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Australian College of Nursing

2020  
YEAR OF THE  
NURSE &  
MIDWIFE

Identifying future champions



Reflections on  
COVID-19: A Victorian  
perspective

Dr Jennifer-Weller Newton FACN

Making a difference

Raj Gujraj MACN

Showing the way  
forward

Skye Coote MACN

+MORE  
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IDENTIFYING FUTURE  
CHAMPIONS



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#31 SPRING 2020

IDENTIFYING FUTURE CHAMPIONS



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Gujraz Poumansing MACN

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For enquiries or to submit an article, please email [publications@acn.edu.au](mailto:publications@acn.edu.au).

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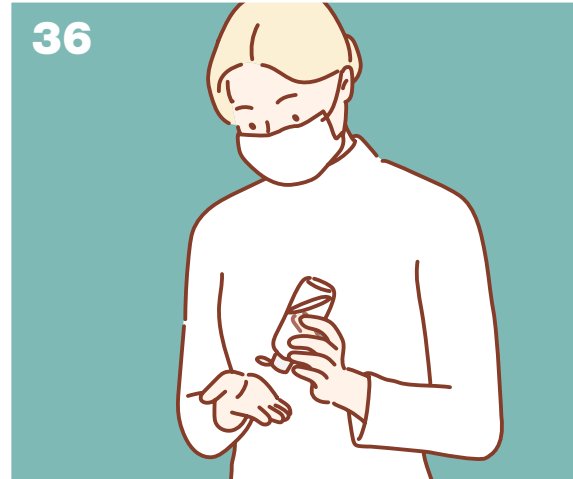


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# President's report

PROFESSOR CHRISTINE DUFFIELD FACN  
AUSTRALIAN COLLEGE OF NURSING PRESIDENT

An individual who sets out to be a champion swimmer has made a conscious decision to excel at something – swimming. To do so, they have probably turned failures into learning opportunities but the moment they cross the finish line first they know they have won. Win on several occasions and their journey to becoming a champion has begun.

A race has a clear start and finish line, but this isn't so in most of what we face in life. We may not even realise we have embarked on a race to championship.

Nurses are in the race of their lives dealing with COVID-19, a race that began on 12 December 2019 when the first case was detected in Wuhan, China (ABC 2020), and declared a pandemic on 11 March 2020 by the World Health Organization (WHO 2020). Despite personal and professional challenges, nurses are ensuring that every patient gets the care they deserve.

We should be proud of the way our profession has led and championed change. We have embraced telehealth, with use up by as much as 8,000% (The Conversation 2020). We are caring for patients through virtual hospitals (ABC 2020). Thousands have turned up to assist with COVID-19 screening (Sydney Morning Herald 2020). More than 20,000 nurses have undertaken ICU training in anticipation of growing numbers (ABC 2020) while 13,000 were listed on the pandemic sub-register to re-join the workforce (SMH 2020).

The impact on nurses' work and patient safety of adjusting to new procedures such as doffing and donning (Baloh et al. 2019) and new ways of providing care should not be under-estimated. Consider the use of prone positioning in ICU which uses gravity to improve oxygenation (Malhotra & Kacmarek 2019). This technique requires new skills and importantly, teamwork. So, if four nurses may be required to turn a ventilated patient, meanwhile, three other patients are not getting the care they need, putting their lives at risk.

Despite meeting the continually evolving challenges of COVID-19, there is a darker side. At least 3,500 HCWs have tested positive for COVID-19 in Victoria so far (DHHS 2020). More than 7,000 health care workers worldwide (Amnesty International 2020) have died, of which over 1,000 are nurses (ICN 2020), and many believe this is an under-representation.

And as tragic as this situation is, another crisis is looming ahead of us – their mental health and well-being now and post-pandemic.

We need to think about the impact for nurses who have endured many hours wearing hot and claustrophobic personal protective equipment (PPE); who are stigmatised by the public for possibly being COVID-19 positive; who are often the only person to witness the suffering and death of the resident or patient.

Athletes faced with no longer being champions often suffer from severe depression, and in extreme cases, suicide. Rather than being the champions we want them to be, nurses may face similar consequences.

The first published study examining the mental health of nursing and medical staff in Wuhan, found that 37% had experienced sub-threshold mental health incidents, 34% had mild disturbances, 6% had severe disturbances (Graham Y et al, 2020). A study by Labrague & Santos (2020) involving 325 Registered Nurses in Philippines found 37.8% had dysfunctional levels of anxiety. Yet another study of 448 nurses in Jordan found that 64% were experiencing acute stress disorder and 41% significant psychological distress (Shahrour & Dardas, 2020). Similar results are emerging from the US (Pearman et al. 2020), Singapore and India (Chew et al. 2020). More worryingly, increasingly there are reports of suicide amongst nurses (Rahman & Plummer, 2020).

Consequently, the risk of nurses leaving the workforce poses serious problems for our health and aged care systems. The State of the World's Nursing Report – 2020 released prior to the pandemic found that a workforce shortage of 5.9 million nurses in 2018 (the latest figures available) (WHO 2020). As we have seen recently in Victoria, a nursing shortage compromises care delivery.

