the eventual integration of the two organisations was finalised and on 1 July 2012, the Australian College of Nursing was established.



First office of the NSW College of Nursing at Macquarie St, Sydney



The Royal College of Nursing, Australia building at 1 Napier Close, Deakin (Canberra) which was later named Australian College of Nursing following the amalgamation of RCNA and NSWCoN

Being appointed the CEO of RCNA in 2008 was a professional accomplishment that has now become one of the most significant chapters of my career. When I applied for the role, I had held the position of Director of Nursing/Director Clinical Services in a large regional health service in Victoria. Anticipating that my application would be amongst a field of many notable and accomplished professionals, I was delighted when I was notified that I was being progressed through the recruitment process.

Reaching a pinnacle in my career as the CEO of RCNA was also an unprecedented opportunity to work with extraordinary leadership, vision and energy demonstrated within both RCNA Chair, Board, staff and members and then also with the CoN Chair, CEO, Board, staff and members. The commitment that emerged to create the reality of the two entities as one, should not be underestimated.

It is true to say that this is not the first time that I have recollected the unification over the last eight years. As my career has progressed and

I have become involved in many and varied activities, I am often asked what an example of a successful outcome is that I have been involved with/in. While I think my chosen joint career of both nursing and midwifery in itself is my greatest success, the actual event of the amalgamation is always the first thought that comes to mind.

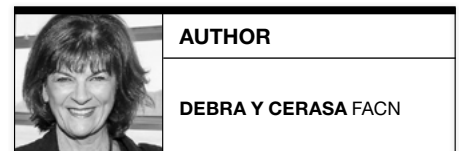
Both organisations had realised that for a sustainable and viable future consideration to what would be best for the stakeholders of each organisation and the greater good for the profession was now paramount. With an initial conversation amongst the two Chairs and two CEOs agreeing that the time was right to commence a dialogue about amalgamations, the proposal began to take form. A process of transparency and a planned approach was highlighted based on a foundation of mutual respect and integrity.

Following respective Board meetings where initial discussions were highlighted, shared Board meetings were arranged, and discussions progressed with a legal and fiscal due diligence review. The next step,

and undoubtedly the most vital process, was the ensuing member engagement with both organisations' stakeholders. At times this involved one-on-one or group discussions. Overwhelmingly, all discussions were generally well-received and support for the unification proposal was highlighted.

Both CEOs declared that they would not apply for the CEO role of the newly formed entity. It was believed by both of us, that philosophically for 'clear air' to be established, a new organisation would benefit from a new leader that worked with the transition Board of Directors.

Amongst so many highlights in my nursing and midwifery career, the opportunity to participate in such a significant and important time in nursing rates very highly.



DISTINGUISHED LIFE FELLOW: R LYNETTE RUSSELL AO FACN (DLF)

Making a mark in nursing history



A highly respected academic, historian and nursing leader beyond compare, Emeritus Professor R Lynette Russell AO FACN (DLF) says she was “pre-destined to be a nurse”.

“There are no nurses in my family. But I always found nursing incredibly fascinating. Back in the ‘50s, career opportunities for women were extremely limited – either you got married and you had kids or you worked in shops or offices or you were a teacher – and none of those interested me. But nursing did. As a nurse, what you did mattered, you could make a difference and so, it just seemed like the logical thing to do,” says Lynette.

Not to her parents, though. “I went against their wishes. I should have started studying at 17, but they didn’t allow it. Once I turned 18, however, they couldn’t tell me what to do

(laughs) and I told them, ‘I start at Sydney Hospital next week!’”

Lynette obtained a General Nursing Certificate in 1961 and followed it up with a Midwifery Nursing Certificate from Bankstown District Hospital. But an incident in 1965, when Lynette was working as a registered nurse at Canterbury District Hospital, nudged her towards education. “Canterbury Hospital had a tuberculosis (TB) ward. I would keep getting students who didn’t know one end of TB from the other and their infection control was appalling,” Lynette recalls. “I thought, ‘There has to be a solution to this’, and it just came to me – ‘Perhaps I should teach’. We did a lot of teaching on the ward anyway.”

And so in 1969, Lynette decided to get a Diploma of Nursing Education from the NSW College of Nursing. “That’s where it really started. Getting that qualification

made me realise that there was a wider world out there.”

Lynette realised that the lack of proper education was impacting on the way nurses did their work. “In those days, you weren’t really taught why you did the things you did; you were just taught what you had to do, and I thought it was ridiculous. Surely, nurses would be better at their jobs if they understood what they were doing and why and then they can make decisions based on knowledge.”

The ‘60s were a turning point, says Lynette. “It was then that trainees from Australia would no longer be accepted into the USA or the UK because Australian education programs were termed inadequate. That was one of the things that spurred us into action.”

In the ‘80s, the movement to include nursing in tertiary education was at its peak, and Lynette was one of the many leaders who were part of it. She counts her

“I think it’s imperative that we maintain the history of our profession. We tend to be very careless about it.”



appointment as Foundation Dean at Charles Sturt University pivotal to the time. “It was a defining moment in my life to see that transfer happen. The change happened very quickly, no other discipline has ever done it and nursing has never done it across the world. What the nursing community did in those three years was incredible and being able to mentor nurses in that setting and seeing them develop into academics was very fulfilling,” says Lynette.

Aside from teaching, Lynette’s passion for nursing history is both well-known and palpable. “I’ve always loved history and couldn’t pass up the opportunity to combine it with nursing,” she explains. As a result, Lynette completed an Bachelor of Arts (Hons) as well as a PhD in the subject at the University of Newcastle.

In 2000, she was awarded Officer, Order of Australia (AO) for her contributions to nursing as an educator, and to research recording the history of nursing.

Currently the Director for Nursing History Research Unit at The University of Sydney, she is highly regarded at the Australian College of Nursing (ACN) for her work on ACN’s archival collection in researching and recording the history of nursing. “I think it’s imperative that we maintain the history of our profession. We tend to be very careless about it. It was Judith Cornell AM, then the Executive Director of the NSW College of Nursing, who had established the archives. After my retirement, when she asked me if I would be interested in helping her out, I said yes.”

Lynette counts her recent research into the NSW Bush Nursing Association especially close to her heart. She says, “Those women were incredibly brave. Lightning Ridge now, frankly, seems to be at the end of the world. The fact that in those days, they went out there and set up a bush nursing centre that runs even today is brilliant. These are stories of heroism, really, and of course the typical ‘can-do’ attitude of nurses.”

In fact, Lynette says, nurses continue to undertake more and more difficult tasks. “There was a time when recording the blood pressure of a patient or putting an IV (intravenous) was solely a doctor’s job! But nurses began taking on more roles – defibrillation, cannulation, etc. – and they were happy to do it. Of course, I support that, but I think in return they should demand appropriate education and recognition for the work they do and not do it just because someone else doesn’t want to.”

Lynette adds, “Nursing isn’t just about holding a patient’s hand, it’s a lot more demanding than that and we need to make our work better known to the public. We need to be politically active and more media-visible. Nursing is a silent majority in health care. We are good advocates for our patients but not for ourselves. And that may be changing slowly but we still have some way to go.”

