

#30 WINTER 2020

the hive

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED



Leading by example

Chris O'Donnell MACN

Safe workplaces: What will it take?

Jacqui Pich MACN &
Susan Hogan MACN

Building a capable mental health nursing workforce

Jenny Hurley MACN

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INSIDE

BEING CHANGE CHAMPIONS



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pocket.”

Angie Monk,
Midwife

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BEING CHANGE CHAMPIONS



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Cover
Christopher O'Donnell MACN

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

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

ACN publishes *The Hive*, *NurseClick*, *ACN eNewsletter* and *Collegian*.



WELCOME

- 02 President's report
- 03 CEO welcome

ACN NEWS & VIEWS

- 04 COVID-19 Workforce Solutions Expert Advisory Group
- 04 Let's Talk Leadership
- 04 Launch of Advanced Nursing Diploma
- 04 Still going NurseStrong
- 04 Supporting nurses through COVID-19
- 04 Enrolled Nurses COI
- 05 International Nurses Day

COLUMNISTS

- 06 Compassion, commitment, care
- 06 A shout-out for champions
- 07 Little steps can lead to big things
- 07 Supporting change champions
- 07 Making vital connections early on

COVER STORY

- 08 Leading by example

BEING CHANGE CHAMPIONS

- 14 Looking back: Nursing trailblazer Nikki Johnston OAM MACN
- 16 A Royal encounter
- 17 Boosting indigenous health workforce
- 18 Building a capable mental health nursing workforce

- 20 At the frontline

REGULAR FEATURE

- 10 Social impact: How social media could drive better care
- 12 Social impact: Making our voices heard
- 22 Distinguished Life Fellow: Christine Smith FACN (DLF)
- 26 Social impact: Inclusivity is key to high-quality care
- 28 Nursing history: The Spanish Flu and COVID-19: Lessons from history
- 30 Social impact: Safe workplaces: what will it take?
- 32 COI: Chief Nursing Information Officers
- 33 Region: New South Wales – Sydney
- 33 Ethics matters: Nursing in the time of COVID-19
- 36 Policy: The role of nurse immunisers in COVID-19
- 38 Opinion: Why values-based handovers are needed in aged care
- 39 Opinion: Nursing: An art, a science or both?
- 40 Novel thoughts
- 41 Representation: Towards a seamless digital health system
- 42 Education: Championing change through education



President's report

PROFESSOR CHRISTINE DUFFIELD FACN
AUSTRALIAN COLLEGE OF NURSING PRESIDENT

At the time of writing we are still battling COVID-19 in Australia but there appears to be a flattening of the curve (The Guardian 2020). Hopefully, this should relieve some of the stress on our health care workers.

Our 'champions in the making' are the many quiet achievers who have been, and continue to be, at the frontline of this pandemic. Our nursing colleagues, in particular, are changing practice and providing a human face to many at their most vulnerable moments; as they turn up for their clinical shifts every day, putting their lives on the line and potentially those of their family, friends and colleagues.

It is important to acknowledge those nurses who are among the 40,000+ former health care workers who chose to re-join the workforce to avert potential workforce shortages (ABC News 2020). In addition, many nurses have transitioned from non-clinical roles to clinical settings to work at the frontline while others have retrained in critical care.

Let's also not forget our nurse managers, faced on a daily basis with supporting staff who are confronted with pain, suffering and death resulting from the pandemic. This is in addition to their roles in transforming and reconfiguring health services in anticipation of what was to come, and upskilling staff to meet projected demands. They did all of this in addition to their usual work but more importantly, while remaining calm and strong themselves and providing the leadership we expect in our profession.

At times, our frontline nurses have faced challenges that have arisen as a result of support they needed but haven't always received; often dealing with these challenges in creative ways. For example, faced at times with a lack of Personal Protective Equipment

(PPE), nurses have designed their own protection, ensuring they and those they are caring for are safe (Sydney Morning Herald 2020).

It is hard to predict in this day of social media who will be champions or when and where they will 'pop up'. Many are quiet achievers like Captain (now Sir) Tom Moore (ABC News 2020) who woke up one morning and thought he would raise £1,000 for the (NHS) by walking around his yard 100 times before his 100th birthday. Within hours, he had achieved his financial goal and subsequently amongst other achievements, he:

- Raised over £58 million (\$61.8 million) for the NHS
- Became the oldest artist to top the UK charts with his hit single 'You'll never walk alone'
- Was promoted to Honorary Colonel by the Queen
- Had a guard of honour from the 1st Battalion of the Yorkshire Regiment at his home at all times
- Had his photo displayed on the Piccadilly Circus roundabout for his 100th birthday

...and he became known throughout the world as a reluctant champion, a quiet achiever.

For most of us being or becoming a champion is probably not a conscious activity. Few of us wake up in the morning thinking 'I am going to change the world'. We may have a dream for how we want things to be. We may approach this with one significant momentous action designed to immediately draw attention to our goal. We may take a small step and start slowly or; maybe like Sir Tom, we have no plan of action in mind, just our goal, modest though it may be. Inevitably, though, the

decision to act or change will move us out of our comfort zone.

People respond to a challenge, a change or a crisis like COVID-19 in similar ways. Some become critics of the behaviours and actions of others; some become victims while others meet it head on – they step up and become champions as nurses worldwide working at the frontline of the pandemic have done. They are leading teams, changing practice, taking risks, providing care selflessly – all with that 'can-do' attitude for which nurses are so famous. This is a hallmark of our profession.

I would like to thank all of you for your extraordinary contribution and innovation in health care in these uncertain times. You are helping us stay safe while also transforming Australia's health and aged care systems every day. There is no way of predicting the legacy you will leave for those in the community who see you as role models and leaders. You are building our reputation as other nurses before you have done.

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Hello!

Welcome to the Winter 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

Here we are, in the middle of a year that has been unprecedented in every way possible. The Year of the Nurse and the Midwife has tested the strength, resilience and dedication of every nurse in Australia and as a profession we have risen to the challenges, even with personal cost and loss to some of our colleagues.

International Nurses Day (IND) was a particularly special day this year for our profession. The Australian College of Nursing (ACN) made history with the Prime Minister and Minister for Health addressing the nursing profession for the first time. Without hesitation both Prime Minister The Hon Scott Morrison MP and Minister for Health The Hon Greg Hunt MP nationally acknowledged the contribution made by Australia's nurses. ACN then called on global world leaders to follow suit and acknowledge the nurses in their countries. In another first, our esteemed Chief Nursing and Midwifery Officers from all over Australia joined us to send their thanks and support to nurses everywhere. And words can hardly describe the pride we all felt to see ACN's Year of the Nurse and the Midwife flags flying on the Commonwealth Avenue Bridge in Canberra during the week of IND—another Australian first.

I am grateful to all the nurses who came together with ACN to celebrate this momentous occasion. The 'socially distanced' celebration might have been different, but it had the same spirit as every other year. I am honoured to be a nurse in Australia and felt a special pride this year, unlike anything I have ever experienced in my career to date.

In continuing the celebratory theme, this edition of *The Hive*, *Being Change Champions* features some inspiring

nurse leaders of our times. None of us are a stranger to the stellar work of **Chris O'Donnell MACN** as a nurse, a leader and an ACN Member, and many of us will identify with his heartfelt account of choosing the profession in *Leading by example*, our cover story.

In reading *Looking Back: A trailblazer's journey*, we are proud to be part of **Nikki Johnston OAM MACN's** professional accomplishments, which followed her win as an ACN Nursing Trailblazer last year. It's a testimonial of the fact that when nurses receive recognition for their work, it can further their own leadership capabilities, as well as the health care system they work in.

This edition also highlights the experiences of those who continue to be champions in exceptional circumstances during the COVID-19 pandemic in *At the frontline*. In these challenging times, I took heart in the sincere tribute offered by members of the English Royal family to Australian nurses in *A Royal encounter*. The gesture was an important acknowledgement of nurses over the world and especially our Aboriginal and Torres Strait Islander nursing workforce.

Last, but certainly not least, **Dr Lexie Brans FACN** in *The Spanish Flu and COVID-19: Lessons from history* draws interesting parallels (and differences) between the current pandemic and the century-old health disaster that infected a third of the world's population in 1918-19. As nurses, we can learn from the past to improve the care we provide to our patients in current times.

As we move through a year that has been exceptionally eventful, unsettling and humbling, I would like to thank each of you for your contribution, connection and

commitment to our profession through our College. It is in our collective wisdom, strength and loyalty that ACN remains fierce in our determination to fight for equality for all nurses in pursuit of professional practice excellence. We know this health system, in all its forms, is crippled without our contribution. This must be respected at the highest levels of decision making. Seeing the injustice in pay equity in some states reminds us we have much more to do before we realise a just world for nurses and universal health care for all those living in Australia.

Warmest regards
Kylie



With Avril Henry at the Let's Talk Leadership event in Canberra in March 2020



With The Hon Greg Hunt MP for a COVID-19 update press conference in April 2020



COVID-19 WORKFORCE SOLUTIONS EXPERT ADVISORY GROUP

In March 2020, an Expert Advisory Group (EAG) was formed by the Australian College of Nursing (ACN), dedicated to removing barriers to nurses delivering care in the community and enable funding and resources that will allow nurses to provide care for people in their homes and via telehealth.

ACN submitted a Statement of Action on Nursing Workforce Solutions in Response to COVID-19 and supporting documentation to the Australian Government. The EAG is working tirelessly in advocating for nursing workforce solutions which remove barriers and ensure community and primary health care nurses can optimally contribute to Australia's COVID-19 pandemic response.

To know more, visit acn.edu.au/covid-19-workforce-solutions



LET'S TALK LEADERSHIP

In March 2020, to celebrate International Women's Day, we were delighted to introduce Ms Avril Henry in this exciting series to highlight the importance of developing collaborative leaders and women in leadership. She is an acclaimed keynote speaker, consultant, coach, mentor and author who is passionate about diversity and inclusion and developing collaborative leaders.

We also kickstarted an exciting new initiative as part of *Let's Talk Leadership* – The ACN Podcast with Ben Jenkins MACN. Throughout the year, Ben, a registered nurse and experienced podcaster, will interview nurses from a variety of backgrounds on topics relating to nurse practice and leadership.

Find the podcast at acn.edu.au/podcast



LAUNCH OF HLT64115 ADVANCED NURSING DIPLOMA

In May 2020, ACN launched the Advanced Diploma of Nursing in four specialties – Acute Care, Aged Care and Individual Support, Critical Care and Perioperative Nursing. This is a nationally accredited qualification which reflects the role of enrolled nurses (ENs) with advanced skills who work in a specialised area of nursing practice.

Entry to this qualification is open to individuals who are currently working in Australia as an EN and hold current registration as an EN without notation with the Nursing and Midwifery Board of Australia.

ACN members are eligible to receive an exclusive 10% discount.

For details, visit acn.edu.au/education/advanced-diploma

STILL GOING NURSESTRONG

The ACN NurseStrong movement has continued to find creative ways for nurses to look after their mental, physical, emotional and spiritual health.

Our NurseStrong Facebook group, which had 1,400 members in January is now 5,500 strong and growing. To help nurses take control of their health and well-being in this difficult time, we introduced a series of Q&A experts among our membership who shared their knowledge and experiences. The first session was with ACN CEO Adjunct Professor Kylie Ward FACN. The next one featured the inimitable Sharon Bown MACN, a military nurse who served in the Royal Australian Air Force for over 16 years, and whose own story of rising from pain and trauma is a source of inspiration to others.

We also released a set of cheerful, inspirational messages for nurses to share with each other that have already been downloaded by over 350 people.

Find out more at acn.edu.au/nursestrong

SUPPORTING NURSES THROUGH COVID-19

To help mobilise thousands of nurses to join the fight against COVID-19, in March 2020, ACN worked closely with the Government, who provided funding for 3,000 scholarships for eligible applicants to complete our Refresher Program for Registered Nurses course.

Through this course, nurses can refresh their knowledge in acute care nursing. It is also ideal for nurses who wish to work in acute care. In light of feedback from ENs around Australia, ACN itself provided a further 500 scholarships for the Refresher Program for Enrolled Nurses.

For details visit acn.edu.au/refresher-programs

ENROLLED NURSES COI

ACN is pleased to announce our newest Community of Interest (COI) – Enrolled Nurses, open to those interested in Enrolled Nursing issues or who were previously an EN. You can join the COI via the *neo* app or through the Regions & COIs tab on MyACN.

Initially, the COI is intended to provide an electronic meeting place (via *neo* and Zoom) where colleagues can network, share information and support each other. Shauna Wilson MACN has been pivotal in establishing the COI and has been appointed as its inaugural Chair.

To join or for details, write to membership@acn.edu.au

EDITOR'S APOLOGY

In the Autumn print edition *Acknowledging Past Champions*, the article *The Greats of Australian Nursing* incorrectly featured a picture of Florence Nightingale instead of Lucy Osburn on page 9. We deeply regret this error and thank everyone who wrote to inform us of it. We would also like to clarify that the error was editorial and not the author's.

NATIONAL NURSES BREAKFAST

INTERNATIONAL NURSES DAY
12 MAY

Celebrating 2020 NURSE & MIDWIFE YEAR OF THE

On May 12, ACN celebrated International Nurses Day (IND) with nurses all over the country. It was a unique occasion in many ways, with 2020 being the Year of the Nurse and the Midwife.

ACN staff celebrated with heartwarming stories of our nurse educators with a special IND breakfast virtual catch-up. The day was made even more momentous, when for the first time in the history of the profession as well as ACN, Prime Minister The Hon Scott Morrison MP and Minister for Health The Hon Greg Hunt MP nationally acknowledged and thanked nurses for their work.

In another first, ACN shared a congratulatory video message from Chief Nurses and Midwifery Officers across all States and Territories with nurses in Australia. They were joined by ACN CEO Adjunct Professor Kylie Ward FACN and the President, Professor Christine Duffield FACN.

ACN also launched the IND webpage as well as the *Proud to be a Nurse* campaign to capture inspiring stories of nurses everywhere. And of course, the celebratory flags that fluttered on the Commonwealth Avenue Bridge in Canberra during the IND week made us inordinately proud of our profession and the profile it received.



ACN CEO Adjunct Professor Kylie Ward FACN, Matt Luther OAM FACN and Nikki Johnston OAM MACN meet with Prime Minister The Hon Scott Morrison MP on International Nurses Day



President Professor Christine Duffield FACN, Kylie and Nikki meet with Minister for Health The Hon Greg Hunt MP on International Nurses Day



ACN's 2020 celebratory flags on Commonwealth Avenue bridge in Canberra in the days leading up to International Nurses Day



Sue Hughes FACN and Jane Springall MACN holding Hobart Mercury featured Jacob Roberts MACN and Region Chair Nancy Arnold FACN on page 4



Northeast Health Wangaratta staff celebrate International Nurses Day with ACN's Year of the Nurse and the Midwife merchandise



International Nurses Day celebrations in ACN's Sydney office



TOMICA GNJEC MACN

A few years back, I attended a clinical ward in-service by one of our then Oncology/Palliative Care Nurse Practitioners, Anne Booms MACN. Her professional and driven focus and passion for the consumer experience really stood out.

Later, I met Anne through her involvement in my father's palliative care management. Day in and out, she delivered the core ingredients of excellent evidence-based health care, with support, respect, advocacy

COMPASSION, COMMITMENT, CARE

and collaboration. That Anne made herself available 24x7 along the final leg of my father's life was an immeasurable and reassuring gesture.