If ever there was a time to ensure nurses are safe and have support, this is it. If ever there was a time to enable nurses to work to their full scope of practice, this is the time (ACN 2019). If ever there was a time to engage nurses in policy decisions about health and aged care, it is now.

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# Hello!

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

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

Welcome back to a new edition of *The Hive*. Much has happened in the last three months and I want to thank every nurse and health care worker for your selfless service during these difficult times. I am also very grateful to every nurse who answered our surveys, used the Disclosure Portal and contacted ACN to share your concerns and experiences. About half of the thousands of responses were from nurses working in Victoria. However, we found that issues raised were consistent around the country and as a result, we have been able to work with governments to advocate for the conditions of nurses to practice professionally and safely. Some of the concerns that nurses shared with us include:

- Lack of appropriate PPE and issues with wearing it all day
- Verbal and physical abuse
- Mental and physical burnout
- Shortage of nursing staff
- Ostracisation from public for the fear of nurses being COVID positive
- Bureaucracy and paperwork that are hindering their work
- Fear of contracting the virus at work and passing it on to their loved ones
- Lack of a safe space to share these concerns and mental burdens.

More than 3,500 Victorian health workers have contracted the coronavirus (DHHS, 2020) with the majority being nurses. Our national COVID-19 Nurses Support Strategy is a vital step in addressing some of these challenges our profession is facing. The strategy focuses on information, upskilling, advocacy, support for nurses, health system reforms for professional practice and community awareness. One great initiative we developed and implemented very quickly is the Nurses' Buddy Hub, a one-of-its-kind platform where nurses can connect with their colleagues on the COVID-19 frontline and offer peer support.

The reality is, we are at war with a virus that we have no defence against, a war that is taking its toll as exhausted nurses and health care workers are now at risk with their own health and well-being. It will be some time before a vaccine is developed and so, we still have a long way to go.

“The reality is, we are at war with a virus that we have no defence against, a war that is taking its toll as exhausted nurses and health care workers are now at risk with their own health and well-being. It will be some time before a vaccine is developed and so, we still have a long way to go.”

Many of us are in leadership positions, many have educated ourselves on leadership skills and capabilities throughout the years whilst others are aspiring to be leaders. Never could we have predicted that we would be applying these leadership skills in a worldwide pandemic in the year 2020. The bravery and resolve of nurses to turn up and work despite these challenges makes me innately proud to be a nurse. How we continue to show leadership, support each other, including our undergraduates and graduates, as well as provide exceptional care to all who live in Australia, will require the best of us.

In the meantime, as we carve out a new way of living and working, we must continue to celebrate our profession and acknowledge our champions of change, to usher in light to fight this darkness. I invite you to flip through this edition of *The Hive* to connect with your tribe. In a very special feature **Reflections on COVID-19: A Victorian perspective**, ACN's Victoria State Chair **Dr Jennifer Weller-Newton FACN** looks back on the predicament of our Victorian nurses and highlights the support they need, not just immediate but in the long term.

**In Care in crisis**, ACN Members analyse merits of a new initiative in New South Wales wherein mental health nurses will assist police personnel in psychiatric emergencies. And in **Showing the way forward**, **Skye Coote MACN** talks about

her trailblazing work and role aboard Australia's first and only Mobile Stroke Unit.

This pandemic has highlighted the importance of a digital health care system in Australia, and we have been championing that for many years. In **Future champions of digital health**, **Aaron Jones FACN** and **Adjunct Professor Naomi Dobroff FACN** discuss the new National Nursing and Midwifery Digital Health Capability Framework and how it will be instrumental in understanding and implementing digital health capability for individual nurses and within health care organisations.

It also gives me immense pleasure to invite you to read this edition's Distinguished Life Fellow feature, **A nurse leader unparalleled**. Each of us can take inspiration from **Dr Rosemary Bryant AO FACN (DLF)**'s story of courage, conviction, strength and leadership.

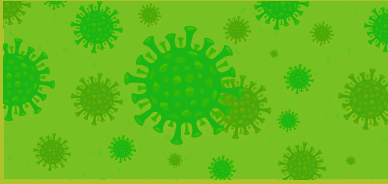
In parting, I would like to remind all members working to keep us safe: we see you, we thank you and we are here for you. Please take time to care for yourself. The fight is not over yet, but you have our unflinching support.

**Warmest regards**  
**Kylie**

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## COVID-19 NURSES SUPPORT STRATEGY



As the pre-eminent and national leader of the nursing profession in Australia, the Australian College of Nursing (ACN) is advocating for nurses through its COVID-19 Nurses Support Strategy. Two new initiatives, among many, have been launched within the Strategy.

Our new anonymous **COVID-19 Disclosure Portal** allows nurses to voice their concerns in a safe, supportive environment. Their submissions will be analysed to identify specific practice problems and will then be raised with the appropriate facility or government if appropriate.

Another initiative, the **Nurses' Buddy Hub** was launched to enable nurses to offer support to their colleagues on the COVID-19 frontline. Nurses can either volunteer as a Nurse Buddy or register as a Nurse Buddee to be connected with a Nurse Buddy if they need support. The Hub is free and allows members to communicate through a channel that suits them, including direct messaging or video conferencing.