PURPOSE OVER COMFORT

Most, if not all, nurses would know about the nursing champion that was Florence Nightingale. Florence is acknowledged and respected for influencing the nursing profession as we know it today.

Because of her work, countless lives were saved by decreasing the spread of infections with good hand hygiene, proper ventilation and supportive nutrition to heal the wounded and ill. She initiated research and developed graphs that proved most soldiers in the Crimean War died from infections and not necessarily their wounds.

Florence's work is undoubtedly inspiring but it's something else that inspires me more. There is a crucial quality that Florence reflected in her action to make change. Coming from a wealthy upper-class family, she didn't have to choose nursing; she was in a position to marry and attend to domestic life and house duties without the responsibility of changing the health care system. But she chose to.

Some say she followed her 'God-given calling' or her 'Divine Purpose'. I may not know what the exact words were, but I get the message. Florence followed an inner calling. She had security, wealth and the opportunity to live a comfortable life, but she stepped down from her riches and chose a life of purpose.

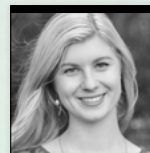
I enjoy hearing about the changes she made in health care and the impact this has had on modern-day nursing, but most of all, I enjoy the reflection of her choosing purpose over comfort. Today we get to enjoy the fruits from the trees she planted, but the best thing about it was that she didn't have to plant the seeds... she chose to.

The idea is not to idolise Florence Nightingale or to put her on a pedestal. Rather, it is to draw attention to the purpose she lived and breathed so that today, we all can benefit from her life of service. Too often, we choose jobs based on how much money we might earn or to please our parents or simply for life security. Little do

we choose to stand out. Why? For safety and security, we hide within our roles. What I love about Florence Nightingale is that she wasn't afraid to stand out and make a difference despite being a woman who didn't like being the centre of attention. She knew that if she received recognition for her work, it was not for her gain but for the benefit of all those she served.

We don't need to repeat the steps of Florence Nightingale, and we don't need to pretend to be like her, but we should be inspired to listen to that inner calling and respond.

A life of purpose is the most rewarding life we can live.



AUTHOR

ARIEL YOKOTA MACN



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Australian College of Nursing

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As nurses continue to fight COVID-19 on the front line, there is no better time to acknowledge the bravery, dedication and compassion our profession displays each and every day.

Tell us about a remarkable nursing friend or colleague by giving them a shout-out.

Fill out the space below with their name and story, then take a photo of your shout-out and send it to publications@acn.edu.au or share it on social media and tag us.

.....

is a nurse champion because

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Don't forget to use [#ACN2020Celebrations](#) [#YearoftheNurseAU](#)



From registered nurse to nurse practitioner

The struggles and triumphs of evolving from an RN to an NP role

“The NP role has been described as a blending of both disciplines or at times being ‘suspended between doctors and nurses’.”

Nursing care can be traced back to ancient civilisation and was a service associated with unskilled women caring for the sick under medical authority. Eighteenth century nurses were dedicated middle-class women forced to reside in hospital quarters and forbidden to marry. Religious orders also had sisters functioning as nurses, unpaid and under the direct supervision of the medical staff (Houghton 1956).

Nursing as a vocation

Florence Nightingale was the first to establish an apprenticeship style nurse training program. However, nurses were given ranks which they achieved from their position in society, not from their knowledge or experience. They were viewed as handmaidens inferior and subordinate to doctors who were predominantly males, giving rise to the stereotypical view of nursing as a vocation (Daley, Speed et al, 2017).

In the '70s, basic nurse training was taken out of Australian hospitals and into the tertiary education system as a means of legitimising nursing as a profession (Daley, Speed et al, 2017). The introduction of post-graduate programs led to more specialised nursing practice with nurses being recognised for their advanced skills and knowledge.

Defining the NP role

The introduction of nurse practitioners (NPs) in Australia was initially resisted by many who perceived it as exceeding nursing practice and merging into medical boundaries (MacLellan, Higgins et al. 2017). The traditional hierarchy that ranks nurses below doctors, and status differentials between health care providers have been reported as barriers in the past to effective collaboration. The NP role has been described as a blending of both disciplines or at times being ‘suspended between doctors and nurses’ (Andregard & Jangland 2014, p10).

Queensland Health commissioned the NP role in 2005 pending State legislative changes. This is when two experienced clinical nurses, both having held higher positions in management and education, received the opportunity to implement the role into an existing emergency department.

Jean Bratby was hospital trained in the UK in the '70s and she recalls nurses opening doors for senior medical staff and never questioning doctors' orders. Nurses never referred to doctors by their first name and they were segregated in the staff dining room. The nursing day began with wiping down patient lockers, filling jugs of water and cleaning the pan room. Nurses were expected to perform an extensive

cleaning regimen (Daley, Speed et al, 2017). Following University training Jean learned to question doctors' orders and to critically think and analyse practice. Evidence-based practice was at the forefront of care and nurses were conducting research and proposing clinical alternatives to traditional care.

Sharyn Plath trained at a tertiary hospital in Queensland and worked in medical/surgical wards before landing in an emergency department. She witnessed firsthand, in developing countries, the capacity of innovative nurses offering services to their communities beyond traditional nursing tasks. With the opportunity to implement the NP role in the ED came the opportunity to embrace new skills and clinical knowledge. It was proof that nurses have much more to give than 'tradition' had previously allowed.

The challenges

Transitioning from registered nurse (RN) to NP is challenging and requires significant adjustment (Barnes 2015, p 137). There was neither formal education nor practicing NPs in Queensland in 2005 to provide mentorship. Many of the clinical skills and learning took place on the job through questioning, observing and being mentored by senior medical officers. Clinical competence and a sound knowledge base



were critical for success, but leadership skills and the ability to resolve conflicts were crucial. Good communication with flexibility and proactive problem-solving skills were essential for acceptance within the team (Andregard & Jangland 2014). Discussion and negotiation inferred mutual respect of knowledge and skills and was an effective means of coalition building across health disciplines.

Identifying an NP scope of practice and patient cohort was difficult and required medical approval. We longed to use our wide range of skills and experience for autonomous patient care. Intuitively, we knew that a senior nurse, with additional training, could identify more complex issues by taking a complete history and performing a comprehensive examination. However, as an NP, that intuition needed to be subjected to critical thinking. Learning medical language was required to express diagnostic reasoning effectively, especially when referring a patient to medical officers. It was also crucial to recognise when the patient's condition became complex, requiring collaboration with the medical officer.

The role was challenging in that it appeared to fall into a group that is not considered 100% nursing or medical. Nursing is deeply rooted within its own paradigms and

culture, making it challenging to convince even nurses that the NP role was achievable (Andregard & Jangland 2014). Interestingly, the patients were the most at ease with the role, adjusting quickly to accepting care from a nurse.

Today, seven NPs within the clinical team provide stability and a consistent approach to care. They provide secondary consultations to nurses and doctors by reviewing X-rays, wounds and assisting with complex procedures. Described as the hidden hours of work of NPs, secondary consultations number up to 25% of their work in the emergency department (Lutze et al. 2017). They are now clinical mentors for the next generation of NPs. The site offers mentorship and an education program to candidates, leaving isolation in the past (Plath, Wright et al. 2017).