A change champion has been described as an exceptional practitioner, who is driven and passionate about improving quality of care (White 2011). Markham (1998:49) describes a champion as adopting and advocating "the project beyond job requirement in a distinctive manner". Change champions stand as motivators and innovators through proactive behaviours and creative and pioneering ideas (Luz, Shadmi, Peterfreund & Drach-Zahavy 2019).

Many examples exist of commendable achievements

a change champion can accomplish, such as establishing national and international links with the objective of improving collaboration and knowledge sharing in areas such as oncology and palliative care best practice; formulating solid policies and procedures early alongside key performance indicators to support, benchmark and measure an area of specialist care; sharing and supporting of knowledge and goals through several mediums including one-to-one bedside education, consulting in multidisciplinary meetings and attending national/international conferences and meetings. These examples form part of a growing list of achievements in Anne's professional care journey.

In a time of uncertainty, individuals like her re-centre

the focus of care on what matters most to consumers – and ultimately to all of us – 'quality of life'. Today, I wish to acknowledge all the incredible 'Anne Booms' out there. Thank you for your dedication, passion and lead in your important roles as change champions.

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JAMES BONNAMY MACN

Nurses have always been change champions. This role – which may come in executive, managerial or clinical forms – is critical. It is estimated that 50-70% of organisational change fails (Alsher, 2018). This has the potential to impact on staff well-being, patient care and overall efficacy of health care services. Nurses are well placed to improve patient outcomes and health care efficiency. Below are some exceptional nurses leading change around the world.

Associate Professor Philip Russo MACN

As President of the Australasian College for Infection Prevention

A SHOUT-OUT FOR CHAMPIONS

and Control, Associate Professor Philip Russo, Director Cabrini Monash University Department of Nursing Research, leads over 1,200 members. An ageing population, increasing use of technology, emergence of antimicrobial resistant organisms and new infectious diseases, and the paucity of new antimicrobials are areas of change where nurses are ideally placed to lead.

Currently, infection prevention and control nurses across Australia are dedicating all their resources to responding to COVID-19, many working under extraordinary conditions to protect the community. Others are providing expert advice to specialist groups, jurisdictional and Commonwealth bodies on the development of guidelines and policy.

Nicole Pope, Lecturer Monash Nursing and Midwifery, is challenging long-held paediatric

pain management practices to provide children with a voice in care that involves them. Within the Paediatric Emergency Department, she's been using participatory research methods involving young children (4-8 years old), enabling them to draw, write and tell adults about their pain experiences. It was the first Australian study of its kind. She is working to engage children as co-researchers in health care research using innovative methods.

Associate Professor Gabrielle Brand, Monash Nursing and Midwifery, is challenging how we teach health care professionals about mental health. A/Prof Brand has pioneered Depth of Field research, which uses art (photography, radiological images, literature and patient narratives) and powerful visual narratives to stimulate learning opportunities embodied in innovative teaching

methodologies. This research is co-produced with mental health care consumers and their family to recount the honest and raw reality of living and recovering from mental health issues. The resources are being used to teach health care professionals to listen for stories of strength and possibility, to transform traditional, hierarchical health care relationships to ones that focus on recovery centred models of mental health care.

I encourage all nurses and midwives to reflect on their practice, identify areas for change and lead change as part of the largest group of health care professionals with the greatest patient reach.

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LITTLE STEPS CAN LEAD TO BIG THINGS



DR MADONNA GREHAN MACN

Bringing about change in practice can be a real challenge because it's a natural tendency to resist change. Change takes teamwork. In the first place, someone (a champion) makes the case for change. Colleagues and others need convincing that change is a good idea. Someone has to see the change through, however long it takes. It can be a hard road to hoe. Even if an idea is a good one, change doesn't happen overnight.

Australian nursing history is peppered with change champions. In the 1890s, many nurses believed that the public needed to understand the difference between trained and so-called untrained practitioners. They advocated for nursing's voluntary professional regulation and for standardising curricula

in training hospitals. From 1900, nurses and supporters championed statutory regulation of nursing and midwifery. Each change took considerable time, effort and commitment.

Nursing's shift from apprenticeship training in hospitals to pre-registration education in the tertiary sector was just as exacting. Provision of nursing education at university was raised in Australia as early as 1912. Various individuals campaigned hard for this pathway for years, but met stiff resistance. In the 1960s and 1970s, tenacious nurses gradually persuaded their colleagues, the tertiary sector, government, and vested interests, that the change would deliver.

In nursing practice, change can start by asking questions about what we do as nurses, why we do something, how we do it, when and where we do it, and then imagining how we might do it all differently. From a single point of applying critical thinking to everyday practice, it's possible to champion change. Nursing needs champions of change to improve what we do. As the adage goes, from little things, big things can grow.

SUPPORTING CHANGE CHAMPIONS



LAURIE BICKHOFF MACN

Change champions are important in any organisation, but in health care, they are crucial. However, change champions cannot work in isolation. We must recognise the power of those that support and encourage them. Their effectiveness is determined by these people, and it can take moral courage to be the first to join their cause.

From Gandhi to Martin Luther King to The Beatles, history provides many examples of the power of followers. Would any of these people have had the

same influence or impact without their devoted followers? Who will you put your support behind? This is a crucial decision to make.

To choose who to support, we need to explore past those our bosses, the media and society have chosen. We need to look beyond simple popularity, to know the complete message, not just a single sound bite. Not every change champion will deserve your support, but they do deserve the chance to explain why they have chosen to advocate for the change.

It is then your responsibility to use your nursing skills, critical thinking and research skills. Does the change they are championing resonate with you? Do you share their goals? Will their vision become your mission? Will this change benefit your patients and you? If so, speak up and add your voice to the choir calling for change.

MAKING VITAL CONNECTIONS EARLY ON



January 2020 intake of BHS RN graduates



The ACN Welcome to Nursing pack

In the International Year of the Nurse and the Midwife, Ballarat Health Services (BHS), a Platinum affiliate ACN member, welcomed new registered nurses (RN) and enrolled nurses (EN) into the profession through an ACN *Welcome to Nursing* gift pack. Over 130 packs were gifted to RN graduates, postgraduate students and EN graduates of BHS at their orientation.

ACN's support of this initiative of Samantha Gent MACN, Kristee Winters MACN and Leanne Shea MACN, Chief Nurse and Midwifery Officer (BHS), allowed new RN employees exposure to their national professional body from day one. The initiative will also become the driver for BHS early career nurses to be introduced to other likeminded, experienced professionals when seeking out ACN.

The ability to connect nurses to their professional body cannot be underestimated. Some of the many benefits of engagement with a professional organisation include professional growth and honing leadership skills without the need for years of nursing experience.

It is anticipated that many will take the opportunity to become a Member of ACN and reap the rewards and benefits that the progressive and engaging professional membership offers.

AUTHORS	
	SAMANTHA GENT MACN
	KRISTEE WINTERS MACN

Leading by example

A highly regarded nurse champion, Christopher O'Donnell's dedication to the profession speaks volumes through his work



For Christopher O'Donnell MACN, a career in nursing was both a matter of chance and a deliberate choice. Chris hadn't always wanted to be a nurse – in fact, he was on the precipice of a successful career in advertising with a degree in Economics under his belt – but like so many others, it was a personal experience that nudged him towards nursing.

"I always had the feeling that something was missing. But it took my father dying to really question my choices about what was really important," Chris recalls.

A week after his father's funeral, Chris met a couple of people at a friend's party who turned out to be registered nurses (RNs). "I had been in awe of the nursing team who had so compassionately and professionally helped my father and my family. I was immediately impressed by how they described what they did."

"Their stories filled me with a sense of wonder, the sense of fulfillment they spoke about was almost foreign to me in my seemingly soulless world of advertising."

The rest, as they say, is history. Chris graduated from James Cook University Townsville in 2000 and worked all over Australia before leaving for London for six

weeks on a holiday – and staying back for six years! In the UK, Chris became a nurse practitioner, completed his Master's degree, following which he got the opportunity of a lifetime: to go to Iraq with the British Government, working alongside the Foreign and Commonwealth Office and the British Army in Basra.

"It stretched my skills, abilities and life in a way I could never have imagined. My time in Iraq taught me so much clinically, but above any skills I gained, it showed me that like memories, friendships forged in conflict are everlasting," says Chris, whose job was to provide medical and nursing coverage to the 150-180 people on 'his side' of the fence. "Our day would often start at dawn by a wailing klaxon alarm letting us know that a bombardment of mortars and rockets was approaching and would often end the same way. Occasionally, they got lucky and then our work really started. It seems like another life now."

Chris has also spent a considerable amount of time nursing in First Nations communities in places like Palm Island and Doomadgee. "Building a meaningful connection to the communities we provide care for is critical. The connection that you build has to be based on trust – first and foremost – for

me this meant working hard to integrate into the community to understand where I could add value and listening to the pulse of the people."

After returning from Iraq, Chris worked on the Gold Coast as a Nurse Practitioner in Emergency and then began to drive his two interests in advanced practice and clinical innovation, before being offered an opportunity to develop the Nurse Navigator role with the Office of the Chief Nursing and Midwifery Officer in Queensland.

As the Chair of the Advanced Practice Community of Interest (COI), Chris and his team work to provide opportunities for members to enhance their knowledge, identify best practice and major policy developments. In December 2019, the COI launched their White Paper *A New Horizon for Health Service: Optimising Advanced Practice Nursing* at the Parliamentary Breakfast in Canberra, which aims 'to shine a light on the full scope of practice required to enable transformation of our profession to meet the emerging needs of the communities we serve'.

Chris adds, "Time and time again, despite a mountain of evidence, many nurses work well below their skill level and are wastefully

ONE NURSE, MANY ROLES

AS STATE CHAIR OF QLD

NurseStrong ZoomCast: A concept aimed at helping nurses counter the risks they are facing as part of the COVID-19 pandemic, support their health and well-being and driving social connection using the Zoom platform.

AS CHAIR OF ADVANCED PRACTICE COI

1. Chris is the ACN Clinical Lead for the National COVID-19 Clinical Guidelines Taskforce, which brings together peak health professional bodies whose members are providing clinical care to people with COVID-19.

They are undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, evidence-based

guidelines that address questions specific to managing COVID-19 and cover the full disease course across mild, moderate, severe and critical illness.

2. Clinical Expert Group for the Primary Care Nursing response to COVID-19

Currently, RNs are the only professional group in health care that do not attract Medicare funding for the specific services that they provide. Nurses who work in General Practice receive vicarious funding via GP MBS provision. This has an economic and social impact on our community, and subsequently on Australia's health care system. Chris is working with ACN to make proposals to the Commonwealth to remove barriers to nurses delivering care in the community.

VALUE BASED HEALTH CARE GROUP

Involved in developing a White Paper that demonstrates the pivotal role 'nursing care' can contribute to Values Based Health Care (VBHC) in Australia. The VBHC Working Group conducted a thorough investigation of the international and national literature around the defining principles of VBHC, and its implementation with measurable outcomes across a range of health care settings, departments and disciplines. This White Paper discusses how the Australian State and Territory governments can increase the financial sustainability and quality of health care by evolving funding models and enabling the nursing workforce to focus more on 'value'.

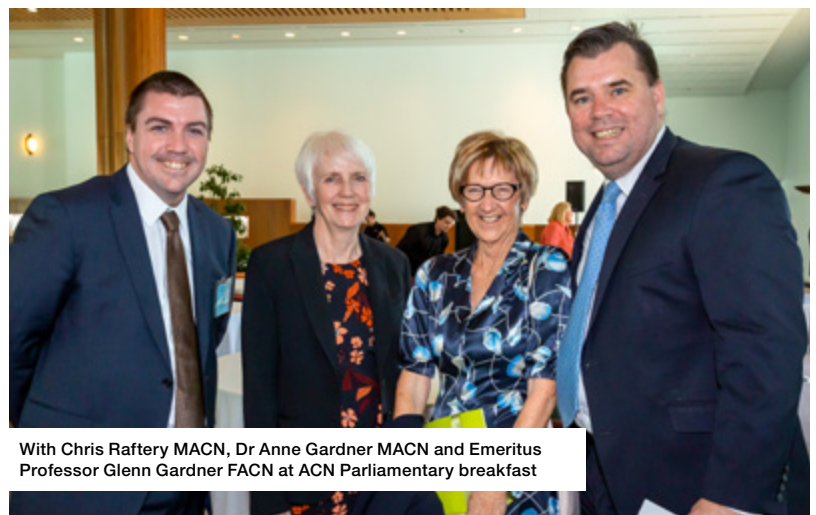
“I had been in awe of the nursing team who had so compassionately and professionally helped my father and my family”

underutilised. A change is long overdue. The challenge for nursing is to embrace this need for change and to drive it as the leaders of health care that we are.”

Currently, Chris is involved in numerous projects in a variety of roles. A true champion of change, he wears many hats with visible success. On how nurses can help advance the profession, Chris remarks, “We must begin to speak with one voice. Nurses are consistently recognised as the most trusted and ethical profession. Why? Because we put the interests of our patients and our community first and we don't shy away from having the difficult conversations. It's time we had a conversation about the sort of health care system we want to have, one that has the right clinician, giving the right care, to the right patient at the right time and most importantly at the right price. It's going to take leadership and bravery, something I know nurses have in spades.”



ACN Policy Summit



With Chris Raftery MACN, Dr Anne Gardner MACN and Emeritus Professor Glenn Gardner FACN at ACN Parliamentary breakfast

HOW SOCIAL MEDIA COULD DRIVE BETTER CARE

Benjamin Hay MACN talks about SMARTcare, his award-winning initiative that engages students with academics and industry experts using social media

Social media and technology are powerful tools, but their use within the nursing profession has been an ongoing issue across most universities. For new students, especially, who are entering health care professions, to learn what constitutes professional behaviour online can be challenging. Nursing students learn that they operate under specific regulations for the profession, industry and within the law.

“Educating students about professional online behaviour within these regulations can be challenging for academic nursing staff. However, rather than using ‘scare tactics’ on the dangers of using social media and technology negatively, we chose to demonstrate and highlight the positives as well as the potential challenges in their use,” explains Benjamin, A/Assistant Dean & Undergraduate Program Coordinator and Senior Lecturer at The University of Notre Dame Australia, who spearheads the initiative.

“Social media and technology can be useful for nursing for finding evidence-based practice; for networking and engagement with mentors and organisations, and much more. We hope to encourage new nurses to be responsible digital citizens online. They

can do that if we encourage them to create a professional social media profile and learn from mentors and leaders as part of the SMARTcare initiative. The SMARTcare seminar series recognises the importance of effective and ethical digital literacy and ties into their learning outcomes within their degree.”

What is SMARTcare?

It’s an initiative that innovatively aligns within a first semester health communications, research and informatics course to enhance student learning and engagement through coupling SMART technology such as smartphones and social media, with health topics and pastoral care.

First envisioned by Dr Peter Carr, an academic within the University’s School of Nursing & Midwifery, SMARTcare was founded by him as well as Benjamin and his colleagues, Professor Karen Clark-Bug MACN and Dr Ainslie Robinson. Benjamin recently received an Australian Award for University Teaching (AAUT), a national level award that recognises quality teaching practices and outstanding contributions to student learning.

SMARTcare seminars, which have been running biennially since 2013, link students with industry professionals through social media networking. In

addition, they engage ‘students as partners’ for mentoring others and providing ongoing leadership and engagement by industry experts and academics. Students mentor their peers in the planning stages between each seminar, which results in high engagement and involvement in the learning and student leaders meet regularly with academic staff for mentoring and planning of each event.