Find more information at [acn.edu.au/covid-19](http://acn.edu.au/covid-19)

## NURSESTRONG

# 5-WEEK STRESS LESS CHALLENGE

We teamed up with Mindful Innovative Action to bring you the 5-Week Stress Less Challenge. Each week nurses are introduced to a new stress management technique to help them find a new habit that suits them and their lifestyle. Over a period of five weeks participants discovered how breathing, mindfulness, gratitude, time out and exercise can help improve mental well-being, physical health as well as relationships. The challenge was offered free of charge.

We also released our latest Q&A session with Jen Wressel MACN, who shared her knowledge and experiences to help others take control of their health and well-being.

Join the NurseStrong Facebook group to take part in new challenges or to simply share your stories and experiences of being NurseStrong!

Find more information at [acn.edu.au/nursestrong](http://acn.edu.au/nursestrong)

## ACN FOUNDATION POLICY FELLOWS ACADEMIC PROGRAM

 Australian College of Nursing

# FOUNDATION

Policy Fellows

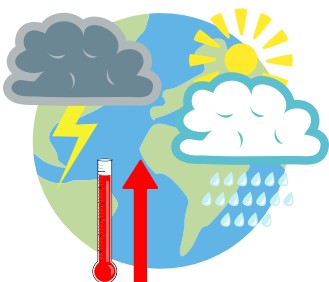
If you are a nurse leader aspiring to advance your understanding and contribution to the policy debate and discussion through the lens of nursing policy development, the ACN Foundation Policy Fellows Academic Program (AFPAP) might be what you are looking for.

AFPAP, the first nursing-specific health policy program to be offered in Australia, is an initiative that aims to invest in the future of nursing and nursing leaders who will have the knowledge and skills to go on to positively influence health policy and Australia's health care system.

Candidates are afforded the opportunity to receive health policy and advocacy education and mentoring including skills around researching, writing, presenting and producing documents such as policy statements, commentaries, issues papers, white papers and scoping reviews.

Expressions of interest are now open. Find more at [foundation.acn.edu.au](http://foundation.acn.edu.au)

## CLIMATE CHANGE COMMUNITY OF INTEREST: A CALL TO ARMS



Right now, there are thousands of nurses across Australia fervently putting carbon emissions reduction on the health care agenda — you may be even one of them. And you are not alone.

That's why we want to assemble our brightest leaders to tackle the biggest threat to public health: climate change. Climate change has been labelled by international leaders as 'this generation's nuclear free moment.' Nurses are not afraid of the word 'emergency,' and right now we are at the forefront of responding to the climate emergency.

Although health care providers will be responsible for caring for those impacted by climate related health issues, the Australian health care system contributes substantially to carbon emissions – through inefficient lighting, air conditioning, waste production and use of pharmaceuticals.

We believe that nurses are the innovative leaders and the collective force needed to transition Australia to a carbon neutral

country. That is why we are calling you to join us as we create a movement to reverse the health effects of climate change. This is a call to arms to become the Climate and Health Champions of Change!

Join us on the Climate and Health Community of Interest on **neo** for up to date information on how climate change will impact you and your workplace. And read our column *Climate and Care* on *NurseClick*.

Send your expressions of interest with a short biography to Helen Truscott at [Helen.Truscott@acn.edu.au](mailto:Helen.Truscott@acn.edu.au).

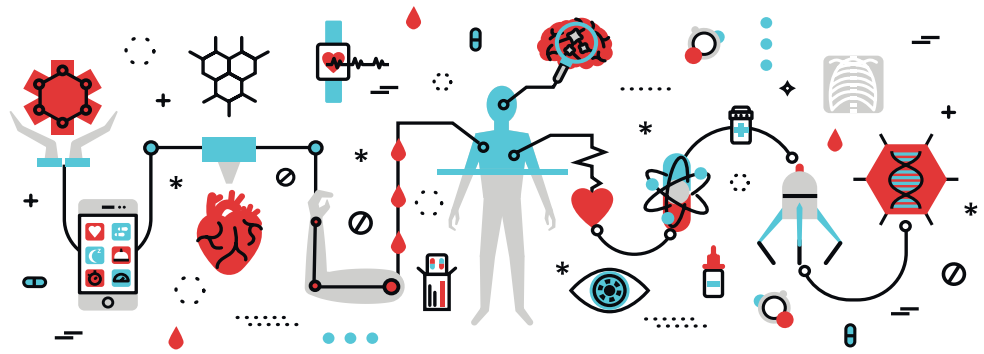
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## RESHAPING THE FUTURE OF HEALTH CARE



TOMICA GNJEC MACN



The year 2020 has been an unpredictable one, but even amid such uncertainty, ‘future champions’ don’t lose their momentum. Our local Emergency Department is blessed with two such nurses – Shannon Narracott MACN and Britt Shephard.

In the emergency care environment, they have highlighted the prevalence of suicide and an ever-increasing presentation of mental health crises, including the opportunistic gateway for many different health interactions (Suicide Awareness Ball 2020). In 2019, the duo embarked on a mission to raise suicide awareness in our local community (re-establishing links to services), including an

incredibly successful fundraising Suicide Prevention Ball, which raised more than \$41,000 for the Black Dog Institute.