Way ahead

Pioneering a new role in a health care system deeply rooted in tradition and hierarchy creates external pressures and internal anxieties. To justify why RNs working towards NP encounter obstacles from both nursing and medicine is to accept its place in history as a journey through the traditions and hierarchy of nursing and medicine. Ingrained practices must be challenged. Nurses can have a

clinical career path that is challenging, rewarding and makes use of their skills and experiences.

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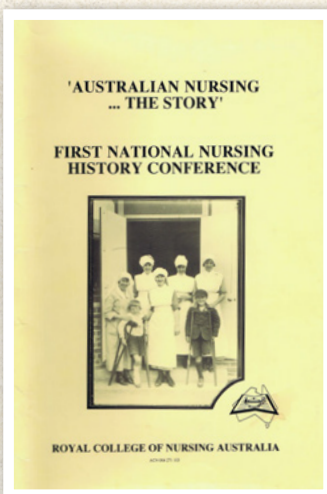


COMMUNITY OF INTEREST: HISTORY

Championing progress through history



Dr Lesley Siegloff FACN presenting at the 2019 History Conference



Dr Elaine Bennett MACN presenting at the 2019 History Conference

It has now been over two years since the ACN special interest groups were restructured into Communities of Interest (COI).

This change also coincided with a more efficient member engagement platform – *neo* – and the establishment of new communities of interest.

The ACN History COI is a continuation of various iterations of gatherings of members with a special interest in nursing and health care history from both the former Royal College of Nursing Australia (RCNA) and The College of Nursing (NSW). The RCNA conducted the first National Nursing History Conference in Melbourne in 1993 titled *Australian nursing: the story*. Champions of nursing history who presented at the conference included Joan Durdin, Angela Cushing, Graeme Curry FACN, and R Lynette Russell AO FACN (DLF) with many other voluntary history champions from each state and territory playing a part in its success. The former The Hon Dr Neal Blewett


AC, also an author of Australian history, opened the conference.

The College of Nursing also counted many of its members as voluntary history champions. The rich collection of material in its archives provided a motivation for those with an interest in history and its collection of annual Orations included historical perspectives on nursing and health care. Many History Days were championed by the late Judith Cornell AM, Honorary Archivist, often in association with history week. These offered an opportunity for budding and established historians to share their research and passion.

With the amalgamation of The College of Nursing (NSW) and the RCNA on the horizon, in 2011 a joint history day was organised in consultation with Judith Cornell AM and Helen Hamilton FACN (DLF). This was followed the next year with an ACN Inaugural History Day at the Nurses Memorial Centre in Melbourne. Since this time there have been three other ACN history conferences held.

History teaches how we got to where we are and what might be the way forward, but the pursuit and distribution of this knowledge requires champions and active participation. The ACN History COI complements the other COIs with their focus on clinical specialties, leadership, policy development and so on. It values that nursing, and health related history is an important source of knowledge in shaping the future of the nursing profession, the practice of nurses and health care. It exists to support and promote the expansion of interest and scholarship in this field.

To join the COI, visit acn.edu.au/membership/coi or download the newly-launched ACN-*neo* app.

	AUTHOR
	MARILYN GENDEK FACN



REGION: WESTERN AUSTRALIA

Building new connections

In late November 2017, the Australian College of Nursing (ACN) created state and territory-based Engagement Leadership Teams to create better opportunities for more localised Member engagement and facilitate discussions on regional/state issues related to health and nursing and provide local networking opportunities. In Western Australia (WA), this inaugural team consisted of Sheralee Tamaliunas MACN in the role of Chair, Barbara Hasenoehrl MACN in the role of Deputy Chair and Rebecca Newton MACN in the role of Communication Coordinator. In late 2018, Patricia McEvoy MACN completed the team, when appointed to the role of Secretariat Support.

Our team worked behind the scenes to quickly develop a vision, mission and aims for WA, providing the foundation for us to

best represent and engage with WA-based ACN Members. It was important to us that we better understood the membership, so we sought feedback through a survey. Of those we heard back from, Members told us that they wanted to get to know each other at education events, as well as have opportunities to catch up and network in person and online and they were willing to help us build the WA ACN Tribe. This information set the scene for the type of events we wanted to host in WA.

In early 2019, Sheralee and Barbara resigned from their roles, however, Patricia and Rebecca continued to work hard on the events and vision that the four of us had planned and developed over the previous months. The team was once again completed in mid-2019, when Tony Dolan

MACN was appointed Chair and Basil Paulose MACN became Deputy Chair.

Over the past two years, the various members of the leadership team have worked hard to create events and education opportunities for the wider WA-member group. Undertaking their respective roles on a voluntary basis, often juggling with work, study and family commitments has always been a challenge. Other challenges we face include not always being able to include Members in rural and remote areas and not being able to attend events such as hospital and university orientation days, career expos and open days, where they clash with our work commitments. However, we are continually working on ways where we try to reach as many nurses as possible.

Highlights

Some of the highlights for us include having keynote speakers such as ACN President Professor Christine Duffield FACN and Professor Elizabeth Denny-Wilson talk to our members about their research, as well as hearing from some of our amazing local nurses.

We also sought out high profile nurses, who generously provided their time and opened their boardrooms to have frank discussions with our members, including our Emerging Nurse Leaders (ENLs). We met Katie McKenzie, the (then) newly appointed Executive Director of Nursing at the newly opened Perth Children's Hospital; Dr Robina Redknap MACN, Executive Director of Nursing for North Metropolitan Health Service Mental Health, Public Health and Dental Services (who is now the Chief Nursing and Midwifery Officer for WA); Vanessa Unwin, Executive Director of Nursing and Midwifery at St John of God Mt Lawley Hospital, Tony Dolan MACN, Executive

Director of Sir Charles Gairdner Osborne Park Health Care Group and North Metropolitan Health Service; and most recently Deborah Bell, Executive Manager, Clinical Perioperative and Support Services, Bethesda Health Care.

All these encounters provided Fellows and Members with a unique opportunity to ask these nurse leaders about their careers and their advice for advancing in the profession.

We have also actively engaged with past and present participants of the ENL program. We're keen to work with this energetic and passionate group of young nurses who will be integral to the future direction of nursing in WA. They have enthusiastically helped us with attending university and hospital events on behalf of ACN, as well as participating in and planning future sessions, and we see them as an extension of our team.

To know more about WA Region, visit acn.edu.au/membership/networks-regions#regions

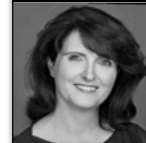
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BASIL PAULOSE MACN



PATRICIA MCEVOY MACN



REBECCA NEWTON MACN

 Australian College of Nursing

ACN 2020 YEAR OF THE NURSE & MIDWIFE CELEBRATION ROADSHOW

Celebrating Nurse Champions of the Past, Present and Future



2020 has been declared as the official year of the Nurse & Midwife by the World Health Organization. This is the first time our profession is being acknowledged on a global scale. We were thrilled to see nurses joining us to celebrate with us at the 2020 Celebration Roadshows in Canberra and Sydney in February and March, respectively.