Each seminar, co-designed by students and academics, incorporates expert speakers that link with the Social Media Application/s for Research and Teaching (SMART) themes; opportunities for mentoring and networking through engaging and connecting with organisation representatives face-to-face and through the online links, and professional social media sites promoted during the event and in the interactive online programme.

For students, by students

Clearly, the seminars have major involvement from students. “In planning for SMARTcare, student leaders canvas ideas for speakers and topics linked to the seminar themes through online polls to the student cohorts. Because students were so keen to hear from speakers on these topics and they could affect the



Dr Benjamin Hay MACN and the team from the NDNS

direction of the events, there was high attendance and engagement. In addition, students mentored in the first year by their colleagues would then have a leadership and mentoring role for a SMARTcare event in their final year,” says Benjamin.

“The co-organised focus of SMARTcare also fits within my philosophy for teaching in that students graduate in a short space of time (three years), and then they are our colleagues in industry. They also are likely to look after our loved ones (and us!) as future health care professionals, so it is a huge responsibility to ensure they have high quality of learning and experiences such as SMARTcare that helps to shape them as health care leaders and mentors and most importantly, compassionate and caring nurses.”

One of the many benefits, he adds, has been better relationships with industry leaders and organisations for the school and for students/alumni to connect. “Some organisations have been grateful for the exposure at the seminars, stating they previously hadn’t had the opportunity to engage with so many keen students and alumni considering a career path within their specialty. Leaders from these organisations are encouraged to network and engage with the attendees of SMARTcare so they connect online and

face to face for mentoring and advice on career pathways,” he says.

Nursing students are also able to broaden their sights to consider non-traditional career opportunities. “Many students heading towards graduation apply to the larger hospital sites as they seem to have most of the graduate programs available. With SMARTcare, though, students were keen to explore broader options that may be available to them in heading towards graduation or as options they could work towards during their current study,” Benjamin says.

“Students and graduates were also interested in overseas opportunities, so guest sessions and interactive booths included National Health Service (NHS) Grampian in Scotland for graduate programs, for example. Students can engage with leaders from different areas to discuss pathways to specific specialities and opportunities they can engage in, apart from those in a traditional hospital setting.”

“I am so proud of our students and graduates and the amazing Notre Dame Nursing Society in co-organising these events over the years. They wouldn’t be so successful if it wasn’t for their engagement and involvement, so I am very grateful to everyone who has taken part in these events,” Benjamin concludes.



MAKING OUR VOICES HEARD

Since its launch, the Men in Nursing campaign has clocked many a milestone, highlighting the contribution that men make in the nursing profession

In the last 12 months, the Men in Nursing campaign has gained momentum. The Working Party has achieved several new milestones, and continues to work to address the issues surrounding the shortage of men in nursing. The Working Party consists of Members of the Australian College of Nursing (ACN) from across the country, including both men and women from diverse backgrounds, right from those working at the frontline through to managers and executives.

The Working Party:

- Has developed key documents, such as the Men in Nursing Strategic Plan
 - To promote public awareness of Men in Nursing
 - To promote and support gender equality within the nursing profession
 - To address barriers and perceptions of men in nursing
 - To promote the role and valuable contribution men make within the nursing profession
 - To increase the prolife of men and their contribution within the nursing profession
- Is developing Workforce and Education Institution Engagement resources, which will be used as proposed guidelines

to best support men within their organisation

- Is partnering with external organisations
- Has developed the Men in Nursing webpage
- Has created inspirational video content
- Was featured on the ABC 7.30 Report on ABC National Radio.

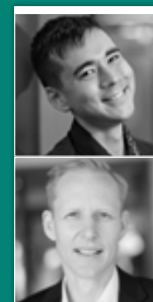
The ABC 7.30 Report is an excellent example of how the role of men in nursing is becoming a prominent discussion point in everyday conversation. It shows how the momentum for the Men in Nursing campaign is growing, highlighting how we need to continue to be out in the community and speaking about our causes. Overall, the feedback from the members of the public has been very positive. We were delighted to see Kazuma Honda MACN, Daryn Mitford MACN, Nick Hayward MACN and Lee Poole MACN as role models from the Men in Nursing campaign.

ACN has also created heartwarming and inspirational videos that feature the working party members who have shared thought-provoking stories about their journeys as nurses and the contribution they make to the profession. We urge everyone to view these stories that are available on the ACN website.

The members of the Working Party will continue to support Australians in understanding modern nursing and all that we as nurses do, while removing barriers and stigma associated with gender in nursing. The Working Party is developing resources that will support all who choose a career in nursing while addressing the specific challenges faced by men.

The current COVID-19 pandemic has put many of these in person activities on hold for now. However, the Working Party continues to work in the background to promote diversity, equity and a socially accepted idea that it is ok for men to care.

In these uncertain times across the world, it is even more important that we celebrate nursing in all that we do, no matter who we are or where we work.

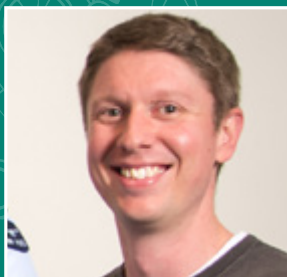


AUTHORS

LUKE YOKOTA MACN

LEE POOLE MACN

“ The Working Party is developing resources that will support all who choose a career in nursing while addressing the specific challenges faced by men ”



Kazuma Honda MACN, Daryn Mitford MACN, Nick Hayward MACN and Lee Poole MACN, who were featured on the ABC 7.30 Report



Check out inspiring stories of men in nursing at acn.edu.au/men-in-nursing

LOOKING BACK: NURSING TRAILBLAZER NIKKI JOHNSTON OAM MACN

A year after she won the Inaugural Health Minister's Award for Nursing Trailblazers, Nikki Johnston OAM MACN talks to ACN about the doors the Award opened for her

In 2014, Nikki Johnston OAM MACN was given funding for one year as a Nurse Practitioner for a data pilot research project, which would educate staff about death and dying, and how to recognise people who were dying or were at the risk of dying without a plan. This intervention was titled *Palliative Care Needs Rounds* (PCNR). The pilot was a success, and progressed to a trial *INSPIRED: Integrating specialist palliative care into residential care for older people*.

The INSPIRED trial resulted in The Hon Greg Hunt MP awarding Nikki the Health Minister's Award for Nursing Trailblazer in 2019. The Australian College of Nursing (ACN) collaborated with Minister Hunt to launch the inaugural Health Minister's Award for Nursing Trailblazers in 2019 to recognise the vital role nurses play in transforming our country's health and aged care system.

Then and now

"Winning that Award was the highlight of my nursing career," Nikki says. "Since then, we have the results from our randomised controlled trial published in international peer reviewed journals. The ACT government has recognised the worth of our model of care and allocated \$1.6 million

funding. Instead of having two palliative care nurse practitioners (PCNP), we now have five – that's exciting!"

In the trial, Nikki's team studied the PCNR model of care, which proved a significant cost savings of \$2.5 million. "Thanks to that impact, the Government decided to invest in nursing," says Nikki, adding, "Nursing can improve care in the right place. We improved the ability for residential aged care staff to care for people in the last years of their life, improve the quality of life and dying in residential aged care. People could die in their preferred place of death and we were able to reduce avoidable hospital transfers through educating staff and residents and families about the burden and benefit of hospitalisation."

Since winning the Trailblazer Award, Nikki says that there's been a big community reach, and the model has seen a ripple effect across 29 residential aged care facilities. "That's thousands of residents and staff that this model has affected positively," she says.

Currently, the team has finished recruiting for the new position. The roll-out has started and will be finished by the end of the year. As part of their response to COVID-19, Nikki and her team have had to



At the Royal Commission into Aged Care Quality and Safety hearing

trial telehealth and video-conferencing, both resulting in success. "Before the pandemic, we were only doing the PCNR in 12 sites across Canberra, now we've extended it to 29 facilities."

"We're also trialling the PCNR model within the University of Canberra Hospital as part of their response to COVID-19. They have a ward that has people coming from the main hospital who are awaiting nursing homes.



Nikki with Prime Minister The Hon Scott Morrison MP, CEO Adjunct Professor Kylie Ward FACN and Matt Luther OAM FACN on International Nurses Day

So, we're basically planning and anticipating what is going to happen to them before they leave the hospital. COVID-19 has given us an opportunity to trial our service and model in a different way. It's been an exciting learning curve," she adds.

New opportunities

Receiving the Award has opened up other opportunities for Nikki. "I've had the opportunity to put in a solution-focused submission to the Royal Commission into Aged Care Quality and Safety, when I was asked to be an expert witness. That solution-focused statement is also rolling out nationally."

Nikki has also been made part of the Clinical Leadership Forum – the only nurse appointed – that sits under the ACT Health Minister. Highlighting the importance of the Trailblazer Award coming from the Federal Health Minister, Nikki says, "Getting recognised for work well done actually translates into nurses getting a seat at the table. When we recognise nurses, governments start taking notice too."

She adds, "I've been able to link to the Australian College of Nursing and let the Forum know about the leadership program and management education to get more

nurses in ACT doing those leadership programs. Having had a seat there now, I think it's so important for nurses to have a voice."

Nikki was appointed as a keynote speaker at the Tasmanian Nursing and Midwifery Conference in February – an opportunity she says came directly out of the Trailblazer Award.

Being a Trailblazer Award recipient also helped the project with publicity. "As nurses we're scared of being well-known or being publicly acknowledged for our work. But we have to stop being afraid of it, of voicing our opinions. Unfortunately, we aren't taught to be media-visible and it hurts that we think we're just 'doing our jobs' and not something amazing."

Milestones

Nikki and her team received the Team Excellence Award for the INSPIRED project at the HESTA Australian Nursing & Midwifery Awards in February. She also received the Nurse Practitioner Mentor of the Year Award from The Australian College of Nurse Practitioners in late 2019; and her team received the National Palliative Care Award from Palliative Care Australia in August 2019 for Innovation in Palliative Care.

Nikki counts the team's work getting published as another one of their major accomplishments. "We had our work published in the prestigious, international peer-reviewed *Journal of Geriatric Medicine and Gerontology and Palliative Medicine*. "These aren't very easy journals to publish in and I'm very grateful to my research team who worked hard to get that done."

Way ahead

"So many people have asked us how they can implement this model in their workplace. We are in the middle of developing an implementation package that will include videos and manuals," Nikki says.

Talking about the challenges on the way, Nikki says, "One of the hardest things for nurses is that people don't value nursing. Nurses can miss out on the opportunity to be leaders. Having the 'I've won the Trailblazer Award' helped me get a face-to-face at the Royal Commission, I'm pretty sure it helped me get on the ACT Leadership Forum too."

"We need more recognition for nurses and nurses in turn need to remember that they are amazing, they have great ideas for improving care and increasing equity of access to care."



(L-R): Tahnia Ah Kit, Renee Blackman and Leeona West

A ROYAL ENCOUNTER

Three nurses from Gidgee Healing talk about the unforgettable experience of discussing nursing with members of the Royal family

International Nurses Day (12 May) this year, being the Year of the Nurse and the Midwife, has indeed been special.

For three nurses – Renee Blackman, Leeona West and Tahnia Ah-Kit – it has been rather unforgettable and for good reason. The trio from Gidgee Healing, a community health centre in Mount Isa, Queensland, were invited to speak with Sophie Countess of Wessex and Catherine Duchess of Cambridge on the day to congratulate them on the occasion as well as acknowledge their efforts in response to COVID-19.

“A contact in the Office of the Chief Nursing and Midwifery Officer (CNMO) asked us if we’d like to talk to representatives from Nursing Now, who wanted the interview with members of the Royal family to be with nurses working in Aboriginal Primary Health Care,” says Renee, CEO of Gidgee Healing and a member of Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

Renee, in turn, asked Leeona if she could “do her a favour”. “Turns out she was doing me a favour,” Leeona says. “It was such a memorable opportunity to represent Australian nurses and midwives and Aboriginal and Torres Strait Island people at an international level such as this.”

Tahniah, who in her own words, is a “fan of the Royal family” remembers being in shock. “When she asked me, I said yes, but I had no idea who we were interviewing with! I almost turned down the opportunity to be with family

in Townsville. When Auntie Renee told me who was interviewing us, I was in complete shock. And then I remember screaming into the phone and her having to calm me down.”

It was excitement mixed with nervousness for all three. Renee says, “We were so nervous we mixed up the time difference and ended up appearing for ‘the interview’ a full 24 hours in advance! We laughed about how it was great to have a ‘dry run’.”

“How could we not prepare?” says Tahnia. “I practised talking to family, friends – even in front of the mirror!”

Ahead of the interview, Leeona recalls writing notes on their cultural responsibilities as an Aboriginal registered nurse and a traditional land owner, ensuring that they acknowledged the Kalkadoon people before commencing the interview. “I was excited because I’d watched them both on TV, paying tribute to health care workers and sharing their experiences of the lockdown.”

As for the actual conversation, Renee says it was nerve-racking at first, but the members of the Royal family put them all at ease. “We acknowledged country and our traditional owners of all the country we work on and where we were from, I think that was special. Being able to talk to the Royal family about how privileged we feel working as nurses in the communities we love was special.”

Renee adds, “We discussed two points. The benefit of both an Aboriginal Community Controlled Health Service and a Hospital

and Health Service working together for better outcomes for Aboriginal people in our community. This was a good part of the discussion as we had both Gidgee and NWHHS (North West Hospital and Health Service) representation speaking to it. We also wanted to highlight the real issues people are facing in the rural and remote setting in relation to mental health, especially during COVID-19 and additional restrictions and precautions.”

All three nurses agreed that the Royal family was extremely responsive and respectful. “They were both very genuine and caring to the challenges discussed. Their gratitude to the nursing and midwifery profession was very sincere,” Leeona says.

The video interview, which was talked about in the mainstream media quite a lot, definitely put them in the spotlight. “It has surely attracted some attention to our efforts out here west of the great divide. We valued that most of all, as most of the effort being spoken about in the national news related to COVID centres around city centres, it was nice for the bush to be highlighted,” says Renee.

She concludes, on behalf of all three, “I have always been one to just get on with the job, and nursing is a profession that gives me that opportunity. COVID-19 has highlighted our importance in a functional health service, but it has also highlighted nurses’ contribution in a crisis. We are proud to be part of a profession that is trusted and hardworking.”

BOOSTING INDIGENOUS HEALTH WORKFORCE

Improving education, recruitment and retention of Aboriginal and Torres Strait Islander health workers is key to better health outcomes

It has become somewhat old rhetoric to most who work in health in Australia that the Aboriginal and Torres Strait Islander population faces poorer health outcomes than that of their non-Indigenous counterparts. It is also something that I have found throughout my career that a majority of health professionals have come to accept as the norm. The general consensus within the mainstream health care system has often been to blame 'poor lifestyle choices' and to suggest they work to resolve them.

Understanding that these poor health outcomes are not necessarily a result of poor choices but socio-economic factors and social determinants of health is key to improving health outcomes for people in the Aboriginal and Torres Strait Islander community. It has been my personal passion in life to address these social determinants to improve the health outcomes for Aboriginal and Torres Strait Islander people and communities.

At first, I envisaged that my best opportunity to do so was to become a nurse, working on the frontline directly with the community. The longer I worked as a nurse, the more I saw that this was a band-aid to deeper systemic issues within the health, education and employment sectors.