As nurse clinicians, Britt and Shannon commenced on this important journey to highlight and re-focus the importance of programs and policies for improved support and care for individuals suffering mental health crises, including suicidal ideation and self-harm behaviours throughout the health care landscape (acute settings to community) (Suicide Awareness Ball 2020) (ibid).

Harnessing energy, creativity and ideas, whilst encouraging driven and focused nurses to

realise their leadership potential, can be achieved through such means as building of professional and clinical capacity through recognition and development (Van Hunnik 2020).

A change champion possesses the vision for a promising future in their hands and accompanies this vision with advocacy to make it happen (Generator Talent Group 2017). In 2020, Britt and Shannon have resolved to work towards the development of a national mental health and counselling program (Our CBR 2020). With the natural leadership qualities that they already possess, the right tools, support and opportunities to support these objectives – these future change champions will

surely and positively lead, reshape and redefine the health care landscape.

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## NURSING IN THE TIME OF A PANDEMIC



DR MADONNA GREHAN MACN

The emergence of COVID-19 in the International Year of the Nurse and the Midwife has focussed attention on what nursing is and what nurses do. Most nurses want to make a difference to people’s lives. But COVID-19-related deaths of health care workers remind us that nursing can be a risky

job, whether it’s working in an infectious diseases ward, an emergency department or a mental health unit.

Being a nurse also carries with it privileges that few others experience, such as witnessing sick strangers at their most vulnerable and easing their life’s path. Recently, a colleague in a European city was seconded from her job as university teacher of nursing because of acute workforce shortages. With so many deaths, the city was completely locked down. My friend could not visit her 90-year-old father, yet she was required to attend those who needed the care

of a nurse, regardless of any possible risk to her.

Her first patient was an elderly incapacitated woman left in a wheelchair for four days after all foreign nationals employed in private homes were instructed to leave the country. In Australia, too, COVID-19 visiting restrictions have applied to residential care homes which meant that some people died without the comforting presence of family members. Instead, a nurse was by the bedside to the last breath.

Mainstream and social media often describe nurses working in difficult conditions as ‘heroes’ and ‘angels’. Yet, nursing in all its practice spheres has

little to do with heroism. It’s professional work, informed by education, knowledge and experience, undertaken by people with immense compassion for humankind. Lisa Peters is a contemporary example. A nurse in Melbourne, Peters has been carrying out COVID-19 testing in public housing where a cluster of cases was concentrated. Reflecting on the work, Peters declares her enormous pride in being a nurse.

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- Australian Broadcasting Corporation, Melbourne’s public housing towers were locked down with coronavirus. I spent the week testing residents and this is what I saw, 11 July 2020, Retrieved 17 July 2020, <<https://www.abc.net.au/news/2020-07-11/testing-residents-in-melbournes-public-housing-nurse/12443060>>

# Reflections on COVID-19: A Victorian perspective

**Whilst there was the urgent need to respond to the crisis that led Melbourne to going into stage four lockdown, there is now the need to ensure nurses are protected in the long term**

**I**t is the Year of the Nurse and the Midwife, and no more than now has this year demonstrated the pivotal role that nurses have at the coalface of the COVID-19 pandemic, in providing care, support and just being there for patients and their loved ones.

For Victorian nurses, having to navigate the challenges of increasing cases has taken its toll on the nursing workforce. On 25 August 2020, the Victorian Government released a report indicating that since 1 July 2020, when Victoria began experiencing the second wave of COVID-19, 89% of the 922 nurse cases were acquired (Department of Health and Human Services 2020). However, putting these numbers in perspective is merely the manifestation that nurses are at the frontline of care, caring across the 24 hours of the day and are the largest workforce in the health care sector.

Moreover, this is a testament of the unwavering courage, conviction and calibre of the individuals who make up the nursing

profession and who put themselves in harm's way every day to care for Australians. Nurses have shared how afraid they are of going into work, fearful that they will bring their families in contact with coronavirus.

Yet, they have gone into work, undertaking 10 to 12-hour shifts to make up for lack of staff. They have expressed their sheer tiredness, in fact the constant tiredness, as one nurse shared, 'I'm tired of being tired'.

In contracting COVID-19, nurses would be accommodated in the 'hotel for heroes', to self-isolate if they could not manage to self-isolate in their own residence. Imagine as a 23-year-old being in isolation for eight weeks in a hotel room with no loved one being there as you struggle to walk in a straight line due to the intense dizziness, barely able to stand and have a shower.

Moral distress has been identified as a key health concern (Phoenix Australia 2020). This is so palpable in the voices of many of the Victorian nurses who responded

to ACN's survey, or in some of the media reports and news items. Nurses have been ostracised by members of the community for contracting the virus, even though they were simply undertaking their role as a carer for someone's loved one from the community.

Nurses' distress was also associated with Personal Protective Equipment (PPE). This was one of the contributing issues for the increasing numbers of health care workers contracting COVID-19. While the Victorian Government reassured everyone that there were millions of masks in warehouses, what emerged from the shared experiences and reports from nurses at the frontline was the lack of having the right mask available at the right time and that it was not properly fitted. This was against a background of increasing evidence demonstrating that N95 respirator masks offered significantly enhanced protection (96%) than just surgical masks against SARS-CoV-2 (Chu et al 2020).