The complimentary roadshows incorporated a panel discussion followed by an opportunity to connect with likeminded nurses at a networking reception.

2020 CELEBRATION ROADSHOW CANBERRA



The topic of discussion at the roadshow in Canberra was immunisation. In December 2019, ACN released a Position Statement and Discussion Paper calling on all the Commonwealth and State and Territory governments to provide funding to promote nurses as 'immunisation champions'.

Nursing leaders – including our panel members Shannon Narracott MACN, Dr Anne Gardner MACN and Professor Peter Collignon AM – discussed the past, present, and future of immunisation and what a marked increase in nurse 'immunisation champions' would mean for the future of health care.

2020 CELEBRATION ROADSHOW SYDNEY



At the Sydney roadshow, nurses gathered to discuss the issue of childhood obesity. Over a third of the children and young adults with obesity are in regional and remote areas. Nurses represent the largest group of health care practitioners in Australia and have the widest distribution across the country. Often, a nurse is the only health care practitioner available in some communities.

The conversation – panelled by Prachi Javalekar MACN, Robyn Quinn FACN and Professor Elizabeth Denney-Wilson MACN – revolved around nurse-led interventions in settings such as childcare facilities and schools, the stigmatisation of obesity (and the language around it), the socio-economics as well as cultural challenges surrounding this health issue.

Keep an eye out for future topics of discussion at acn.edu.au/2020-roadshows and don't forget to register!



STAYING NURSESTRONG TOGETHER

We held our first NurseStrong Step-a-thon in Canberra on the morning after the Canberra Roadshow. It was a pleasure to catch up with old and new friends and enjoy an early morning walk around Lake Burley Griffin. Due to the COVID-19 outbreak we are putting our Step-a-thons on hold for now. We look forward to continuing this initiative as soon as possible. In the meantime we have a number of other exciting NurseStrong opportunities to help nurses look after their health and well-being during these challenging times. Among others we have created a set of 'NurseStrong inspographics' that you can share via social media, text message, email, etc. to brighten the days of friends and colleagues. Head to acn.edu.au/nursestrong to download your set of inspirational images and join our 'NurseStrong' group on Facebook to connect with like-minded nurses and find out about all of our latest initiatives.

 Australian College of Nursing

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acn.edu.au/ACNBreakfast



LEADERSHIP: DEFINING CAPABILITIES

How nurse executives can lead, influence, change

The Nurse Executive Capability Framework is a vital step to set the expectations for government, CEOs, employers as well as Nurse Executives of what we expect.

The Australian College of Nursing (ACN) is dedicated to supporting nurses at all career stages to extend their leadership skills and confidence. Our latest leadership initiatives — the Nurse Executive Capability Framework and Nurse Executive Leadership Program — establish the standards and develop the skills required to be a nurse executive in Australia. The framework and program are the first of their kind in Australia.

We caught up with our **Chief Executive Officer (CEO) Adjunct Professor Kylie Ward FACN** to discuss the value of providing leadership guidance and support to nurses in executive positions.

Why is it important to take the lead and develop a national standard for the capabilities required for nurse executive positions?

As the pre-eminent and national leader of the nursing profession, it is ACN's role to set the standard for industry of what is required from nurse executive positions. The role of nurse executives has changed through the decades from budget and operational direct management to exerting influence and being positioned strategically over

multiple and complex services. Although this shift has happened in industry and over time, it is fair to say that nurse leaders have not been taught the skills to manage by influence instead of direct reporting lines. As most executive nursing positions have lost control over the money associated with the nurses and midwives employed in their organisations, there is great risk that the essence and importance of the nursing profession can be diluted, or the nursing leadership voice silenced or weakened. When operational executives hold the funding to nursing positions it leaves our profession vulnerable when cuts need to be made and often indirect nursing positions are sacrificed, or those supporting nurses, like administration positions.

I have seen great variation in how nursing is perceived, how the profession is advocated for and the impact this is having on patient care based on the calibre and strength of the Nurse Executive to lead a strong, professional workforce and influence their colleagues to ensure quality patient outcomes are achieved. I have held Executive Director of Nursing and Midwifery positions in three of the largest health services in NSW and Victoria. For me, establishing the Nurse Executive

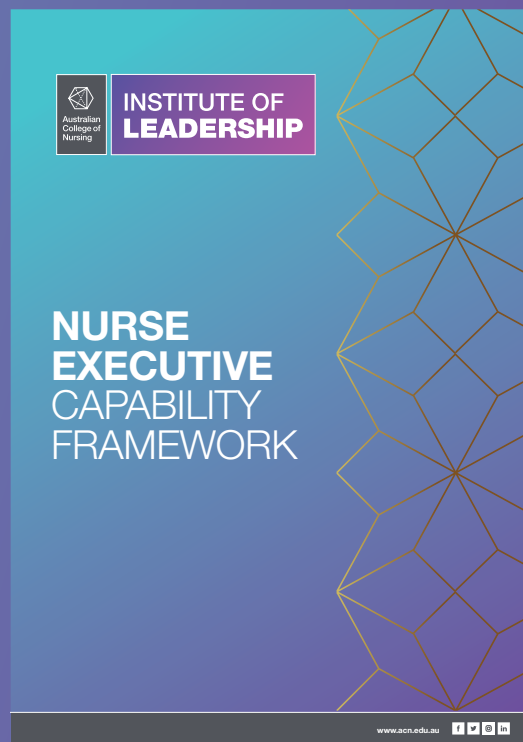
Capability Framework is a vital step to set the expectations for government, CEOs, employers as well as Nurse Executives of what we expect.

How do the capabilities outlined in the framework support nurses to manage the social, political and economic issues in health care today?

Nursing is a significant portion of any government's gross domestic product (GDP) and one of the main expenses in salary and wages will always be the nursing workforce because we are the largest and most distributed workforce. Whether the nursing contribution is seen as a cost or an investment is highly dependent on the Nurse Executive's ability to influence a CEO or employer. Defining the capabilities establishes a standard to support the development of skills, particularly as nurse executives have lost control of the budget and no standard has previously been set. Politically, economically and socially there is an army of nursing leaders throughout Australia who understand how to lead, influence and manage.

There are many shining examples and these nursing executives pave the way for

“Defining the capabilities establishes a standard to support the development of skills, particularly as nurse executives have lost control of the budget and no standard has previously been set.”



a strong and professional nursing workforce who ensure communities have access to quality safe and appropriate care. They drive strong cultures of empowered staff who make a tremendous difference to diverse communities. Unfortunately, there are others who lack the necessary skills and you can see the negative effect of this lack of leadership and influence, both in patient outcomes, as well as staff development and morale. People do the best they can, and now with this established baseline we can support all nursing leaders to develop the necessary skills. With all nursing executives functioning to their full capability we will teach all employers how formidable the nursing workforce is, now and into the future for the betterment of every patient, client and resident.

How can nurses develop the capabilities outlined in the framework?