I then spent the better part of nearly six years working in programs aimed at expanding the Aboriginal and Torres Strait Islander health workforce in Victoria. In this time, I applied for funding to support the creation of a role dedicated to this end within my health service, which is now an ongoing position. I was privileged to have had the opportunity to have chaired two state-wide committees for the Department of Health and Human Services

with the aim of improving education, recruitment and retention of Aboriginal and Torres Strait Islander nurses, midwives, allied health workers and other health workforce employees.

I had always envisioned successful change management to essentially distil down to two factors; capability and accountability. As much as these remain my beliefs to the fundamental success of these programs, I decided to do some research into how to gain traction in a very large mainstream public health environment. A specific change management process called Kotter's 8-Step Change Module I came across seemed to make the most sense to me and how I could impact and inform change from my position in the organisation, which at the time was Nurse Educator.

By the end of my time at the organisation, we had improved our Aboriginal and Torres Strait Islander workforce from being on par with the rest of the state (less than 0.1%) to reach population parity (nearly 1%). What I am most proud of regarding this accomplishment is that we did not reach this milestone by filling the organisation with tokenistic or entry-level roles, but by supporting and recruiting multiple doctors, allied health staff, managers; over one-third of our Aboriginal and Torres Strait Islander workforce comprised registered nurses.

This was done by establishing networks and pipelines, embedding support structures within the HR processes at the organisation and placement coordination within the universities. Scholarship support (both mainstream and Aboriginal and Torres Strait Islander specific) and programs such as cadetships and clinical schools were vital to the success of this program. However, if we really do want to see these programs

reach maximum efficacy in addressing the systemic issues that are causing the health gap, the criteria to be eligible for a majority of these programs is definitely due for revision.

At present, a majority of these scholarships and programs are eligible only for people completing their course full-time and/or people who have never failed a subject. This unfortunately misses the mark for the original purpose of these scholarships, which is to support people who would otherwise not complete their course due to competing priorities. If anything, the inability to participate in full-time study and/or failing a subject only further illustrates the need for supports to allow the student to allocate more time to study.

I am happy to be in a role where I can provide support and advocate positively for people who would most benefit from these scholarships and programs. I have leaned heavily at various points in time on several external stakeholders. None more so than the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), which helped provide some support to me in advising on policy and providing resources. They have also helped to provide amazing levels of support and assistance to my Aboriginal and Torres Strait Islander nursing students through networking and mentoring opportunities.

Sye Hodgman, a member of CATSINaM, is a Registered Nurse and Clinical Educator.



AUTHOR

SYE HODGMAN

BUILDING A CAPABLE MENTAL HEALTH NURSING WORKFORCE

The SA Health Mental Health Nursing Workforce Strategy 2020–2030 aims to create a new narrative for mental health nurses now and in the future

In South Australia, mental illnesses are the third leading cause of disease burden, behind cardiovascular disease and cancer (South Australian Mental Health Commission, 2017).

This calls for a compassionate, dedicated, skilled and capable nursing workforce that works in partnership with consumers and their carers/families. Nurses are vital to the provision of high quality contemporary mental and physical health care that focusses on prevention, early intervention and recovery (Department of Health and Human Services, 2016; Mental Health Workforce Advisory Committee, 2011).

The co-design and development of the SA Health Mental Health Nursing Workforce Strategy 2020–2030 (the Strategy) enables the creation of a sustainable, agile and diverse mental health nursing workforce. Engaging and collaborating with a range of subject experts, researchers, industry partners, consumers and peers to achieve this common goal has resulted in a multi-dimensional, pragmatic and compelling strategy.

Development and co-design process

The basis of informing development of sustainable nursing workforce strategies was to take a multi-faceted, principles and evidence-based approach. Supporting professional development, combined with

strong leadership promoting a healthy workforce culture whilst enhancing education pathways inclusive of clinical and peer support were also recognised as important enablers. Reducing the stigma and discrimination surrounding mental illness faced by consumers and those working in mental health services were identified as priorities.

The process started with the establishment of governance and leadership through the SA Mental Health Nursing Strategic Working Group. The process evolved in stages:

1. South Australia State-wide Mental Health Nursing Collaborative Round Table
2. Review of the international, national and state-based mental health workforce strategies
3. Rapid Review of the Evidence to Advance a Mental Health Workforce Strategy by University of South Australia (Procter, Ferguson and Eaton, 2019)
4. Exploration of education pathways for mental health practice
5. Mental Health Nursing Workforce Survey (SA Health).

Working in close partnership with key stakeholders, including the University of South Australia, allowed exploration and innovation underpinned by evidence in ways to progress the mental health nursing workforce. This was achieved by creating a new narrative for mental health nursing

through new and accelerated education pathways, leveraging from a new leadership program targeting the 'middle' management group within mental health nursing across the South Australian public sector, with the goal of achieving the best mental health outcomes for all South Australians.

About the Model

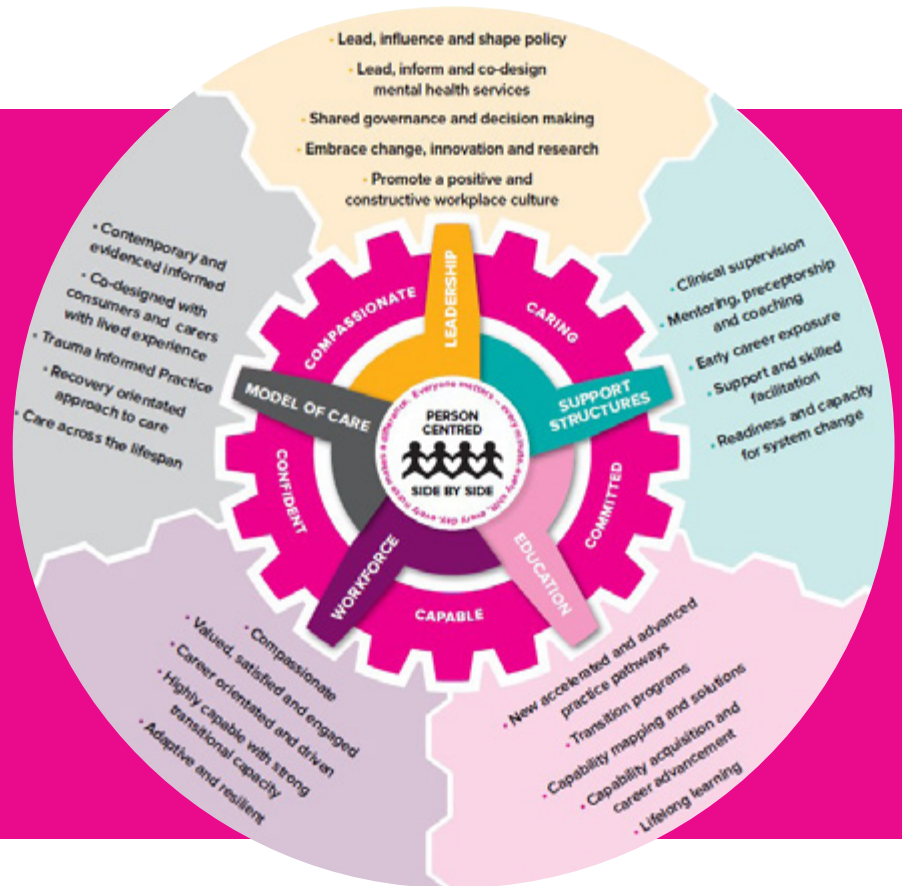
The philosophy underpinning the Model is that *'everyone matters – every minute, every shift, every day, nurses make a difference'*.

'Side-by-side' is central to the Model, encompassing two core themes that when combined construct a narrative towards excellence in clinical and organisational effectiveness:

- As nurses we are side-by-side with consumers and their loved ones; providing supportive nurturance and facilitating strengths-based recovery with dignity
- As nurse leaders we are working side-by-side with new entrants into the profession as well as existing staff to support professional development and promote career progression, whilst simultaneously delivering evidence-based, person-centred care.

The Model and Strategy encapsulate five elements that are the levers for change: leadership, models of care, workforce, education and support structures.

“The philosophy underpinning the Model is that ‘everyone matters – every minute, every shift, every day, nurses make a difference’ ”



These levers, their associated strategies and enablers are the keys to nurturing a compassionate, confident, capable, committed and caring workforce. The Model connects the vision, philosophy and goals that led to the Strategy and its elements – the nuts and bolts of what we want to achieve and how as a ‘cog’ it connects to the wider parts of the mechanism. Importantly, the Model and Strategy recognise and acknowledge that without one part working, the other parts will not work well, or potentially not at all.

First steps to realising our vision

The creation of new and accelerated mental health nursing pathways was an early contributor to the achievement of the objectives outlined in the Strategy. They provide lifelong learning opportunities, including the upskilling of mental health and non-mental health trained and educated nurses. The opportunity to further develop educational needs in key areas will ensure that we have the right skill sets to work in a contemporary person-centred manner. Educational programs that have been implemented that are accessible in addition to the traditional post-graduate diploma in mental health nursing include:

- Mental Health Nursing Professional Certificate (accelerated graduate diploma pathway)

- SA Health Transform Inspire Engage Redesign (TIER) Leadership Program
- Older Persons Mental Health Professional Certificate
- Comprehensive Care Professional Certificate

Conclusion

Mental health nurses are the largest represented workforce in mental health care, and can change the way services deliver care, by modelling strong authentic leaders and in turn, by leading, informing and co-designing mental health services, providing reflective environments for our nurses to grow and learn in.

The development of the Strategy has allowed us to take a deeper dive into what is important to the agility of our mental health nurses. Of course, these changes won't happen overnight. However, there are things we can do in the short term, incrementally realising our vision and adapting as new evidence and practices evolve; certain that we will achieve a capable and confident mental health nursing workforce that is a career choice for future nurses.

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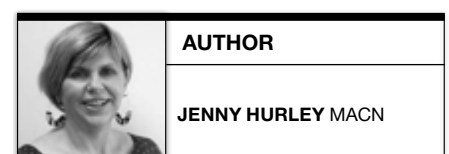
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Adjunct Associate Professor Jennifer Hurley MACN is the Chief Nurse and Midwifery Officer at SA Health.

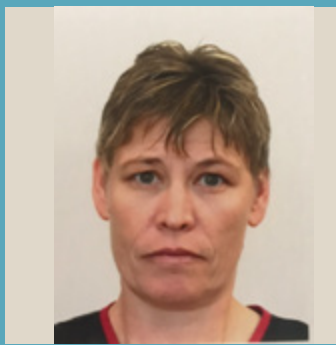


AT THE FRONTLINE

Three nurses share their experience and ground realities of what it's like to battle COVID-19



SUSAN NGUYEN MACN



KIRSTY CUMMINS MACN



JULIE TUCKER MACN

With restrictions in Australia easing and the number of COVID-19 cases on a gradual decline, normalcy appears to be returning to the country. For health care workers, however, it's still imperative to be on guard and remain cautious. The Australian College of Nursing spoke to three Members – Susan Nguyen MACN, Kirsty Cummins MACN and Julie Tucker MACN – who shared with us their experience of working in the time of this health disaster, the challenges they have overcome and how the health care landscape has changed during this time.

Susan is a surgical ward and scrub/scout theatre endorsed enrolled nurse for a private Queensland health care sector; Kirsty is the clinical nurse manager of a nurse-led walk-in centre that was the first COVID-19 screening clinic in the ACT; Julie is a nurse/midwife consultant in a large tertiary hospital in South Australia and sees predominantly women in outpatient inpatient settings.

“My colleagues and I have been provided with timely information and clarity of

policies and procedures, training modules and Personal Protective Equipment (PPE) in regard to caring for COVID-19 patients and managing its spread,” says Susan. She adds, “Some of the plans put in at my workplace include screening people for COVID-19 upon entering the facility, allowing one designated visitor for the patient, limited number of staff in each break room and designating and equipping a ward to care for COVID-19 patients.”

Kirsty, who undertakes both clinical and managerial responsibilities, says, “During the COVID-19 response, my team and I have developed the clinical treatment protocols and assessment pathways for screening and management of COVID positive people.”

She adds that the clinic is prepared for each stage of the pandemic including “introducing GPs into the nurse-led model, redeployment of staff into acute settings, development of telehealth services and the possibility of a response team that may need to provide outreach”. Another challenge is the loss of a usual WiC (women, infant and children) service to the community.

For Julie, as a nurse in an outpatient setting, the way business is conducted has changed. “Many of our services are now delivered by phone rather than face to face. Although challenging, it’s an opportunity to think outside the box. Health professionals have an amazing ability to be creative in terms of delivering care safely and appropriately.” She adds, “We do rely on the non-verbal to assist in assessment and in a phone consultation, it’s difficult to capture nuances and other cues. It’s something that needs consideration and where telehealth options may be of benefit.”

At the time of interviewing, Susan explained that suspension on elective surgeries that were not Category 1 and urgent Category 2 altered the workload for nurses and health care workers (HCWs).

“Because of the cut-off date (1 April 2020), HCWs were pushed through the operations, potentially putting others at risk for the exposure of COVID-19 and utilising limited amount of medical supplies.”

“However, on 1 May 2020, when elective surgeries were recommenced, staff were



“ Staff well-being, especially their mental health, as well as resurgence in large numbers are still areas of concern ”

asked to follow full PPE guidelines, recovery and discharge nurses adhered to policy of wearing N-95 masks and anaesthetic teams practised fully concealing the removal of intubated device to help reduce spread of COVID-19 particles.”

Susan relates her own personal experience where in one instance, absence of PPE while working on a ‘low-risk’ case was a source of distress, especially when she had to go back home to her 20-month-old baby and her partner. “With my nurse in charge’s advice, I resorted to double mask and used a spotter to make sure I was well covered prior to giving patient care. Although I did my best to consolidate nursing care to minimise exposure of the virus, there were times when the patient accidentally pressed the nursing buzzer, and I had to perform the whole process of donning and doffing just to turn off the buzzer.”

“When my shift ended, I had second thoughts about going home that night. Spraying my shoes with disinfectant, stripping my uniform off in the garage and putting it straight into the washer as well as

taking a hot shower are ways to reduce my risk of giving the virus to my family.”

Susan adds, “HCWs are working under exceptional circumstances to deliver compassionate care. Each one of them should be supported in every way to work to the fullest of their abilities, and organisations need to provide more education on COVID-19 protocol to staff.”

And although the response has been nothing short of admirable, concerns still abound among HCWs. “Staff well-being, particularly their mental health is a top concern,” says Kirsty, as is keeping staff and patients safe in the developing process (PPE and correct processes). Resurgence in larger numbers is yet another area of concern, says Julie. “As we all become complacent and defend the right for our freedom, we forget how fragile the situation is.”

What can help through this difficult time, Kirsty says, is communication and information about COVID-19, current treatment, management and processes as well as support of leaders and stakeholders. The assistance and updates from

professional nursing bodies has been vital, Julie adds.

Despite the “long days and sleepless nights” Kirsty says she feels inspired and dedicated to deliver a service that we can all be proud to have been part of. Expressing pride for her team, she adds, “What an amazing profession we have! I’m grateful to see a team of nurses from varying backgrounds and expertise to band together and work tirelessly for each other and the community with positivity and compassion.”

Julie echoes the sentiment. “Health professionals are a resilient group. They are creative, innovative and compassionate. As everyone races to deal with this crisis, we need to remember to recognise and support every single person’s contribution. We are often busy dealing with situations, but it is important to ask how your colleagues are going or just listening to others. Whilst we deal with everyday health situations, many of us are fragmented from our families, communities and vulnerable people. Be kind to each other in your daily work.”