For nurses working in regional Victoria, the closure of the Victorian/New South Wales





border created further duress for many along with their families and community. For instance, having to produce a permit and proof that they needed to cross the border to undertake work at Albury Hospital or trying to get to work in Wangaratta. Sitting patiently in queues added many extra hours to a week. ACN has developed a national COVID-19 Nurses Support Strategy to provide information, emotional support, advocacy and community awareness of the role of nurses in managing the pandemic.

At the time of writing this article, the numbers of health care workers contracting the virus are finally coming down in Victoria. Disconcertingly, what is not known is the long-term impact of COVID-19 on individual's health, but also on the nursing workforce. There is the possibility that some nurses who have contracted COVID-19 may have a post-viral syndrome which will keep them off work for months. The aged care workforce in Victoria has been disseminated.

Victoria's nursing workforce in some areas is exhausted. How do you find at the drop of a notice 100 staff to cover shifts for the day? Nurses from Western Australia and Queensland have answered the call to assist in boosting the workforce for four to six weeks.

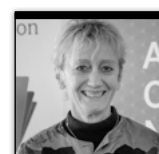
Whilst there was the urgent need to respond to the crisis that led Melbourne to going into stage four lockdown, there is now the need to ensure nurses are protected for the long-term. Long-term planning to how aged care facilities will be adequately staffed, let alone acute care settings.

Current nursing students in Victoria are struggling to complete their mandatory placement experiences, which will impact their ability to graduate and register, leading to a shortage of new graduates. Of those who do move into a graduate year, it will be imperative that there is a workforce able to provide the support and mentoring that is so essential in the transition year (Newton et al

2009). Sadly, the impact of COVID-19 will be with us for a long-time.

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	<p><b>AUTHOR</b></p> <p><b>DR JENNIFER WELLER-NEWTON FACN</b></p>
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## MAKING A DIFFERENCE

**For Poumansing (Raj) Gujraz MACN, nursing is about improving patients' lives and honing his leadership skills to influence positive change at work**

**E**ight years ago, Raj arrived from Mauritius to Australia to study engineering at the University of Technology, Sydney (UTS). From the get-go, he felt something lacking. Although he fell in love with the country, the course was a different story. "It was really cut-throat and quite isolating. I was quite unhappy," explains Raj.

Then one day, a fateful interaction at a train station changed his life. "I was travelling to the university and I helped an elderly lady at the station who had dropped her bag. She thanked me and said, 'I was just discharged from the hospital, where I had wonderful nurses, just like you!'" he recalls.

"That really stayed with me. The next day, I went to the career advisor who suggested I check out the other campus that had a nursing unit. I saw all these nursing students outside, talking and sharing notes. You could see the sense of camaraderie and positivity in them. That's when I decided to change over to a Bachelor of Nursing at UTS."

Explaining to his family why he wanted to be a nurse, being a male, was also challenging

at first. "Back home, just as it is in Australia, nursing is a female-dominated profession. So, it struck everyone as odd that I'd want to be a nurse. There was also some stigma attached to it," Raj says. "But when I showed my father around when he came to Australia for my graduation, I could see that he understood why I wanted to do this."

"He saw that nursing is a great career in which you can experience professional growth, you can work in different specialties, you can make a difference," he adds.

Raj started working at Fairfield Hospital in 2012 and has been there for the last eight years. He was particularly interested in helping elderly patients and so, he chose to work in aged care and rehabilitation. Raj completed the Graduate Certificate (GC) in Aged Care from the Australian College of Nursing (ACN), following which he became a Member. The GC enabled him to become a Clinical Nurse Specialist, a position he holds to date.

Raj's proclivity for leadership and management led him to take up several positions within the organisation — Acting

Nurse Unit Manager (NUM), Acting Patient Flow Manager, Acting After Hours Nurse Manager, Acting Nursing Workforce Manager and Acting Transfer of Care Clinical Nurse Specialist. During his work as a NUM, Raj was trialing some quality improvement projects on the ward. "Being a manager, however, is different from being a leader," remarks Raj.

That's when his seniors recommended him for the ACN Mid-Career Leadership Program. Raj says, "Although my approach was right, I didn't have the right methodology when I was trying to introduce changes on the ward, and I didn't have the right skill set, knowledge or coaching. That's when the hospital nominated me for the Mid-Career Program."

Leading change in the workplace is a key learning from the Program, and this was instrumental in helping Raj implement changes that had tangible results. Aside from the success of his quality improvement project, Raj was able to gain skills from the Program that helped him transform the culture to a collaborative one and make workplace processes more efficient.





Raj receives the 2019 Patient Safety Champion Award at Western Sydney Local Health District Quality Awards



At the 2019 National Nursing Now Roadshow in Sydney



With the team at Fairfield Hospital

“Over a period of six months, we went from recording 20.1 falls per 1,000 bed days to zero,” Raj says. “That was a big achievement for our team.”