The best way to develop the capabilities is to participate in ACN's Nurse Executive Leadership Program. My vision and goal in establishing this program was to have an intense high talent, high-support program where people who aspire to, or currently hold these positions can come in and get a

full and well-rounded understanding of the expectations to become a nurse executive. The program is key to meeting the core objectives of executive nurse leadership that are outlined in the Nurse Executive Capability Framework. It is different from other programs as it brings people together into a residential environment and delivers a masterclass forum with contemporary leaders in the country, who participants would not otherwise have access to.

What can participants expect from the Nurse Executive Leadership Program?

This program will be a career accelerator; participants will learn how to influence, business case, lead professionally, accept challenges and critically reflect. Participants will develop skills to speak publicly, engage with the media and build their personal and professional brand. The graduates of the program will experience challenges in a safe environment allowing them to think in unique and different ways. Some of the areas that will be covered include:

- Climate change
- Economic growth
- Workforce planning
- Policy leadership.

What career pathways does the program create for alumni?

Graduates will have exclusive opportunities to network with some of the highest-profile nursing leaders in our country in both academia and industry. I expect they will go on to be Executive Directors and Directors of Nursing, if they are not already. If they already have those positions now, then they are going to develop themselves further in that position. I am also looking for nurses to populate leadership positions in the broader health care sector; when nursing leaders hold CEO and Director General type positions, our profession can exert even more influence. I am confident that the graduates from this program will be able to lead our profession safely and securely through to 2030 and beyond.

Are you in, or aspiring to be in, a nurse executive role? Visit acn.edu.au/leadership to download the Nurse Executive Capability Framework and learn more about the Nurse Executive Leadership Program.



Alison McMillan MACN at the Australian Embassy in Japan as part of the Australian medical assistance team for COVID-19

Coronavirus:

The critical role nurses play in an outbreak

As Australia continues to grapple with challenges – severe bushfires, deluge of rain and floods and more recently, the coronavirus outbreak, nurses continue to do what they have always endeavoured to do – provide the highest quality of care and reassurance to the communities they work in.

We recently spoke with Alison McMillan MACN, who was appointed the Commonwealth Government Department of Health's Chief Nursing and Midwifery Officer (CNMO) in November 2019, to discuss her work and the vital role nurses play in a global health emergency such as coronavirus.

As the Commonwealth CNMO, Alison delivers high-level policy advice to the Minister for Health, the Executive and staff within the Department of Health and represents the Department at national and international levels.

On her experience in the role so far, Alison says, "It has been extremely positive, I've been made to feel very welcome. It's clear within the Commonwealth Department of Health that this organisation values the contribution that nurses and midwives give to the health system."

She adds, "The CNMO role in the department is a member of the Australian Health Protection Principle Committee (AHPPC) which is the key inter-jurisdictional decision-making body for these types of outbreaks. Now, we have a novel coronavirus (COVID-19) plan and it's a critical component of that planning process. I'm a member of AHPPC and contribute to daily meetings around the response to the outbreak."

Alison has extensive knowledge of the Australian health system and a detailed understanding of the contribution that nurses make. In addition, she has a history of working in a health emergency management in Victoria for several years, so she brings a range of skills and knowledge and expertise to those discussions.

Most recently, Alison was part of the team that worked to repatriate Australians aboard the Diamond Princess cruise ship in Japan. Her previous experience leading teams during disasters abroad includes Deputy Team Leader, Australian Foreign Medical Team in Banda Aceh, Indonesia, in 2005 following the Indian Ocean Tsunami, Nurse and Midwifery Team Leader for the Australian Medical Assistance Team (AUSMAT) deployment to Vanuatu following Cyclone Pam in 2015 and advisor to the Ministry for Health Fiji on behalf of the Australian Government following Cyclone Winston in 2016.

"Perhaps the only difference was that in this case, I was helping people from my own country. But the humanitarian principles of this type of work – helping and supporting people – remain the same," says Alison.

As for nurses and midwives working amid the coronavirus outbreak in Australia, Alison believes that the role they play is critical. "Nurses are the frontline workforce across the sector – in acute, aged care and in primary care. It's important for nurses and midwives to keep themselves fully informed and up-to-date with the development of this outbreak. I would recommend they keep checking the Department of Health website where all this information is available, as well

as the website of the Australian College of Nursing (ACN), with whom we are collaborating on the issue."

As they are at the forefront, people often go to nurses as a trusted source of information, says Alison. "So, it's vital that we provide evidence-based advice to the community and whoever else we are dealing with." She adds, "Nurses must be familiar with the emergency management procedures and processes in the organisations they are working in so that they know what the arrangements are, what necessary action they should be taking to protect themselves and their patients or residents in an outbreak."

As the Commonwealth Chief Nurse and Midwifery Officer, does she have a message for nurses? "I work in the areas of nursing and midwifery policy and planning and all of those important areas of the profession. People would be surprised to see the CNMO role being engaged in broader aspects of health and well-being for all Australians, but I'd like to encourage all nurses – as they plan their career – to believe that they can make a very positive contribution in a huge range of settings."

She concludes, "Even though day-to-day I work in an office-based setting with key stakeholders, the skills you develop through your nursing career can be used in all sorts of circumstances. I was able still to be part of AUSMAT, going overseas to support Australians to bring them back from Japan, for example. We need to remember that our skills are transferrable in all sorts of ways that we shouldn't limit ourselves."

Raising awareness of endometriosis



Erica O'Donoghue MACN, who was until recently working as a Clinical Research Nurse at The Richie Centre for Women's Health, Hudson Institute of Medical Research

in Melbourne, talks about representing the Australian College of Nursing (ACN) on the Endometriosis Online Learning Resources Steering Committee with The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). She's currently on a sabbatical to complete her Masters degree.

How did you come to avail of this opportunity?

I have been working and studying in the area of women's health, specifically related to gynaecological conditions such as endometriosis. My previous representation for ACN was for the launch of the Heavy Menstrual Bleeding Clinical Care Standard in 2017. After informing the College of my interests and prior contributions, I was put forward for the RANZCOG Endometriosis Online Learning Resources Steering Committee.

Could you explain what the project was all about?

The Endometriosis Online Learning Resources project responds to one of the aims of the National Action Plan for Endometriosis and is funded by the Department of Health. The steering committee comprises of representation from RANZCOG, The Royal Australian College of General Practitioners (RACGP), The Australian and New Zealand College of Anaesthetists (ANZCA) – Faculty of Pain Medicine, The Australasian College for Emergency Medicine (ACEM), The Australian College of Rural and Remote Medicine (ACRRM) and ACN. The purpose of the project is to produce two resources to raise awareness of endometriosis among primary health care providers. The resources include an online tool called the Raising Awareness Tool for Endometriosis (RATE) and an online training module on endometriosis.

This has been a significant project which initially required a review of currently available resources, guidelines, tools and courses

on endometriosis or endometriosis-related topics. Each committee member was allocated a specific content area to collaborate on within small groups.

A workshop was held to introduce the aims for the project, start to develop the content of the tool and the training module, and to discuss rollout of the project. The project is in the final stages of completion where the release of the online endometriosis training module and RATE will be announced in the coming months.

What interested you most about it?