DISTINGUISHED LIFE FELLOW: CHRISTINE SMITH FACN (DLF)

A nursing leader, unlike any other

Christine's exceptional learning experiences in her nursing journey have had an equally unique impact on the profession

To say that Christine Smith FACN (DLF) has had a unique career would be an understatement. Graduating from a hospital nursing certificate program in Canberra in the late '60s to practising in the United States (US), United Kingdom and Australia, prior to starting her own business and being a key player in the establishment of the Australian College of Nursing (ACN), Christine has truly been a Champion of Change.

Christine, who has been a nurse for more than 45 years, remarks, "I think I always knew I wanted to be a nurse. At 17, I wasn't sure what nursing was all about, but I did know that it had something to do with caring for people. That is what attracted me to nursing."

She names Sister Sylvia Curley, her godmother, a senior nurse and an advocate for nursing and nursing education, as an inspiration in her choice of career, as well as much later. During her studies, one of her tutors was Maureen McGrath, who had

studied at the NSW College of Nursing (NSWCN). Christine recalls, "Maureen, a great advocate of the NSWCN, encouraged us to take part in the annual Button Day fundraising activity during our second year. My friend and I each raised more than \$200, for which we were awarded a silver teaspoon with the NSWCN crest." Christine sees this achievement as a starting point of her commitment to the profession. "Maureen and I crossed paths again many years later."

Soon after graduating, Christine travelled to the US. "I found that I couldn't register there as I had not completed sufficient hours in maternity nursing. But that did not deter me. I worked as a non-registered nurse in Washington DC for a year before travelling to London and studied an Intensive Care Certificate at the London Hospital."

Completing a short course in Maternity Nursing in Melbourne a couple of years later enabled her to sit the State Board Examinations in Washington DC, and she worked as a registered nurse in ICU and

Recovery Room for several years. "Working in an ICU in the US in the '60s-'70s was an eye-opening experience. It was a time of great social upheaval and change across the US. I was working in Washington when Martin Luther King was assassinated in 1968. Within hours, the city went into lockdown; part of it was on fire; there was a night curfew for a week and travelling to/from work was disconcerting.

"Practising in the US had a significant impact on my clinical practice, my understanding of the nurse as a professional and the need for continuing professional development."

Moving back to Canberra in the late '70s, Christine met her former tutor Maureen, who was Head of the Department of Nursing, School of Applied Sciences, at the then Canberra College of Advanced Education. "My life and career took on a new and exciting direction: becoming a full-time student; completing a Diploma of Applied Science (Nursing Administration) and a Bachelor of Administration (Nursing);



As Chapter Chair of Victoria in early 2000



The silver spoon Christine received for her fundraising efforts for NSWCN



As part of the new Board of ACN in 2013



With members of NEWGEN Faculty



At ACN Roadshow in February 2020

supported by an Annie M Sage Memorial Nursing Scholarship from the College of Nursing, Australia (CNA),” Christine recalls.

“During these studies I realised how much I had learned and experienced while working in the US and perceived that nursing in Australian was on a trajectory of development. I was eager to be part of that journey.”

In May 1981, Christine was awarded Fellowship of CNA, an honour she still regards as her “passport to the future”. The early ‘80s marked a significant time in Christine’s professional development and life. “In 1981, I was awarded a WK Kellogg, Australian Nursing Fellowship to study the concepts of Patient Centred Nursing and observe the application of Primary Nursing in hospitals across the US. A further Kellogg Fellowship in 1984 enabled me to pursue a Master’s degree in Community Health Nursing and a Specialist in Ageing Certificate, at the University of Michigan.”

On completing her Master’s studies, Christine was accepted to complete a three

month Graduate in Residence Program at the Visiting Nurse Service, New York. Returning to Canberra, Christine set about making a contribution to the profession. In 1982, she volunteered to organise one of the first quality improvement conferences to be offered to nurses in Australia, sponsored by the Australian Nursing Federation, Canberra Branch. In 1983, she attended and participated in the *Goals in Nursing Education* Conference in Melbourne. Working towards the goal of ‘transferring nursing education from the hospital to tertiary education sector’, Christine took part in many demonstrations and marches. “I was part of the significant march at the conclusion of the CNA Annual Conference in Adelaide in May 1984, which culminated in the ritual burning of the *SAX Report on Nursing Education*, by Sister Paulina Pilkington RSC (Director of Nursing, Commonwealth Department of Health).”

Returning to St Vincent’s Hospital (SVH) Sydney in 1986, Christine took on the role of Assistant Director of Nursing, Quality Assurance and Special Projects. In

mid-1988, as she transitioned to a senior position at SVH, Melbourne, Christine reflected on the “wonderful professional opportunities she had had, and began thinking how she could ‘give back’ to the profession”.

“As to the future, I was not sure, I had no idea that the best part of my career was yet to come.”

An exciting opportunity to be part of the building of a new ‘state-of-the-art’ hospital at SVH presented in the early ‘90s. This initiative allowed for a ‘model of care’ that suited the introduction of primary nursing as the ‘care delivery system’. Christine was able to introduce to the hospital and to Victoria several initiatives that complemented the major health policy reforms taking place at the time, such as the application of Critical Pathways, introduction of Primary Nursing and Clinical Nursing Governance.

Leaving SVH in 1995, Christine set up her own successful consulting business in education and professional development,

“Working in an ICU in the US in the ‘60s-‘70s was an eye-opening experience – it’s when Martin Luther King was assassinated. I came to understand many of the political and social issues of the time through the care of so many patients suffering gunshot wounds, overdoses and stabbings”

with some inspiration from Sylvia Curley who, following her retirement, had conducted her own recruitment business for 20 years.

Although initially she had limited contact with RCNA in Victoria, Christine joined the Victorian Nurse Executives Association, holding positions on the Committee of Management over 10 years. She also joined Nurses in Independent Practice (NIP), comprised of nurses opening and operating their own businesses in various clinical specialities, education and management. NIP joined with two similar organisations in New South Wales and South Australia to form Nurses and Midwives in Private Practice, Australia (NAMIPPA) in 1997. As the Chairperson of the Victorian Network of NAMIPPA, Christine was a member of a working party to negotiate the smooth integration of NAMIPPA to RCNA and convened the Nurses in Business network from 1998-2005.

She actively promoted membership of the ‘Kellogg Konnection’ – an informal group of nurses who had been awarded a Kellogg Fellowship.

Membership of the Kellogg Konnection proved to be instrumental. “Kellogg Fellows in Victoria occasionally held meetings with RCNA. In one such meeting, I recall proposing that RCNA seek to be the Australian member organisation of the International Council of Nurses (ICN). The RCNA board later pursued membership of ICN and was accepted as the member organisation in 1997.”

Since then, Christine has been an observer at several ICN meetings in Geneva and has attended ICN Congresses in various parts of the world, including Durban in 2009 when RCNA won the bid to host the 2013 Congress in Australia. She was the Victorian representative on the board of RCNA when the ICN was held in Melbourne in 2013.

Following the development of a national model of membership for RCNA, Christine was elected to join the new Victorian Chapter Committee in 1997 and was elected Chapter Chair in 1998-2001. “During this time, I was invited to become a member of the RCNA National Advisory and Development Committee.”

In 2003, Christine was elected as the Victorian Representative on the RCNA Board of Directors and re-elected for a second term in 2007. She was also the Board representative on the NEWGEN Faculty, which was composed of young and progressive nurses who were keen to contribute to RCNA. It was during this time that the President, Dr Stephanie Fox-Young FACS (DLF), proposed a further attempt to unite RCNA and NSWCN. “When I went to the first meeting, I took along the NSWCN teaspoon – and the story of how I received it – as a symbol of my dedication to the goal.”

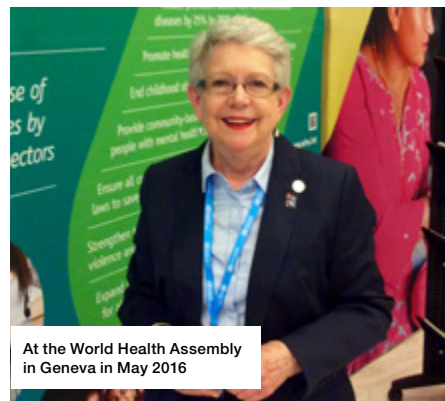
Christine was elected to the Unification Implementation Committee and the Transitional Board of Directors, and was then elected to the Inaugural Board of ACN and Chaired the Governance Committee between 2013 and 2017.

In 1999, Christine was invited to join the Professional Development Unit (PDU) at Deakin University, School of Nursing and Midwifery. Over the next 14 years, she and the PDU team developed 92 professional development learning packages for Australian nurses. Using her knowledge and experience of the US nursing registration process, Christine developed a selection of learning packages, coordinated individual clinical placements and mentored more than 80 nurses seeking registration in the US.

A further opportunity to contribute to the profession occurred between 2005-2013. Christine was appointed as part-time administrator at the Nurses Memorial Centre (NMC) in Melbourne. NMC was created in



With Rosemary Bryant AO FACS (DLF) and ACN CEO Adjunct Professor Kylie Ward FACS at the Parliamentary Breakfast in Canberra, 2019



At the World Health Assembly in Geneva in May 2016

1949 as a ‘living memorial’ to honour the memory of Australian nurses who gave their life and health in service to Australia during World War II.

Through the NMC, nurse leaders in Victoria, including Vivian Bullwinkel and Betty Jeffrey, created a dynamic presence for the profession in Victoria and a collaboration to offer education and accommodation for nurses pursuing advancements in their career. Christine was instrumental in: reviving the relationship between NMC and RCNA and NMC hosting of the annual Vivian Bullwinkel Oration; reinvigorating the Annual Memorial Service for nurses; securing a \$60,000 ongoing donation for scholarships for Victorian nurses; arranging for RCNA members to attend the historic meeting at NMC to vote for the Unification of RCNA and NSWCN in 2011 and; organising a site observation visit for 60 ICN delegates in 2013.

“I have been fortunate to be prepared for the opportunities that presented, both to learn and to give back to the profession,” Christine observes. “Belonging to one’s professional organisation gives one another insight into nursing as a career. Being a Fellow of ACN is more than being in a clinical, educational or policy role. It’s about influencing the profession and the public’s perception of the nurse. It’s about making a difference,” she concludes.

60-SECOND STRESS BUSTERS

When you're constantly on the go it's hard to find the time to look after yourself but even taking one minute to switch off can make a big difference.

Here are some quick tricks you can use to ground yourself and fight off stress and anxiety.



Try box breathing:
breathe in – hold –
breath out – hold – for
three seconds each



Do some gentle
stretches or go for
a walk



Smile at yourself in the
mirror (you may feel silly
but it works!)



Acknowledge one thing
that was difficult on your
shift and let it go



Think of three things you
are grateful for



Make yourself a warm cup
of tea and sip it slowly



Visualise your
happy place



Look outside the
window, watch clouds
go by or leaves moving
in the wind



Look at a photo
of a loved one



#ACNNurseStrong

For more health and well-being support for nurses
visit acn.edu.au/nursestrong or join the NurseStrong
Group on Facebook.

Inclusivity is key to high-quality care



The Australian College of Nursing (ACN) Diversity and Inclusion Working Party is leading the way with social change by addressing issues related to diversity and inclusion in the nursing profession and the impact on the broader community. Creating workplaces that are actively and genuinely inclusive of all can have a significant impact on the physical, mental and emotional well-being of those who continue to experience discrimination, violence, isolation or marginalisation.

Diversity encourages self-awareness and respect for all persons, embracing and celebrating the richness of each individual nurse and health care consumer. To support the importance of a diverse workforce, prepare nurses to care for an increasingly diverse population [in an effort] to ensure that all Australians, regardless of race, religion, creed, ethnicity, gender, sexual orientation or any aspect of identity, have access to high quality, patient-centred care in a health care system (Villarruel, Washington, Lecher and Carver 2015).

The term 'Culturally and Linguistically Diverse' (CALD) is more commonly used to describe someone who has a cultural heritage that is seen to be different to that of the majority of people from the dominant

culture of that country (Australian Translation Services, 2020). It can be used to reflect the diversity that encompasses the entire population of Australia, not just those who have immigrated here. The country of birth of an individual and language spoken is not a true reflection of a person's cultural diversity.

Importance of diversity and inclusion

- Open, inclusive workplace cultures create a safe working environment where employees don't feel they have to expend energy hiding who they are. This in turn leads to increased engagement and career satisfaction, and more open and respectful relationships with colleagues, all of which contribute to a higher performing organisation.
- ACN's intent is to advance nursing leadership to enhance the health of our communities. This requires us to acknowledge Australia's diverse community and value the experiences of employees to enable a deeper understanding of the community's needs and thereby creating empathy whilst promoting new ways of thinking to drive innovation.

- To attract and retain the best talent, ACN is raising awareness of the need to demonstrate genuine inclusion of all diverse groups. 85% of LGBTQI+ (lesbian, gay, bisexual, transgender, questioning, intersex and plus) people rate inclusion as more important than any other job factor, including salary and promotion. (Price Waterhouse Coopers 2016).

Our next workforce generation, Gen Y and beyond, increasingly perceive a potential employer's diversity and inclusion track record as critical (Pride in Diversity 2013).

Health care organisations should ensure Disability and Access Inclusion Plans promote access for health care consumers and employment opportunities for the profession. An inclusive work environment will diminish the effect of having a disability and promote career development and staff retention.

Nurses must be committed to providing high-quality health care that is equitably accessible and responsive to the gender diverse, multi-faith, socially, culturally and linguistically diverse community it serves. Nurses must ensure our profession is free from racism and discrimination so we can lead the way to an inclusive health care system.

Ensuring an inclusive nursing workforce can lead to deeper understanding of the elements that affect a person's health and emotional well-being and ultimately, care and treatment



Diversity is important, but inclusion is the measure by which individuals feel valued, feel safe and have a sense of belonging either in the work environment or in society. Through inclusion, diverse perspectives are heard, respected and supported. This includes recognising one's own unconscious and conscious bias in decision making.

As nurses, we need to recognise the impact our own perceptions, assumptions and unconscious biases have on colleagues and the community.

When nurses of different ages, genders, cultural backgrounds, gender identities, sexual orientations and disabilities feel valued and respected in the workplace, they will have access to more opportunities and contribute to the organisation more effectively. From such diversity comes a deeper understanding of the elements that affect a person's health and emotional well-being and ultimately, care and treatment.

The Diversity Council of Australia (2020), states that gender inequities continue to limit the ability of both men and women to be respected and to contribute at work. The Nursing and Midwifery Board of Australia 2019 report stated that the total registrations of nurses/midwives in Australia by gender were Female 88.9% against Males 11.1%.

And the public perception of the nursing profession has always been that men are not emotionally equipped to be nurses (Mott 2018). We need to promote the message that there cannot and should not be any barriers for anyone to be a nurse.

Diversity and Inclusion is an ongoing dynamic phenomenon. Every nurse must be afforded the opportunity to succeed in their career irrespective of their gender, cultural identity, religious belief, sexual orientation, disability or age. Ensure there is a culture of respect for difference, and that all people (inclusive of the profession and health care consumers) are treated fairly (PWC 2016).

The work of the ACN Diversity and Inclusion Working Party will be available soon.

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The Spanish Flu and COVID-19: Lessons from history

Nurses can glean a lot from the similarities between the two health disasters

At times of change we want certainty, especially when our health and well-being is threatened as it is currently with the COVID-19 pandemic. Nurses are providing that certainty as they have since the inception of so-called modern nursing, as ushered in by Florence Nightingale in the 19th century.