For this, Raj was also given the Patient Safety Champion Award for 2019 for South Western Sydney Local Health District. His team also received the People’s Choice Award at the Patient Safety Conference at the district for the changes they made in the ward. He was also named a finalist for the Judith Meppem Leadership Award as part of the 2020 NSW Health Excellence in Nursing and Midwifery Awards. The awards recognise nurses and midwives who have made a difference in clinical practice, management and leadership.

Raj has been able to develop self-awareness about his skills as a leader as well as reflect on his leadership practices. “I now practise a transformational leadership style that works for me and my team.”

Looking forward, Raj hopes to learn more about leadership, with a special interest in mentoring and coaching. “I still have a lot to learn but I am always on the lookout for leadership courses that will give me an opportunity to learn but also to influence change where it matters.”

## CHANGE CHAMPION

Raj joined the ACN Mid-Career Leadership Program in June 2019.

**Quality Improvement Project: The Rehabilitation & Geriatric Ward** offers in-patient rehabilitation to some of their vulnerable community post-fall or post-fractured hip. The ward currently has surged beds, which can be used to overflow patients when the demand exceeds capacity. However, there has never been any business rule in place to guide the usage of the surged beds. Raj’s quality improvement initiative was to define business rules to improve patient outcomes, implement reduced hospital length of stay and improve staff satisfaction.

Raj says, “Through the Program, I was able to gain knowledge and skills around patient flow, budget and risk associated with surged beds.”

He adds, “The highlight was understanding the budgeting need and how health care within Australia is funded, which in turn has helped me better understand the cost associated with patient bed days and how surged beds with a high turnover can reduce the cost as well as the length of stay within the hospital.”

# CARE IN CRISIS

**How mental health nurses joining hands with law enforcement can have multiple benefits for everyone involved, and not just patients**

**“The police traditionally bring a lot of people to ED and that can be avoided, proving beneficial to the ED personnel too, who can then concentrate on delivering care to people who need to be there.”**



**PAULA DUFFY MACN**



**TIMOTHY WAND MACN**



**ANDREA MCCLOUGHEN MACN**

In June 2020, the NSW Government announced that mental health nurses would be employed across 10 police area commands and districts in Sydney to assist police personnel in psychiatric emergencies as part of a new program to help people in mental distress.

Mental Health Minister Bronnie Taylor and Police Minister David Elliott will expand the Police, Ambulance and Clinical Early Response (PACER) program which offers expert support to police and ambulance officers called to mental health emergencies (The Sydney Morning Herald 2020).

We spoke to three ACN Members: Paula Duffy MACN, Director of Nursing Mental Health, Ballarat Health Services; Timothy Wand MACN, Nurse Practitioner, Mental

Health Liaison, Emergency Department Royal Prince Alfred Hospital; and Andrea McCloughen MACN, Senior Lecturer Mental Health Nursing at The University of Sydney, to tell us what they thought of the initiative and the potential merits and challenges they foresee.

“There are a lot of merits to a program like this,” Timothy says, “Police often get a significant number of call outs from people who are in distress and I think they shoulder a significant burden that shouldn’t be theirs to take. That burden can be relieved by a mental health nurse who can provide a more compassionate and effective specialist response.”

Echoing Timothy’s opinion, Andrea adds, “Furthermore, this initiative has the

additional value of alleviating pressure on first responders and providing opportunity for mutual support and learning between the police and mental health nurses. I anticipate this initiative will enhance the relationships between police and clinicians, strengthen the understandings held by police, of mental health issues and the impacts of psychosocial distress and the range of potential behavioural responses to crisis. Nurses will gain enhanced understanding of police services.”

Paula agrees, “It is most valuable to establish and develop relationships between emergency services and mental health services, and to assist with earlier intervention to reduce potential distress for the person and their family.”



Seeing the initiative as one that rightly prioritises the person in crisis, Andrea believes “it will take into account both the physical and psychosocial context in which the crisis is occurring”. The program will allow professionals to engage with the person in surroundings familiar to them, she says. “Unwanted transportation to an unfamiliar environment can incorporate restrictive or coercive processes, which even if they occur with the intention to provide safety, can escalate distress and discomfort.”

Aside from preventing delays in care, the initiative will also help police in circumventing Emergency Department (ED) presentations, says Timothy. “The police traditionally bring a lot of people to ED and that can be avoided, proving beneficial to the ED personnel too, who can then concentrate on delivering care to people who need to be there.”

He adds, “I think the police need more support because they are often out of their depth in dealing with mental health crises. The police personnel I’ve met are socially-minded and welfare-oriented but at the end of the day, their job is to enforce the law.”

The move also signifies recognition of the vital work and clinical expertise of specialist mental health nurses but will also provide another direction for

mental health nurses to consider in their clinical careers, Andrea remarks. “They would also need to be trained for their role – and given an understanding of other roles – within the PACER team.”

However, as Timothy observes, nurses will be expected to have special therapeutic communication skills in addition to an assessment function. Paula adds, “They would probably also need training in triage, de-escalation of persons who are actively suicidal and aggressive as well as AOD (Alcohol & Other Drugs) and family violence.”

Timothy also expresses concern about negative assumptions that might arise out of the association between law enforcement and mental distress or agitation. “We have to be careful about avoiding this idea of ‘dangerousness’. People with mental health problems aren’t necessarily dangerous but this initiative might encourage that perception.”