Endometriosis is gaining more attention in recent years with the launch of the first National Action Plan in 2018. I have been engaged with the endometriosis community through my personal association having endometriosis, having been a committee member for EndoActive and attending key events around the implementation of the National Action Plan. I have also undertaken research activities on the topic of endometriosis through a Minor Thesis for the Master of Advanced Nursing Practice at the University of Melbourne.

What are your main takeaways from this opportunity?

I am able to represent the profession among a highly specialised group of doctors. Committee members are using their individual experience to collectively create a high-quality educational resource. I believe that the achievements of this project, including being able to work across organisations, have enabled the creation of new ideas and a stronger relationship among all health care professionals involved. I would encourage interested members to represent ACN and contribute to an area that they are passionate about.

Are there any issues or benefits for the profession as a result of this project?

The online endometriosis training module and RATE will support all primary health care professionals to deliver appropriate diagnosis and management of endometriosis. This includes nurses who have contact with patients diagnosed with endometriosis or who deliver care to individuals experiencing symptoms associated with endometriosis. All nurses at various levels and settings can

assist towards achieving early recognition and diagnosis for endometriosis patients.

There are still large gaps in research and education in this area. A push to improve patient outcomes involves a more individualised approach in collaboration with a multidisciplinary and specialised team due to the highly varied presentations of symptoms associated with endometriosis. I am confident that there will be opportunities for nurses to offer alternative perspectives that can facilitate improvements in the delivery of care for endometriosis patients.

Why do you think this project required a nursing contribution?

Nurses are in a unique position as they are patient advocates as well as medical professionals where they can play a key role in educating the workplace and the community on endometriosis to promote better patient outcomes.

ACN REPRESENTATION MODULE

To support Fellows and Members who undertake important representation opportunities, ACN has recently launched an online Representation Program Module. All Fellows and Members will be required to complete this module before undertaking any representation opportunity. The module will take you through:

- information about what ACN does
- what ACN Representation is and its benefits
- the roles and responsibilities of an ACN Representative
- the ACN Representation Charter
- information on ACN's policy papers such as White Papers and Position Statements.

To get started, log into your MyACN account and click on 'Representation Module'.

ACN is now offering an Endometriosis and Pelvic Pain postgraduate subject – available as a single unit of study and as an elective from our Graduate Certificate in Acute Care Nursing and Graduate Certificate in Community and Primary Health Care Nursing. For details, visit acn.edu.au/endometriosis-and-pelvic-pain.

Nurses must influence policy development

By participating in the process, nurses advocate not just for their own profession, but ultimately for their patient's well-being

The Australian College of Nursing (ACN) welcomes the opportunity to discuss the changing face of nursing in the International Year of the Nurse and Midwife, as designated by the World Health Organization (WHO) in 2020. It marks 200 years since Florence Nightingale's inception, founder of modern nursing principles and hospital sanitation, and pioneer in raising the societal profile of nursing. The Year of the Nurse and Midwife also provides an opportunity for contemporary nurse champions to highlight the potential of nurses and the problems awaiting nurses in the future through policy and advocacy channels.

While Florence Nightingale's vision and influence improved society's views of nursing in the 1860s, nursing has not since been able to sustain this influence at a policy level (Chankova 2020). While nurses make up roughly half of the world's health care workforce and are responsible for the majority of a patient's direct care needs, they are often overlooked or missing from health policy decisions (Chankova 2020).

The International Council of Nurses (ICN) has consistently asserted that nurses are

uniquely placed to contribute towards health policy because of their level of interaction with patients, their deep understanding of population health needs, and their expert health knowledge and educational background (ICN 2008). As the nation's professional nursing organisation, ACN unequivocally supports this view. Specifically, ACN encourages the view that a 'nurses' involvement in health policy development ensures that health care is safe, of a high quality, accessible and affordable' (Ferguson 2001).

Despite these recommendations as well as nurses' increasing levels of education and exceptional communication skills which makes them ideal candidates for providing well-informed perspectives on public health policy, they are rarely mentioned in health news media (Mason 2018, Olsen 2016). More so, factors such as lack of awareness, education, resources, support and opportunity for involvement in health policy limit nurse participation in policy and politics (Brokaw 2016).

This is reflected in health policy reform that has been detrimental to the nursing profession and has severely neglected the

needs of nurses in the workplace. Health policies across the US, Australia, New Zealand, and Canada have shown that budget cuts associated with reduced nurse staffing have negatively impacted nurse and patient outcomes. Specifically, reduced numbers of qualified staffing with growth in unregulated health care workers have increased nurse workload, decreased job satisfaction, contributed to job insecurity and decreased quality and quantity of patient care (Shariff 2014). In a time of projected workforce shortages, nurses should be encouraged to channel their concerns into health policy and advocacy settings, otherwise issues such as job dissatisfaction, burn-out and staff turnover are likely to occur and continue well into the future.

ACN would like to highlight that it is possible for contemporary nurses to become 'nurse champions' and influence health policy through participation in the policy development process at local, state and federal levels of the health care system. This would include being afforded opportunities for involvement in policy development, education around health



“ Factors such as lack of awareness, education, resources, support and opportunity for involvement in health policy, all limit nurse participation in policy and politics. ”

systems and evidence-based research, and being provided support from mentors and professional nurse organisations around health policy and nurse leadership (Shariff 2014).

At the local level, the power of voicing and sharing personal experiences should not be underestimated (Oestberg 2013), and there are opportunities for nurses to assume leadership roles to engage with councils, committees and elected political officials (Brokaw 2016). Nursing schools are also strongly urged to include health care policy education as part of their curriculum, and to serve as role models to students by participating and driving policy changes using evidence-based approaches. At the state and federal level, nurses can join professional nursing organisations such as ACN, and work with or as elected officials on health-related matters (Brokaw 2016).

In summary, ACN believes there needs to be a professional shift with nurses speaking up and applying leadership to ensure the nursing voice is heard at the local level through to Government. As the nation's largest health care workforce, there is

significant potential for nurses to become active health policy advocates and activists. It is important that nurse involvement in policy is highlighted as a significant factor in informing change for nurses, health care consumers, patients and health care for the better, not just at a local level but at a national level too.

Ensuring that nurses have a voice in the development and implementation of health policy is fundamental to ensuring policies are effective and meet the needs of health care consumers, patients, families and the community at large. It is imperative that nurses acquire the skills in policy literacy, policy analysis, to policy competence.

Tips to engage members of parliament
[acn.edu.au/wp-content/uploads/engaging-your-member-of-parliament.pdf](https://www.acn.edu.au/wp-content/uploads/engaging-your-member-of-parliament.pdf)

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NURSING HISTORY

The International Council of Nurses: An enduring organisation

Last year, 2019, the International Council of Nurses (ICN) celebrated its 120th anniversary. The world's first and largest international organisation for health professionals, with over 130 national nursing organisations representing millions of nurses, has influenced the development of professional nursing.

Its actions are built on three pillars: professional practice, regulation and the socio-economic welfare of nurses.

Championing the new profession of nursing

It was a hot and very dry summer in Great Britain when on 1 July 1899 'the international nursing idea' took hold at the Annual Conference of the Matrons Council of Great Britain and Ireland. This followed the 2nd Congress of the International Council of Women which had included a nursing section. After attending the Congress, Ethel Fenwick, founder of the British Nurses Association (BNA) in 1887, presented her views on professional education and organisation of nurses throughout the world and the need for an international mass of nurses to implement this agenda.