Not only are they providing COVID-19 specific care in acute care settings, they are also carrying out COVID-19 testing as well as providing care for those whose needs are not directly related to COVID-19. In 2020 Year of the Nurse and the Midwife, as we celebrate the 200th anniversary of the birth of Florence, let's look at some of the lessons from history by comparing the so-called Spanish Flu pandemic of 1918-19 with the COVID-19 pandemic.

Although World War I officially ended in 1918, there were about 180,000 Australians, including nurses, still to be repatriated home, a process that was not completed until late 1919. Unbeknownst to the passengers on the ships bound home, they were accompanied by a 'deadly shipmate': the virus that caused Pneumonic influenza, or Spanish Flu (Hobbins 2019). The Spanish Flu is an H1N1 virus and like COVID-19, it caused a respiratory infection (pneumonic influenza) that is said to have killed about 50-100 million people worldwide, more than the 18 million killed in World War I (NMA, 2020; Jester et al, 2018).

Estimates are that the Spanish Flu affected around 40% of Australians, killing 15,000. Nevertheless, 'Australia's death rate of 2.7 per 1,000 of population was one of the lowest recorded of any country during the pandemic' (NMA, 2020). Likewise, in Australia in 2020, the COVID-19 infection rates and recorded deaths from the virus (Department of Health, 2020, b) are low compared to other countries.

Quarantine measures were employed back then too. For example, those arriving in Australia, including those on the ships carrying soldiers and nurses home, were quarantined for seven days, sometimes longer. In addition, places such as schools where people congregated were closed and surgical masks made mandatory. (NMA, 2020; Hobbins, 2019).

Posters such as the one illustrated by Mary Gibbs were the 1919 equivalent of today's social media and other campaigns, also aimed at limiting the spread of a virulent virus (Department of Health, 2020, a). If aeroplanes are substituted for ships, and self-isolation at maritime quarantine stations is equated to self-isolation at home, then the containment and public health measures implemented in 1919 are very similar to those imposed for COVID-19 in 2020.

In 1919, the sophisticated level of health care that can now be provided for COVID-19 infections, for instance, mechanical ventilation in an intensive care unit, was simply not available: what was provided instead was 'supportive care' (Jester et al

2018). It was overwhelmingly nurses who provided this care and in doing so, they saved lives (D'Antonio, 2020). Those nurses, however, also risked their own lives since the Spanish Flu virus, like the COVID-19 virus, was highly contagious, easily transmitted and deadly (D'Antonio, 2020).

That selfless nature of nursing has also been on display in 2020. Appreciation of that enduring characteristic of nurses has been demonstrated not only in the spontaneous outpouring of support for nurses widely seen in the media but in a remarkable first: the address of an Australian Prime Minister directly to the profession where nurses were specifically thanked for their tireless efforts (ACN, 2020).

Finally, one other comparison that is instructive is that in 1919 there was no vaccine for the Spanish Flu virus, just as in 2020 there is no vaccine (yet) for the COVID-19 virus. Fear of the COVID-19 is as widespread as it was for the Spanish Flu virus, and instances of so called 'cures' abound. It is notable that similar claims are being made in 2020 as were asserted in 1919. For example, in 1918, the Casino and Kyogle Courier and North Coast Advertiser, reported, "Ammoniated quinine is said to be a good prophylactic if taken in the insipient (sic) stages" of infection (2). More than 100 years later, and despite many scientific advances since 1919, quinine and its derivatives are still being touted by some as a 'cure' for COVID-19, despite no credible evidence for its efficacy (Baudoin-Laarman, 2020).



permission from National Archives of Australia

An illustration by author and children's illustrator May Gibbs was featured on public health posters as part of a NSW government campaign. It features a gumnut baby and a kookaburra, with eucalyptus leaves wrapped around their mouths in the manner of surgical masks. It was intended to encourage children to wear masks to help limit the spread of the virus.

Nurses are the majority group of health care professionals and the most trusted. It therefore behoves nurses to use their expert knowledge and communication skills to debunk false claims of cures for COVID-19 and to promote research into scientifically proven treatments (Hunt, 2020). When the COVID-19 vaccine emerges, nurses are reminded that the Nursing and Midwifery Board of Australia (NMBA) requires nurses to advocate for the positive benefits of vaccination.

The Australian College of Nursing's (ACN) Discussion Paper sets out the requirements of the NMBA for nurses in relation to vaccines (ACN, 2019). ACN encourages nurses to familiarise themselves with it so that when a vaccine for COVID-19 becomes available, they can fulfil their legislative and professional responsibilities in both advocating for the vaccine and administering it.

The Spanish Flu is considered 'second only to the 'Black Death' plague pandemic in overall mortality rates' (NMA, 2020). Comparisons between it and COVID-19 can teach the nursing profession and the community a

great deal about how to limit the spread of the COVID-19 virus so that in 2020, we do not suffer as much as communities did in 1919.

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Safe workplaces: what will it take?

Nurses must be empowered to recognise that sexual harassment and/or assault by patients must no longer be tolerated

The Sexual Harassment and/or Sexual Assault of Nurses by Patients Taskforce was created in June 2019 in response to nurses reporting sexual harassment at work. The Australian College of Nursing (ACN) states it is not acceptable for nurses, regardless of gender, to be subjected to sexual harassment and/or sexual assault by patients. ACN expects that nurses, including nursing students, deserve a safe work environment free from sexual harassment and/or sexual assault by patients.

Nurses have previously reported being exposed to sexual harassment and sexual assault by patients but help was not always at hand. In this predominantly female workforce (more than 89% of Australian nurses are female), there is an insidious culture, an unspoken expectation that we will quietly put up with being treated this way (ABC 2019).

Sexual harassment against nurses is a significant problem globally. Therefore, it's imperative that nurses work together to bring about change and to ensure a safe workplace.

What defines sexual harassment and sexual assault?

Sexual harassment is defined as "unwelcome sexual conduct that makes a person feel offended, humiliated and/or intimidated where that reaction is reasonable in the circumstances" (Australian Human Rights Commission 2018). Sexual harassment

can also occur through email, text, social media posts, online chats and other forms of e-communication.

Episodes of this nature are significantly under-reported and anecdotal evidence suggests a large number of unreported incidents. Sexual assault occurs when a person is forced, coerced or tricked into sexual acts against their will or without their consent. Sexual assault is a crime and is not the fault of the nurse (NSW Government 2016).

The statistics

Nurses are susceptible to sexual harassment and sexual assault due to the nature of the care they provide.

- 60% of female nurses and 34% of male nurses reported an incident from 2007-2009 with data suggesting that patients are the most likely perpetrator (Cogin & Fish, 2009)
- It has been identified that one in four nurses had experienced sexually inappropriate behaviour inclusive of verbal sexual harassment (Australian Human Rights Commission 2019)
- Many studies on sexual harassment have been conducted, but the prevalence of sexual harassment in nurses varied greatly worldwide, ranging from 0.7–68% (Li et al 2019; Nielsen et al 2017)
- Spector, Zhou & Che (2014) conducted a systematic review of 136 studies representing 1,51,347 nurses from 38

countries that examined physical and nonphysical violence, bullying and sexual harassment against nurses (Draucker 2019). Thirty-three studies on sexual harassment revealed that the prevalence rate for sexual harassment of nurses in these studies was 28%. The countries were divided into cultural/geographic regions that were represented in the studies: the Anglo region (e.g., English-speaking countries with cultural similarities, such as Australia, Canada, England, and United States), Europe, Middle East and Asia. The rate of sexual harassment of nurses was highest in the Anglo region (39%) and lowest in Europe (16%) (ibid).

How it affects nurses

Cogin & Fish (2009) found that job performance was affected in 75% of nurses who reported sexual harassment by a patient largely through reduced levels of concentration following sexual innuendos.

The impact of sexual harassment is wide reaching and includes indirect expression of anger, denial or minimisation of the incident, feelings of powerlessness, fright, humiliation and incidence of post-traumatic stress disorder (WHO 2020). This can lead to a reduction in job motivation and confidence in nursing practice that can impact the care nurses provide. There can also be economic consequences for nurses who find themselves unable to work in the short and/or long term, resulting in higher rates of staff turnover for employers.

“ It is vital that nurses support each other, report inappropriate behaviour and work together to help make our places of employment safer ”

Identifying and addressing sexual harassment in nursing is one of the most challenging tasks of nursing leadership and organisation management (Ross et al 2019). There is very little research on the management and prevention of the issue, with most research focused on colleagues as the main source of harassment and assault. Nursing leaders have an obligation to provide a harassment-free work environment and it is the responsibility of the leadership team to stop harassing behaviours. Promoting values and standards that shape behaviours, decisions and relationships is key to changing organisational culture and providing a safe environment.

Nurses need to be empowered to recognise that sexual harassment and sexual assault must no longer be tolerated. They must be encouraged to report incidents to their line managers and be aware of the definition of sexual harassment and organisational policies and procedures.

A hostile work environment can ultimately result in nurses leaving the profession altogether. Therefore, it is vital that nurses support each other, report inappropriate behaviour and work together to help make our places of employment safer.

Nurses are entitled to workplaces that are safe and free of sexual harassment (ibid).

The Sexual Harassment and/or Sexual Assault of Nurses by Patients Taskforce has written a position statement which outlines

a new standard of behaviour for the nursing profession now and into the future.

Nurse & Midwife Support is here to talk to you. This service provides free and confidential support 24/7, to nurses, midwives and students Australia wide. If you would like to speak to someone call 1800 667 877, or you can request support via email at www.nmsupport.org.au/workplace/bullying-and-harassment

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**COMMUNITY OF INTEREST:
CHIEF NURSING INFORMATION OFFICERS**

Leading the conversation for digital health

Contemporary nursing practice requires the delivery of high quality and safe, integrated care using a broad range of health information systems, information technology tools and new person-centred models of care. The Chief Nursing Information Officers (CNIO) Community of Interest (COI) brings together the Chief Nursing Information Officers and similar executive roles in Nursing Informatics who are currently leading the transformation of nursing and midwifery care as part of the requirement to adopt digital health across Australia.

In 2015, Aaron Jones MACN, Chief Nursing and Midwifery Information Officer, Sydney Local Health District, Adjunct Associate Professor Naomi Dobroff FACN, CNIO at Monash Health, and Janette Gogler MACN, then CNIO at Bendigo Health connected to explore their new nursing leadership roles in Australian health care and to learn and benefit from each other's experience. As the first three CNIOs in the country, their meeting was the catalyst for the creation of an active and growing COI that has since developed a CNIO strategy and with membership of over 25 is implementing significant leadership activities. The CNIO COI is supported and strengthened by the Australian College of Nursing (ACN), which recognises and values the impact the CNIO role has in digital health transformation.

As the peak Nursing Informatics leadership group in Australia, the CNIO COI is committed to contributing and leading the conversation and strategy for digital health, including by calling for the inclusion of CNIO expertise in all areas of digital health development in Australia. The COI has worked to define and promote CNIOs at all levels of health care planning and delivery.

A key achievement for this COI in 2019 has been to develop the strategies needed by nurses to ensure workforce readiness, capability and support for emerging nursing informatics career pathways, education and professional development.



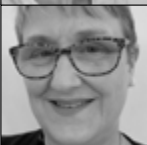

The CNIO COI aims to lead and advocate for digital health implementation which maximises the benefits for nurses, our patients and their carers and families. The CNIO role is an integral one, contributing to the successful implementation of electronic clinical information systems; the use of electronic devices and wearables as part of a suite of care models including virtual and home care; the development of strategies to collect, share and safely use patient information and health data as part of caring for patients in real-time or for research to improve our systems of care.

To know more, visit acn.edu.au/membership/coi

The CNIO COI last year submitted a Position Statement *Leading digital health transformation: The value of Chief Nursing Information Officer (CNIO) roles* that outlines the value and contribution of the CNIO role.

In it, the COI has highlighted three significant areas for focus to better support digital health:

- Embedding the CNIO role in health care. As nurses and midwives are the majority of the health care workforce, health services are encouraged to employ a CNIO to help lead successful digital health transformation
- Standardisation of Nursing Terminology. As part of the key collaboration with the College and the Nurse Informatics COI, the CNIO COI aims to progress international work aimed at standardising nursing terminology so that the profession has a strong foundation for comparing nursing care assessments, interventions and outcomes to enable evaluation, benchmarking and to drive improvements in care.
- Nurse informatics education –developing career pathways for nurses that will ensure that nursing informatics education is part of the curriculum in both undergraduate and postgraduate programs.

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REGION:
NEW SOUTH WALES – SYDNEY

Staying connected

Due to the new way of living in the world of COVID-19, the Sydney Region has been presenting our normal Education Evenings via Zoom. They have been very well received and we have needed to offer the sessions on a more regular basis. Due to the demand we are now offering these sessions to the wider ACN membership to ensure we are all able to stay connected. In the face of adversity, we are able to celebrate the solidarity and connection we as nurses recognise as being so important to our well-being.

We start the presentation with Kaarin Goeldner MACN, an Emerging Nurse Leader (ENL) and follow up with an interactive discussion led by an experienced facilitator where attendees discuss the current emotional and social challenges of working in health care. The program of these regular sessions cover:


Part One: Kaarin Goeldner MACN, Emerging Nurse Leader

Imposter Syndrome – are you affected by it?: Overview of the Imposter Cycle and recognising the impact of Imposter Syndrome in ourselves, our workplace and in others.

Part Two: Facilitated by Deputy Chair, Sydney Region Dr Samantha Jakimowicz MACN (University of Technology Sydney) supported by NSW State Chair Robyn Quinn FACN (DLF)

Well-being in the context of chaos – the impact of COVID-19 on you: A safe space to come together and talk about the emotional and social aspects of working in health care. A chance to understand the challenges and rewards intrinsic to our provision of care in this challenging environment.

To know more, visit acn.edu.au/membership/coi

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ETHICS MATTERS

Nursing in the time of COVID-19

Nurses are emerging as change champions but are also likely dealing with an ‘existential crisis’

The 2020 COVID-19 pandemic has created unparalleled demands of health care delivery systems all over the world and resulted in profound changes to the lives of health care professionals, individuals and communities. One constant, however, is the continuing presence of nurses providing care, not only to those most directly affected (in emergency departments, for instance) but also those who need ongoing care for pre-existing conditions.

In Australia, the changes to our health care system and methods of delivery have been rapid and exponential, for example, cancellation of elective surgery and ‘drive-through’ testing. There have also been amendments to registration requirements to encourage nurses out of retirement and back into the workforce with accompanying funding of scholarships for refresher courses (ACN, 2020). The changes are so extensive that they have been described in the media as an existential crisis.

This edition of Ethics Matters will show how the responses of the Australian College of Nursing (ACN) to the crisis demonstrate that it is a change champion for the profession; briefly describe existentialism and how it

applies to individual nurses and outline the relevance of professional practice standards, including the ICN Code of ethics for nurses (2012), in these challenging times.

Nurses constitute the majority of the health care workforce. Yet, despite decades of reform, their expert contributions to all sectors of health care are underutilised and until the time of the COVID-19 crisis, often under-valued (ACN, 2019, b). Ironically, in the Year of the Nurse and the Midwife, it has taken a crisis of the magnitude of COVID-19 for them to be publicly valued and lauded. The situation does however afford the profession a unique opportunity to change – for the better – the many misconceptions about nurses and their expertise.