There are also concerns around nurses’ scope of practice being limited in some situations, but Timothy comments that “nurses have their own scopes of practice and degree of autonomy”.

“In high-pressure situations, there could be some opportunity for backup by calling another colleague for an opinion. But if well-qualified, mental health nurses should

be more than capable of making tough decisions and backing themselves with their own professional clinical judgement.”

Andrea adds, “Mental health nurses will be drawing on and using their advanced clinical skills and knowledge within their identified scope of practice. As they work in various settings, their scope of practice should be flexible and permit expansion and extension of practice, ultimately leading to advanced practice roles (ACMHN, 2013). To this end, I do not see the PACER initiative as limiting nurses’ scope of practice, although clear boundaries for the role will be needed; rather I see it as illustrating the diverse practices, skills and activities undertaken by mental health nurses.”

In conclusion, Andrea says, “This is a great initiative that promotes professional collaboration and integration of specialised knowledge and skills, with the view to provide an effective and timely response for people when they are at their most vulnerable.”

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## SHOWING THE WAY FORWARD

### Skye Coote MACN talks about her experience as a Nurse Practitioner aboard Australia's first and only Mobile Stroke Unit

**S**kye Coote MACN has been a nurse for 25 years, 15 of which were in critical care, mainly ICU and some ED. She has a Graduate Diploma of Nursing (Critical Care). During that time, she was a Resource Nurse (educator) for some years as well as working in Acting Associate Nurse Unit Manager (ANUM) positions.

In 2010, Skye moved into stroke and was the Acute Stroke Nurse (Clinical Nurse Consultant, CNC) at Eastern Health for seven years. Simultaneously, she studied to be a Nurse Practitioner (NP) and completed two international courses in acute stroke management.

However, it was in 2017 that she was offered what she calls her 'dream job'. Skye joined the brand-new Mobile Stroke Unit (MSU) at The Royal Melbourne Hospital as Nursing Coordinator. The only one of its kind in Australia to date, the MSU was expected to launch later in the year, so Skye spent the first few months helping with design aspects, workflow processes, writing protocols and liaising with ambulance paramedics and hospitals.

The MSU went on-road in November 2017. Skye is responsible for managing a team of highly skilled stroke nurses on the MSU. A data custodian for the MSU database, she also collates and reports on the data,

and contributes to research in the field as well as maintaining a clinical role.

"It really is a completely unique role. Until now, acute stroke care was limited to hospital settings, so to move stroke care and therefore, the acute stroke nursing role to the prehospital setting is amazing!" Skye says.

The MSU, which operates Monday-Friday from 8am-6pm, is staffed by a team of 5:2 paramedics (one Mobile Intensive Care and one Advanced Life Support), a radiographer, an Advanced Practice Stroke Nurse and a neurologist. "Each role is vital," explains Skye, "When we arrive on scene, one of our paramedics and our radiographer set the vehicle up ready to scan. The other paramedic, the doctor and the nurse attend the patient. We get handover from the other paramedics who are usually already with the patient. The doctor starts their assessment to decide if a scan is required, while the paramedics take observations, extricate the patient, etc."

She adds, "The nurse meanwhile is responsible for collating the patient's information. If the patient has a family, the nurse needs to find out all of the patient's relevant information, as well as comfort the family, particularly explaining who we are and why we are attending in addition to the normal ambulance. The nurse brings all this information back to the team so together

we can make a decision on treatment options and the best hospital destination."

Manual handling to position the patient for scanning, administering medications, documenting all aspects of the provided care, helping to notify hospitals on the imminent arrival of the patient, managing drug infusions in the back of the ambulance and entering data into the MSU database are also part of the job. Understandably, the nursing role is crucial to this care delivery.

If, on the other hand, the patient doesn't need a scan or doesn't meet treatment criteria, the MSU team provides the paramedics with a copy of their assessment findings and the patient's scans, to be eventually handed over to the Emergency Department or stroke team at the hospital.

Skye adds, "We get an average of six to seven call outs per day, we have treated over 160 patients with thrombolysis, referred approximately 130 patients for mechanical thrombectomy or neurosurgery, making us quite a busy unit."

"The MSU has been proven to significantly reduce the time to treatment for stroke patients, up to an hour in some cases. This is crucial, as brain cells can die at a rate of up to 1.9 million neurons per minute in a large vessel occlusion stroke. A delay in treatment as little as 15 minutes can result in a loss of one month of healthy life and increase

**“Until now, acute stroke care was limited to hospital settings, so to move stroke care and therefore, the acute stroke nursing role to the prehospital setting is amazing!”**

the patient's odds of mortality. Literally, every single minute counts,” Skye remarks.

There are plans for the on-board neurologist to convert into a remote telemedicine role; as a result the nursing CNC roles will transition to expert stroke Nurse Practitioners.

During COVID-19, all staff wears personal protective equipment and the MSU gets thoroughly cleaned between patient call outs. “Initially, there was a decline in stroke presentations, which was a common finding across the world,” says Skye.