Ethel was already a campaigner for higher education standards and the state registration of nurses – at 24, she was appointed Matron of St Bartholomew's Hospital in 1881 where she made changes to nurse training. As President of the British Nursing Section for the World's Columbian Exposition held in Chicago in 1893, Ethel met with American nurse leaders and the seed was sown.

At the meeting of the Matrons in the rooms of the BNA on that historic July day, Ethel

proposed that steps be taken to organise an international council of nurses. Lavinia Dock from the USA became the secretary, a position she held for 22 years. The next meeting, held in 1901 in Buffalo, New York, during the Pan-American 'World's Fair', was the first official meeting of the ICN and its first Congress. Ethel was elected President and by 1904, the three lead countries – Germany, Great Britain and the United States – were ready for federation.

Australian connections

Australia became a member only by the 1930s. At the foundation ICN meeting in London, two nurses from the Australian colonies were present as honorary members of the Matron's Council – Susan Bell McGahey, matron Prince Alfred Hospital and Martha Farquharson, matron of Melbourne Hospital at the time. Both had trained as nurses in England. Susan became a member of the Provisional Committee of the proposed ICN, co-founded the Australasian Trained Nurses' Association (ATNA) the same year, and was elected the second President of the ICN (1904–1909).

The establishment of the Australian Nursing Federation (later RANF) in the early 1920s heralded the opportunity for an Australian membership to engage fully. A delegation of five members representing the mainland states attended the ICN Congress in London in 1937 when Australia was admitted. The group was led by Jane Bell, president of the Royal Victorian Trained Nurses' Association and included EM Paten who later became a president of both the RANF and the College of Nursing Australia (CNA), AM Walsh who became the second president of the CNA, IS Hall, matron Newcastle Hospital and foundation member of the CNA, and L Daw, matron of Adelaide Hospital.

It was 40 years later that Olive Anstey became the second Australian nurse to be elected President of ICN (1977-1981). Olive, from Western Australia, had a significant professional history with membership of many progressive Committees, and was awarded a CBE.

In 1961, the 12th Quadrennial Congress was held in Melbourne with preliminary meetings held in New Zealand. Over 3,000 nurses attended from 63 countries, a significant increase from the previous congress. It wasn't until 2013 that the next Congress was held in Australia, once again in Melbourne. This marked the end of the term of the then President of the ICN, another Australian nurse, Rosemary Bryant AO. Rosemary was the Commonwealth Chief Nursing and Midwifery Officer during her term.

During the 1960s, Mary E Patten, who was later elected as Federal Secretary of RANF, held the position of assistant director of the Social and Economic Welfare Division of the ICN (1963-1966). In the same decade, an international competition was held by the ICN for the development of a Pledge to be used at graduation ceremonies in nursing schools. This was to be based on the ICN's International Code of Nursing Ethics, which was first adopted in 1953 after World War II. The prize-winning entry was awarded to Gwenyth Woodberry, a graduate of the Royal Hobart Hospital and a Sister Tutor graduate of the CNA under the auspices of a Florence Nightingale Scholarship.

International Nurses Day – 12 May

There are many other facets to the ICN which are beyond the scope of this article. For example, its establishment within the context of women's suffrage; the Florence Nightingale International Foundation (FNIF)

“ Australia became a member of ICN only by the 1930s. At the foundation ICN meeting in London, two nurses from the Australian colonies were present as honorary members of the Matron’s Council – Susan Bell McGahey and Martha Farquharson. ”

established in 1912 as a living memorial to Florence in the form of an endowed foundation for post-graduate nursing education, and the Committees founded in Australia; and, the official relationship with the World Health Organization (WHO) since its establishment in 1948.

However, late autumn in the southern hemisphere brings with it a focus on nursing with International Nurses Day (IND). It was in 1965 that ICN created the idea of international commemoration annually on her birth date. A theme reflecting ICN’s goals is set each year. In 2020, the Year of the Nurse & Midwife, the theme is *Nurses: A Voice to Lead – Nursing the World to Health*.

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A souvenir badge from the first congress held after WWII – held in Atlantic City USA



Picture postcard from the 1965 Congress held in Frankfurt



A special aerogramme issued by the Australian Post Office for the Congress held in Melbourne in 1961

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ETHICS MATTERS

Codes of ethics as champions in nursing

The year 2020 has been designated by the World Health Organization as the Year of the Nurse & Midwife. It also happens to be the 200th anniversary of Florence Nightingale's birthday, who's famous for nursing reforms in mid-19th century England.

Consistent with the theme for *The Hive*, this edition of *Ethics Matters* will describe codes of ethics in nursing as past (and current) champions of the profession. Codes of ethics have been described as reflective of the 'shared' and 'fundamental' values of the profession (Oulton 2000; Sellman 2011). Some of the shared values have changed over time as societal expectations of women as nurses has changed but some 'fundamental' values remain the same. Although the provision of nursing care is as old as time itself, unlike nurses of the Nightingale era, nurses are now regarded as highly trained professionals who for decades, have consistently been judged by the public as the most trustworthy and ethical professional group in Australia (Roy Morgan Research Institute, 2017). Instrumental in this assessment is nursing ethics (however defined) with codes of ethics articulating the somewhat intangible nature

of nursing ethics. For the purposes of this article, codes of ethics are considered to be champions of the reasons nurses do what they do.

The extraordinary weather events of this spring and summer in Australia, notably fire and smoke, hail and floods, and the coronavirus, prompt reflection on the significant role nurses play in these circumstances. As Adjunct Professor Kylie Ward FACN, Australian College of Nursing's CEO has observed about Australia's response to the coronavirus outbreak, nurses are always there for us, providing their expert care and assistance (ACN, Media Release, 2020).

One of the distinguishing features of a profession is that its members are altruistic. Nurses embody altruism as the care they provide is always other-directed, that is, for the benefit of someone else whether as individuals or groups. The ethical value of altruism in nursing is displayed in the selfless care so many nurses are providing in so many settings despite possible danger to themselves. In this the year of the nurse, they exemplify the intangible benefits of nursing: what we usually describe as 'good' nursing.

It could be said that codes of ethics are irrelevant to the profession because 'good' nurses know how to provide 'good' nursing care. In other words, it is what nurses do that counts the most, and we have codes of conduct for that (*Code of Conduct for nurses*, NMBA 2018). That view, however, is outdated because as nursing developed as a profession, it moved away from the notion of nursing as a religious vocation for women and that a 'good' or virtuous woman was also a good nurse who knew instinctively how to act for the benefit of those in her care (Fry, 2004).

In one of his books on ethics, the noted Australian philosopher Peter Singer has posed the question 'How are we to live?'. The answer he gives is 'We can live an ethical life' (Singer, 1993, vii). For nurses, the question is 'How am I to live, as a nurse?' and although the answers will inevitably include personal considerations, for a professional, they also need to be based on that profession's expressed values and they are to be found in codes of ethics.