Included in the many interpretations and definitions of the word ‘change’ provided by Australia’s Macquarie Dictionary, are the words ‘variation...modification...transformation’ and as the substitution of ‘one thing for another’ (Bernard et al, 2003). Luz et al (2019) have described champions in nursing as both formal (top-down) and informal (bottom-up) and that the characteristics of champions include being innovative, enthusiastic, visionary and as having the capacity to overcome

opposition and setbacks. Through its advocacy and other work, ACN is acting as a formal change champion; with innovation, persistence and enthusiasm, it is replacing one thing (outmoded views of nursing) with another such as the reality of the scope of (advanced) nursing practice (ACN, 2019). Further examples are:

- ACN’s presentation to the Federal government of a proposal that would enable Australia’s 3,85,000 nurses to be fully utilised in the provision of care during the pandemic and help protect the health and wellbeing of all Australians (ACN, 25 March 2020)
- ACN’s success in having additional telehealth item numbers for care provided by practice nurses introduced by the Federal government (ACN, 20 April 2020).

Many nurses, too, are transforming the profession. For an example, refer to the Samantha Prime’s story (ACN, 22 April 2020) on NurseClick, ACN’s blog nursing practice, policy developments and professional issues.

Samantha’s story also happens to be an example of existentialism, a philosophical term commonly associated with the 20th



“In light of the COVID-19 crisis, we may ask questions such as ‘What kind of a nurse am I?’ and ‘What kind of a health care system do we want now?’ ‘Am I still a nurse when my job has disappeared?’”

century French philosopher Jean Paul Sartre although with a longer history (Guignon, 2003). Simply put, existentialists argue that individuals are involved in making meaning in a social and historical world, i.e., individuals construct a meaning about their world and how they experience it that is unique to them. This is an ongoing process and ultimately answers questions such as ‘What kind of a person am I? (What are my values?)’ and ‘How do I wish to live my life in a manner that is consistent with those values?’ (Guignon, 2003).

In light of the COVID-19 crisis, we may ask questions such as ‘What kind of a nurse am I?’ and ‘What kind of a health care system do we want now?’ In turn, questions arise such as ‘How do we want to allocate scarce resources now and into the future?’ and ‘Am I still a nurse when my job has disappeared?’ as it has for so many in primary health care (ACN, 20 March 2020).

The answers may be clear for some and complex for others. Although of themselves professional codes of ethics and of conduct cannot provide definitive answers, they do provide guidance in the meaning making process. For example, Element 1 the ICN Code of ethics for nurses (NMBA 2018)

states that clinicians and managers ‘Develop and monitor environmental safety in the workplace’ and that nursing associations (such as ACN) ‘Advocate for safe and healthy environments’. Likewise, Principle 1 of the Code of Conduct for Nurses (NMBA, 2018) expects nurses to ‘respect and adhere to professional obligations under National Law and abide by relevant laws’. That there may be conflict between these expectations and obligations can engender an existential crisis of the kind that has been described above.

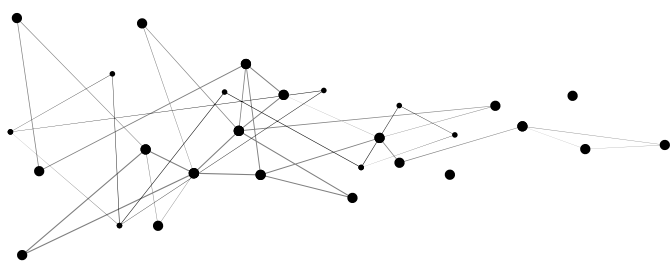
Let’s end this article with a personal and anecdotal reflection that encapsulates the matters of change, meaning making and champions. Here is an excerpt from an essay on superheroes that my 9-year-old great niece was asked to write by her teacher for ANZAC Day:

“If you don’t think nurses are the best superhero’s (sic) I don’t know who is...over the years they have saved hundreds of lives, they never ever give up and they will do everything they can to help the patient survive (or get better)...the nurses help everyone...Nurses are certainly the number 1 superhero.”

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The role of nurse immunisers in COVID-19

The absence of a vaccine against coronavirus underlines the importance of the part nurses have to play in advocating for immunisation

It has been said that ‘One of the great public health achievements of the 20th century is vaccination against infectious disease’. (Brewer et al, 2017). Internationally these programs have led to the eradication of smallpox and the near eradication of polio. In Australia, our internationally recognised vaccination and immunisation programs have led to a fall in vaccine preventable diseases (VPDs) in children of around 99% (ACN, 2019, b. 5) and saved around 78,000 lives (ACN, 2019, b. 1).

The Australian College of Nursing (ACN) considers that the role nurses play in delivering vaccinations and advocating for immunisation programs is pivotal to the ongoing health of all Australians. ACN also considers that vaccines constitute a significant preventive health measure (ACN, 2019, a. 1-2).

What are the professional, regulatory and legal requirements for all nurses in relation to immunisation?

All nurses practising in Australia are legally required to be registered with the Nursing and Midwifery Board of Australia (NMBA). NMBA also regulates nursing practice by establishing professional practice standards including codes of ethics and of conduct (NMBA 2018, a). These standards are mandatory so all nurses must observe them as part of their licence to practise. The following are specific to immunisation:

- As part of their advocacy role, Principle 7.2 of the *Code of conduct for nurses* specifically requires all nurses to fulfil their obligations to engage in disease prevention including through vaccination (NMBA, 2018, b)
- The NMBA’s *Position Statement: Nurses, midwives and vaccination* (2016) makes it very clear that nurses are expected to administer vaccines and promote the benefits of vaccines in accordance with the *Australian Immunisation Handbook* (NMBA, 2016).

What is a nurse immuniser and how do I obtain that qualification?

A nurse immuniser is a registered nurse approved to independently administer specified vaccines provided they do so within the regulatory and legal framework of their state or territory jurisdiction (ACN, 2019, b, 2).

Becoming an authorised nurse immuniser requires completion of an approved course of study which aligns to the *National Immunisation Education Framework for Health Professionals*. This framework is the benchmark for immunisation education providers in Australia and ACN is an endorsed educational provider under the framework.

In response to the COVID-19 pandemic, ACN has revised its immunisation course to make it more flexible so that it meets

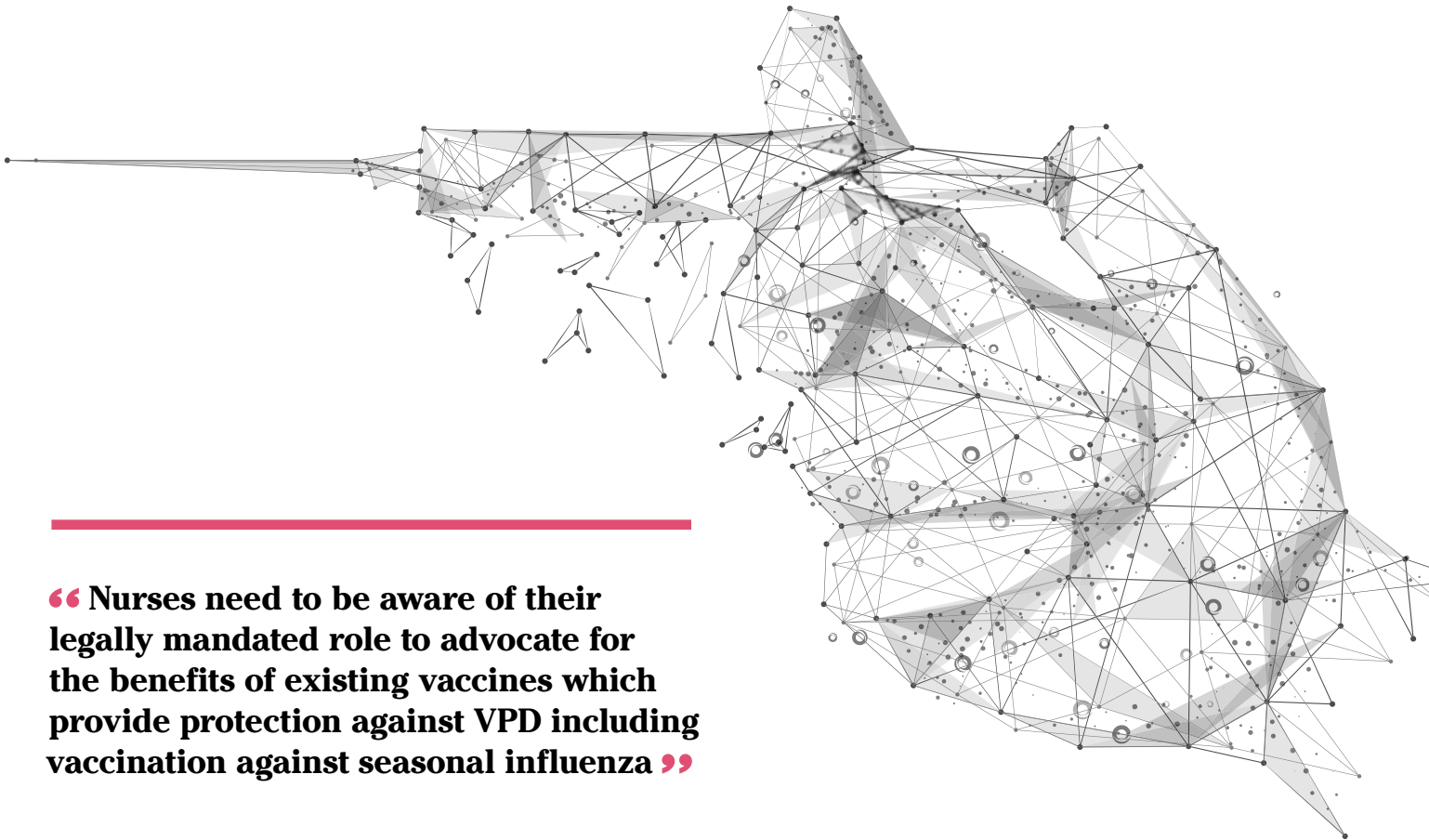
student requirements (ACN 2020; ACN, 2019, a, 9-10).

For nurses who administer vaccines, whether as nurse immunisers or not, it is their responsibility to ensure that they are suitably qualified to do so, i.e., make sure that giving vaccines is within their scope of practice and that they are competent to do so (NMBA, 2018, a).

How do I find out more about adults and their individual vaccination needs?

As the population ages, vaccination becomes an important preventive health measure not only for healthy (older) adults, but also for at-risk groups of adults such as those with chronic co-morbidities.

Australia’s *National Immunisation Program Schedule* (NIP Schedule) provides around 17 free vaccines with routine vaccination beginning at birth and continuing into adulthood (Department of Health, 2019). The NIP Schedule provides a schedule (list) of vaccines and the age at which they are to be given, whilst the *Australian Immunisation Handbook* (the Handbook) provides guidance about the safe and effective use of vaccines as well as recommended vaccinations for people not routinely included in the NIP Schedule. The NIP Schedule and the Handbook have further details about the recommendations and requirements specific to adult vaccinations as well as those for specific population



“Nurses need to be aware of their legally mandated role to advocate for the benefits of existing vaccines which provide protection against VPD including vaccination against seasonal influenza”

groups such as Aboriginal and Torres Strait Islander's and refugees (ACN 2019, a, 8 and 14-15; ACN 2019, b, 2; ATAGI 2018).

The Australian Immunisation Register (AIR) collects data about government funded and privately purchased vaccinations across the life span so if available, AIR should have records of the vaccines individual adults have already received (ACN 2019, a, 4 and 20-21). Cross referencing individual AIR records with the vaccines for adults, as listed in the NIP Schedule and the Handbook, will indicate what vaccines are now recommended for that individual, for instance, as a 'booster' vaccine or a 'catch-up' vaccine.

Are vaccines mandatory for health care workers such as nurses?

Nurses are particularly vulnerable to contracting VPDs such as seasonal influenza (and now COVID-19).

The Handbook (2019) provides details of the vaccines specifically recommended for health care workers for their protection and to prevent spread of the disease. Standard number 3 of the National Safety and Quality Health Service Standards requires health service organisations to have a risk-based immunisation program that is consistent with the current edition of the Handbook and with jurisdictional requirements for VPD and one which addresses specific risks to the workforce and patients. In

addition, from 1 May 2018, all Australian Government-subsidised providers of residential aged care are required to have in place an influenza vaccination program for staff and volunteers.

At this time of a global pandemic, the significant benefits of vaccines as a preventive health measure have been highlighted because we do not yet have a vaccine for the COVID-19 virus. In the absence of such a vaccine, infection control measures become paramount: for details refer to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (NHMRC, 2019).

Nurses need to be aware of their legally mandated role to advocate for the benefits of existing vaccines which provide protection against VPD including vaccination against seasonal influenza. The bibliography provides further details about the issues raised here. Nurses are encouraged to become familiar with ACN's Position Statement and Discussion Paper on immunisation so that in this time of health crisis, they are making informed decisions for themselves and their patients and colleagues.

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ACN POLICY TEAM

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Why values-based handovers are needed in aged care

To enable continuity of care and avoid distress to families of patients, nurses must adopt suitable handover frameworks

Transitions of care are noted to be a significant time for miscommunication to occur, this applies to handover periods in an aged care facility. In Australian health services, 22% of nursing incidents are related to poor communication in handover periods (Johnson et al., 2014). This highlights the need for a streamlined, consistent and values-based approach to be used in transitions of care. Pertinent information can be missed in verbal handover, thus affecting continuity of care, as in the case presented.

As a result of inadequate communication during handover of care by the morning shift registered nurse (RN) to the afternoon shift RN, there was an omission of information about a resident who had fallen during the night shift at 0100 hours.

This information presented itself as a notification on the online records, once the outgoing RN had left. Failure to verbally hand over this information left the incoming RN with minimal information and did not provide the opportunity to seek clarification on the incident. The notification stated that a fall had occurred, an incident form had been completed and neurological observations were initiated.

However, the resident's nominated contact had not yet been informed of the incident. Therefore, the nurse was required to call and inform the family member of the fall at 1530 hours; solely with information from the online record as no clarification could be sought from the resident as they were non-verbal with late stage dementia. This communication issue was compounded when the family member wanted more information surrounding the event and none could be offered.

Reflecting on this, although the outgoing nurse did record the required data for the incident, the lack of details and communication caused distress to the family as it was a seminal event for the resident and their family, yet it was perceived to be treated with passiveness. A registered nurse needs to have accountability and consistency in their actions (Nursing and Midwifery Board of Australia [NMBA], 2016), this was not evident and a key reason as to why miscommunication occurred.

Vicarious learning through this event highlighted the importance of values in practice—diligence, respect and accountability – as an RN. The current practice involved 'by exception reporting' where the outgoing RN was required to verbally convey information that occurred on the *morning* shift; therefore, offering an insight into the miscommunication when facts were not carried across *all* shifts from night to the afternoon. This incident highlighted why registered nursing is a values-based profession as one must believe in and implement accountability, respect and diligence in all facets of work and seek to implement quality initiatives that reflect these values and avoid future incidents. Of course, with all miscommunication, there is no singular factor nor blame to assign to someone. The situation was a reminder that change will almost always be necessitated by mistakes as we learn what we can do better next time.

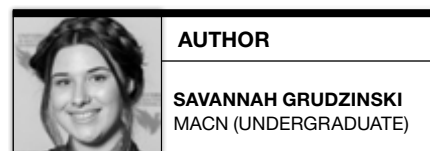
There are several handover frameworks (Bakon et al. 2017) to improve communications and these should be trialled to determine what would work best in the aged care facility to allow for continuity of care across all shifts. One such

framework to be recommended for trial is 'ISBAR', that is; Introduction of the resident, Situation, Background, Assessment and Recommendation for the next shift (Moriarty et al. 2017). The framework should be adopted regardless of how well the incoming staff believe they understand the resident as care and people are dynamic. Staff education on the selected communication tool should also take place to increase the effectiveness of communication, with an emphasis on values-based training and how these can influence work practices.

It is clear these core values of diligence, respect and accountability must be embedded – particularly at transition periods – into clinical practice to enable continuity of care. Reflecting on this event, it highlights the need to advocate and implement evidence-based care and become change champions.

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Nursing: An art, a science or both?

Unless we apply both concepts to care, we can't ensure holistic healing

When I began my nursing studies, I truly underestimated the journey I was about to undertake, both personally and professionally. One of the reasons that held me back from studying nursing in the first place was that I was terrified of science in school. I would run as fast as I could from my chemistry and biology teachers but on the other hand, I thoroughly enjoyed any of my humanities subjects. It didn't help matters that the teacher who taught me humanities was also my science teacher!

What I quickly discovered in my studies is that nursing is split down the middle into two schools – those of science and art. On one hand, there is an absolute necessity to understand the function of the body, how the organ systems work, the process of disease and how the science directs nursing care at

the bedside. On the other, if the science isn't well-balanced with patient care, it loses its value. At the core of what we do as nurses is ensuring that our practice is evidence-based.

On reflection, we begin to see a clearer answer beginning to form. We base our practice on evidence that is scientifically found, but also on our patients, because they are people. Every patient has a story to tell and our diagnostic assessments and tests fail in part to tell that whole story – that's where the art of nursing becomes so crucial to the care that we provide every day.

However, if we miss the signs that our diagnostic assessments are showing us, then we have also missed the mark when it comes to the care of our patients. What the art and science of nursing tells us as practitioners is that when we apply both concepts to care, we provide our patients an opportunity to

heal in a holistic way. And if we don't, healing would either not occur or be incomplete.

As we celebrate Year of the Nurse and the Midwife, hark back to what Florence Nightingale said: *'Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work.'*

In nursing, science and art form the fundamentals of the care we provide for our patients every day. When we allow our practice to be based on both science and art, we show that we truly care about our patients and ensure that they have a positive outcome.



AUTHOR

JOSHUA THOMSON MACN
(UNDERGRADUATE)



THE VIVIAN BULLWINKEL PROJECT

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

Australian College of Nursing
FOUNDATION
Strengthening Australian health care

Lieutenant Colonel Vivian Bullwinkel AO, MBE, ARRC, ED, FNM (a volunteer nurse with the Australian Army) was the sole survivor of the 1942 Banka Island massacre. After being shot, Vivian feigned death and survived, only to be taken prisoner for the remainder of World War II.

Retiring from the Army in 1947, Vivian continued to serve the Australian Community as a Director of Nursing and as a member of various committees including the Council of the Australian War Memorial and later as President of the Royal College of Nursing, Australia. In addition to her commitment to nursing, she devoted herself to honouring those killed on Banka Island.

It is appropriate that we recognise the life of Lieutenant Colonel Vivian Bullwinkel with a commemorative sculpture in the grounds of the Australian War Memorial.

The Australian War Memorial has agreed (in principle) to locating a sculpture in the grounds of the Australian War Memorial and the Australian College of Nursing has committed to contributing to a fund to support this worthwhile project. Whilst this is a great start, we are seeking assistance to make this happen.

Will you join us in making this vision a reality?

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Reviews of a good read



'LADIES AND GENTLEMAN, THIS IS YOUR SURGEON SPEAKING': EXPLORING THE HUMAN FACTOR IN AVIATION AND SURGERY

Publisher: Publicious Pty Ltd

Author: Geoff Hay

Reviewer: Rory O'Sullivan,
ACN Communications Officer

What could flying a plane and working in the operating theatre possibly have in common? It is this intriguing topic that Geoff Hay's book explores, drawing both from his career as an airline pilot and training as a nurse to examine what lessons medicine and surgery can learn from aviation.

The author is uniquely placed in these fields currently in his role as an International

Airline Pilot, with some 30 years of Aviation experience, the last 18 years as a Training Captain, but also, before that when he completed his General Nursing training at the Royal North Hospital in Sydney. He has worked extensively in the operating theatre enabling him to see potential benefits for surgical practice from Human Factors training.

Hay makes a compelling argument through analysis of previous aviation incidents, the use of non-technical skills and dealing with new technologies. This is a fresh and creative take on the processes and procedures humans use to make decisions under pressure.



IN OUR OWN RIGHT: BLACK AUSTRALIAN NURSES' STORIES

Publisher: eContent Management

Author: Sally Goold & Kerryne Liddle
(editors)

Reviewer: Clare Fealy,
ACN Affiliation Coordinator

Sally Goold OAM and Kerryne Liddle's compilation of powerful and at times confronting personal stories told by Aboriginal and Torres Strait Islander nurses and midwives from across Australia provides a critical insight into the history of nursing and midwifery in this country.

In Our Own Right captures the positive impact of our First People's culture on the nursing and midwifery profession, juxtaposed with the brutal history of mistreatment and racism experienced not only by these nurses and midwives, but of a

majority of First Nations People at the hands of an unjust healthcare system.

And yet, these nurses and midwives demonstrate immense strength and resilience, progressing their careers in resistance to this oppression and acting as real changemakers not only within nursing, but also within their own communities.

Prepare to be feel emotional, and sometimes uncomfortable, as each story is deeply personal and sometimes deals with distressing subject matter from some of the darkest moments in Australian history.

At the same time, be prepared to be inspired by the incredible achievements of these nurses and midwives.

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

Towards a seamless digital health system



Janette Gogler
MACN is
the Deputy
Chief Nursing
Information
Officer at Monash
Health, and
was part of the
development

of Child Digital Health Record (CDHR) Standards with the National Digital Health Collaborative – 2018-2019.

How did you come to avail of this opportunity?

The Chief Nursing Information Officers (CNIO) Community of Interest was asked by The Australian College of Nursing (ACN) for a representative on the Clinical Informatics Endorsement Committee (CIEC), a sub-group of the National Children's Digital Health Collaborative. As this was about clinical data gathering it seemed appropriate that a delegate from CNIO group represent ACN to provide nursing and health informatics expertise. My role was to consult more broadly with relevant nursing members to review the work already done and identify gaps. The consolidated feedback was submitted to ACN internal committees to endorse.

Could you explain what the event was all about?

Currently, the paper-based child health records are different in each state and territory. These records are held in a book that is provided to parents on the birth of the child and are documented in during visits to Maternal and Child Health Centres and health services with tracking of major milestones and percentile measurement health assessment and vaccinations, as a few examples. You may know these as the 'blue book' or 'yellow book' depending on which state you live. The aim of the CDHR program is to develop a proof of concept of a digital record that contains a single data set which would allow greater interoperability and portability.

Through a series of teleconferences and face-to-face meetings lead agencies and colleges discussed the program and reviewed the harmonised data sets already

developed by a previous program of work, that would make up the digital record. This committee's role was to review and validate the information model by reaching out to our medical, nursing and midwifery community and then seek endorsement from our colleges. Each representative was required to review the clinical information (data set) to be gathered from newborn-four-years-old to ensure the data would be fit for purpose.

The program is a proof of concept that is currently undertaking a trial with 30 mothers and babies in four areas in NSW. This includes the development of an 'app' for the parent/carer to use with dates of the health check and details of the assessments and includes vaccinations.

Results of this trial will inform the future roadmap and will be provided to Australian Digital Health Agency for a business case to roll out in other jurisdictions.

What interested you most about it?

I like being involved in the early stages of a software development lifecycle, especially one that has potential to be used nationwide. Significant funding had been obtained for CDHR and through extensive collaboration across Australia, the final set of data was available for the Clinical Informatics Endorsement Committee to review. In addition, the concept of midwives, General Practice, Aboriginal Medical Services, Community Nursing and even Emergency Departments being able to access a single record for the newborn-four-years-old is critical in the digital age.

Despite expected challenges, the outcome will be fantastic for continuity of care and for our mobile population.

The other aspect that appealed to me was the broadening of the information with a good family history and greater involvement of the parents/carer in entering information digitally. The simple, easy-to-use application for consumer access was particularly heartening, considering most parents have a mobile phone to be able to interact, and have the information at hand. In addition, the record is portable regardless of state and territory boundaries.

What are your main takeaways from this opportunity?

It is exciting to be at the ground level of a national initiative, where multiple lead agencies and colleges work toward the benefit of our clients. I was impressed with the level of respect and interaction between all representatives. It also demonstrated to me the importance of being a member of a professional college that has a high profile and identified to be essential in the consultation process. Participating as a representative broadens one's experience and provides insight into how programs of work are undertaken.

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

The benefit for the profession, should the CDHR go beyond a proof of concept, is that nurses will have access to an infant-child's digital information when it is needed to inform decision making and ongoing care. The results of the trial currently in progress will inform the value of cross provider/health service use of a single record.

Other benefits included the collaboration with representatives from peak bodies and colleges such as Rural & Remote Medicine, National Aboriginal Community Controlled Health Organisation, Australian College of Midwives and The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, to name a few. The conversations and understanding of each area's contribution in this process was very interesting and I feel that nurses and midwives had a great role in advising and reviewing the data and expressions as it relates to our professional groups.

Why do you think this event/cause required a nursing contribution?

As the CDHR consists of significant documentation by midwives and nurses, contribution is very pertinent to ensure the information was relevant regardless of the health care setting. Consideration is being given to the development of a CDHR for 5-14 years of age with a State and Territory leading the work.

Championing change through education

An initiative by two dermatology nurses and ADNA means nurses now have access to better education within the specialty, ultimately resulting in better patient care

In 2017, two dermatology nurses, Jan Riley MACN and Helen Rothenbuhler approached the Australian College of Nursing (ACN) to discuss the lack of a specialist postgraduate qualification in dermatology and propose a course that would deliver education to nurses in their specialty.

This was the catalyst for the development of the internationally pioneering Graduate Certificate in Dermatology Nursing. The course was developed in 2018 and accredited in 2019 to meet the needs and expectations of industry, students and consumers as well as the requirements of the Higher Education Standards Framework from the accreditation body Tertiary Education Quality and Standards Agency (TEQSA).

Jan and Helen are Clinical Nurse Specialists in Dermatology, employed through the Mid North Coast Primary Health Network.

Jan moved from a rural facility to primary care and then finally to private dermatology practice. "I was a solo nurse in dermatology in a country town – medical textbooks were my 'go to'. I often thought to myself – 'I have no idea of what I don't know!'"

Helen echoes Jan's thoughts. "My story is very similar to Jan's. As I began to work in dermatology, I recognised very quickly how little I knew, and I soon became desperate for dermatology nursing education. Medical texts and the Dermatology Nursing Journal became very precious."

Jan adds, "I had to hunt out colleagues – ringing metropolitan dermatology outpatient

clinics to ask 'What do your nurses do? How do they learn? Do you have protocols and documents you can share?'"

"Over time our nurses' communications grew more frequent and formal; the Dermatology Nurses Society Incorporated and the Australian Dermatology Nurses' Association (ADNA) was established."

But many Dermatology nurses realised that conferences and CPD education were not fulfilling the need for post-graduate education and a vision and specialty confidence for a career path – under a nurse formulated banner/framework.

"Then at a CoNNMO (Coalition of National Nursing & Midwifery Organisations) meeting a few years ago, I approached Kylie (Ward FACN, ACN CEO) about the idea," Jan adds.

STATISTICS



Almost 1,000,000 people live with chronic skin conditions (ACD 2019)



In resource-rich countries such as the US, the direct and indirect socio-economic cost of treating skin disease has been estimated to be US\$86 million (Seth et al 2017). Such is the cost of treatment that the World Health Organization (WHO) has included dermatological medicines on the *List of essential medicines* (WHO 2017)



92% of dermatologists live in metropolitan areas; 2 for every 100,000 people (ACD 2019)

Consequently, Jan and Helen met the education development team to kickstart the process. Over several phone meetings, they planned the necessary subjects and what those subjects would cover; discuss who they would benefit, etc. The outline was then fleshed out and had to be approved by TEQSA and funded as well. ADNA and the Australian College of Dermatology were involved all along as it was an Association and an ACN project. ADNA were also able to negotiate funding with Novartis, one of the many pharmacology companies that provide biologics to patients with chronic skin conditions.

In the process, understanding the necessary topics, the detail to include and ensuring a local perspective on that information (both research generated knowledge and care provision from consumer expectation and nursing frameworks) were the big challenges. “We had Dermatology Nursing textbooks from the American Dermatology Nurses Association and the British Dermatology Nursing Group to help identify necessary topics and information detail, but it had to be tailored to Australian care contexts,” Jan explains.

On the other hand, balancing the needs of students with the expectations of the industry and the requirements of TEQSA wasn't so difficult. “Staying within our nursing frameworks and regulatory documents – and those documents are unambiguous so it's easy in that respect – might provide food for thought for more follow-on subjects.

The foundational information and subjects need to be well established, and now they are. More elective, broader career diversifying subjects may well divide off into sub-speciality areas now.”

Helen adds, “I think the needs/desires coming to us also made the process easier.”

After months of hard work, the duo recalls the thrill and satisfaction of the documentation starting to come through as the course began taking a more concrete shape. “Seeing the course advertised on the internet, the first enrolments and actually tutoring and marking were some big milestones for us!”

As for accommodating changes that rise from evolving research, Jan says, “I can see how current the research is that forms the basis of our knowledge and current practice, so constant updating will be a task in itself! Our speciality treatments, modes/technology for assessment and pathophysiology knowledge seems almost a paper by paper learning curve. I think additions will naturally come along as the course matures – different eyes and reviewers will also add their dreams.”

Helen agrees, adding, “Additionally, COVID-19 has demonstrated how quickly things change and how currency and adaptability is integral to relevancy.”

Jan and Helen believe that this information is integral to all areas of nursing and so, in the future, they hope for the subject to be made more specific to other clinical areas – to aged or paediatric skin conditions and

sub-specialty treatment areas like minor surgery or phototherapy, for instance.



The course also addresses a vital aspect of nurse advancement: leadership. Jan explains, “The final subject, final theme I believe, will stimulate nurses to see the bigger picture and progress their dermatology carers into more influential roles. I also believe that – as was identified in the early years of ADNA and the education and collegial support it provided – a specialty expectation may well build, so that a culture of post graduate certificate supported nursing will build leadership potential.”

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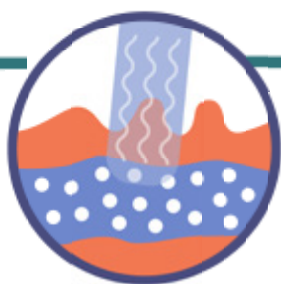
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In 2013, the *Global burden of disease report* listed skin disease as the '4th leading cause of nonfatal disease burden world-wide', with dermatitis being the biggest burden of all at 9.3 million disability-adjusted life years (Seth et al. 2017, p. 204)





Thank you to all of our authors!

SHARE YOUR STORY WITH US

Spring: Identifying future champions

Summer: Empowering your inner champion

It's the Year of the Nurse and the Midwife and there is no better time than now to celebrate and acknowledge nurse champions, present and future.

In these challenging times, we understand that you may not be able to find the time to write for The Hive. However, if there is a story you want to share with us, please write to us at publications@acn.edu.au and we will find easier, alternative options for you to do so.

Deadlines

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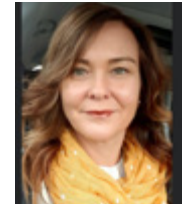
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