The currently applicable *ICN Code of Ethics for Nurses* (2012) (the Code) states that 'The need for nursing is universal' and that the 'Nurse's primary responsibility is

“It could be said that codes of ethics are irrelevant to the profession because ‘good’ nurses know how to provide ‘good’ nursing care.”



to people requiring nursing care’. In other words, nurses provide care to whoever needs it, whenever they need it and wherever they are. This fundamental value has remained unchanged for centuries. The Code also states that nurses must demonstrate “professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity”. (Element #1). Contrast these shared values with the following:

- Nightingale’s statement that the nurse ‘must be a religious and devoted woman’ with a ‘respect for her own calling’ (Nightingale, 1859: 1970);
- Or with the so-called Nightingale Pledge where nurses are expected to ‘solemnly pledge myself before God... to pass my life in purity and to practice my profession faithfully...with loyalty will I endeavor to aid the physician in his work’, and to ‘dedicate myself to devoted service to human welfare’ (Fowler and Tschudin, 2006).

Prima facie these two citations show the expectations of nurses as women of the highest moral standards (Nightingale), who

are obedient to the medical profession and who put the welfare of others above themselves (Nightingale Pledge). The latter was written in 1893, but not by Nightingale: it is reportedly still used in North America.

Nightingale believed herself to have been “called” by God to be a nurse, so it is not surprising that religious values permeate so much of the early statement about nursing ethics (or values). As nursing evolved, however, and as society changed, these values of a nurse as a ‘good’ woman also changed. For example, the emphasis in the current Code on nurses as professionals is a shift away from standards of religiously based behavior and values, to that of professionally articulated values and behaviours applicable to both women and men who are nurses.

The history of the development of codes of ethics in Australia is not well-documented (Johnstone, 2016). What we do know though is that as they change, codes of ethics have consistently championed and articulated the intangible benefits of good nursing.

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A LEADER OF CONVICTION, COMMITMENT AND COURAGE

How Patricia Violet Slater OBE united nurses everywhere to redefine the future of nursing education

Patricia Violet Slater OBE was at the heart of the move to develop the nursing profession in the second half of the last century. She was a committed nurse educator, convinced of the necessity of change in nurse education and had the courage of her convictions to act. She initiated and shaped the effort of the profession to upgrade nurse education, forging alliances, gaining consensus and participating in an unprecedented, successful, national political campaign for change.

In the 1950s, when the preparation of nurses fell behind what was required in the work place, nursing standards began to slip. Before the profession could begin to deal with the situation it had to develop capacity equal to the task; qualified educators and administrators were urgently needed to review and reform nurse education. Two colleges of nursing were founded in response to the need, one in Sydney – the New South Wales College of Nursing and the other in Melbourne – the College of Nursing, Australia (CNA), to provide nurses with post basic diploma level education in administration and nurse education. In 1965, Patricia became the Director of CNA.

Nursing education standards became a global concern prompting the World Health Organization (WHO) to establish an Expert Committee to examine the issue. In 1966,

this Committee advised that education programs for nurses should be based upon student needs and the needs of the community; it pronounced some principles for the basic education of nurses and described the characteristics of nurses that education programs should aim to develop (WHO, 1966. p.18, item 4.3).

Pat understood it was not possible to realise this aim under the existing hospital-based system. In order to prepare the sort of nurses envisaged by the WHO Expert Committee, Pat recast student nurses as students only, not as employees. In 1974, she acted, introducing at the College, the first college-based, pre-registration, basic nursing program at diploma level, leading to registration. It was a highly controversial and contentious move that took considerable courage. As the Director of CNA, by now designated a College of Advanced Education, Pat was in a position to enact this change.

The rapid growth of colleges of advanced education throughout Australia from the mid-1960s saw more nursing courses established similar to that at CNA. However, a development in 1972 was not viewed positively by many in the profession, including CNA. In New South Wales a regional school of nursing was opened at the Newcastle Technical School. This move was seen as a retrograde step, reinforcing traditional ideas of nursing and of nursing

education as apprenticeship training. The move ran counter to the aspirations of those in the profession who saw it as critical for nursing to aspire to tertiary level education.

It became clear, from this development and the movement of nursing education from hospitals to colleges elsewhere, that there was a lack of cohesion and purpose in the changes taking place. Pat noted a policy vacuum in relation to nursing education in Victoria and New South Wales; neither government had a policy in respect of the education of nurses (RANF, 1973 p.187). She saw the chance for the profession to take control of the situation and decide for itself how nurses should be educated.

To this end she sought alliances with other nursing organisations and had discussion with the Federal Secretary of the Royal Australian Nursing Federation (RANF), Mary Patten, who favoured the idea of the profession making a stand. Mary arranged for Pat to address the RANF Council on education issues. Pat, pre-prepared, was able to advise the meeting that she was authorised to hold discussions with them on the future direction of nursing education in Australia. The Council supported the idea and a motion was passed to set up a working party tasked '...to provide a document [on nursing education] as the basis for discussion with nurses around Australia' (RANF Council Minutes. 1973, p.187, item iii).



Patricia Slater (right) in her final year of training in 1941. Courtesy of Una, 1 Dec 41, vol 31, p.1

“ In a highly controversial move, Patricia Slater recast student nurses as students only, not as employees. ”

In 1974, the Working Party, comprising representation from CNA - Pat Slater, Florence Nightingale Committee Australia – Sister Paulina Pilkington and RANF – Mary Patten, drafted a document titled *Goals in Nursing Education Part I* that was widely distributed. The New South Wales College of Nursing joined the project and an amended version of the document – *Goals in Nursing Education Part II* – was endorsed in 1975 at a national conference. The final document, *Goals in Nursing Education Policy Statement* was published by all four nursing organisations the next year and distributed to the profession and to state and federal governments and agencies. (Appendix 1.1, RANF et al, 1976).

Having agreement within the profession as to the future of nursing education was one thing, making it a reality was another. It was clear to Pat and others that political action was necessary to convince government to implement the ‘Goals’. A national

steering committee was formed to lobby for political support to implement them. An unprecedented, coordinated, resolute and sustained political campaign followed to gain support at a federal level to effect change in nursing education. A decade later, in 1984, it was finally agreed that all nursing education should be at tertiary level and located in multidisciplinary institutions. The nursing profession showed a rare unity of purpose in support of the ‘Goals’ that still serves as an example of what the profession can achieve when it is united.

The contribution of individuals tends to be lost in collective action such as that recalled in this article. Nevertheless, the work of Patricia Slater is intrinsic to the history of the development of nursing education in Australia and to the radical changes of the era. The conviction, commitment and courage she demonstrated, however, are as necessary for today’s nurses as they have been in the past.

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For 2020 Year of the Nurse & Midwife, The Hive will be dedicated to celebrating Australia's nurses. We are excited to share the following themes with you:

- Winter: Being change champions
- Spring: Identifying future champions

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Thank you to all of our authors!



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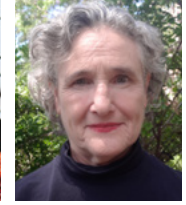
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A nurse, a human rights crusader



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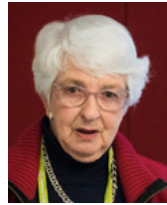
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