“We think patients were so concerned about coming to hospital, that they delayed calling ambulances. Our amazing stroke organisations worked quickly to get the FAST (Face, Arm, Speech, Time) message out to the community, reminding them that stroke is a medical emergency and that anyone with suspected stroke symptoms still should call an ambulance. This worked and we soon saw that they were calling for help.”

Skye concludes, “Of course, there are challenging days, but we have seen some amazing recoveries for our patients. Stroke is just so devastating to the patient, their family and their friends, that you want them all to recover as much as possible and return home disability free, and the MSU gives them the best chance to achieve this.”

“The MSU is truly a team effort.”



Shane Foster (paramedic), Francesca Langenberg (CT radiographer), Andrea Wyatt (paramedic), Skye Coote MACN, Henry Zhao (neurologist)



## WHAT IS THE MSU?

A specialised, custom-built stroke ambulance. It has a portable CT scanner on it, capable of doing non-contrast CT brain scans and CT angiogram scans of the Circle Of Willis in the brain. This is important as it not only helps to diagnose ischaemic and haemorrhagic strokes but the CT angio helps identify patients who have an ischaemic stroke caused by a very large clot in one of the large arteries in the brain (Large Vessel Occlusion).

For large clots, patients have been proven to respond better to mechanical thrombectomy than to thrombolysis. So, an important role of the MSU is to identify patients who are candidates for this treatment and take them directly to a thrombectomy

centre, as not all hospitals offer this treatment. This reduces time delays in the patient's treatment. The same applies to patients with a bleed in their brain — those who may be surgical candidates can be taken directly to a neurosurgical centre.

The MSU's aims are to:

- rapidly assess and diagnose patient through on-board stroke experts and pre-hospital brain imaging
- treat those patients eligible for treatment immediately, prior to taking them to hospital
- identify patients who are candidates for additional procedures and triage them to the appropriate hospital.

# LEADING THE FUTURE OF NURSING



**Elissa Dabkowski MACN**  
Stage 2 ENL

**I see myself as a change champion because** I was able to make positive contributions to my profession such as mentoring undergraduate students and encouraging them to join ACN and writing for a university nursing society magazine.

**Achievements I'm proud of:** Gaining an academic position at Federation University Australia in the Collaborative Evaluation Unit, under the direction of Associate Professor Joanne Porter MACN in 2019. This position provides me with the opportunity to contribute to valuable research, aiming to influence the future of health care in general.

**The ENL program has enabled me to** step outside my comfort zone and understand that leadership is not always defined by grand gestures – it's the little, everyday things we do that make a difference.



**Ariel Yokota MACN**  
Stage 3 ENL

**I see myself as a change champion because** I'm adaptable – and for any positive change to occur, we must take ourselves out of our comfort zone. I entered into the permanent nurse pool, which has challenged me to be flexible, open up to new ways of working and being adaptable to an ever-changing experience.

**Achievements I'm proud of:** I am proud to say that as a nurse, I have saved many lives, and will continue to do so throughout my career.

**The ENL program has enabled me to** learn about the nursing profession and leadership and consequently, be recognised by my university as a Peer Learning Facilitator.



**Suzanne Volenijkova-Wenger MACN**  
Stage 4 ENL

**I see myself as a change agent because** I love to bring about change by working in the background, connecting with individuals and helping them to become change agents and potential champions.

**Achievements I'm proud of:** Through my own journey as a mature aged student nurse who is a past President of the student nurses' group, present networker for the Nursing and Midwifery Alumni Group, is now working in community nursing, teaching first-year student nurses, and engaging with the ACN in a leadership capacity, I am most proud of individual connections where I was able to support and encourage students and peers who are now making a difference in their circle of influence.

**The ENL program has enabled me to** advance the profile and influence of community and primary health care nurses by being part of the Community & Primary Health Care leadership team.

Inspired, Resilience, Growth - these are just some of the words our ENLs used to describe their ENL journey in one word. Visit [acn.edu.au](http://acn.edu.au) to view the full video.

“ The ENL program has enabled me to step outside my comfort zone and understand that leadership is not always defined by grand gestures – it's the little, everyday things we do that make a difference. ”





## EMERGING NURSE LEADER PROGRAM

# Australian College of Nursing's Emerging Nurse Leaders talk about being change champions and their idea of leadership



**Loretta Woodford MACN**  
Stage 4 ENL

**I see myself as a change champion because** I have a willingness to listen to new ideas, I am an excellent networker and I focus on solutions to resolve the situation and move forward. I always look at turning a negative into a positive and then build on this learning. I feel enthusiastic about change but also have empathy for those who may not feel the same way. I am also not afraid to give feedback and I stand by my values, whatever the situation.

**Achievements I'm proud of:** Completing a Master in Nursing (Education) this year. I also became Secretariat to the Leadership Community of Interest (COI), which gave me opportunities to participate in webinars on mentorship.

**The ENL program has enabled me to** forge my comfort zone and I have been giving in-services to my work colleagues on changes and updates for clinical practice, for e.g. Blood and hemovigilance and serotonin syndrome.



**Lucy Osborn MACN**  
Stage 4 ENL

**I see myself as a change champion because** of my ongoing commitment to support up and coming nurses and nurse leaders. Some of the issues I have been tackling are; inter-professional bullying, emerging nurse development and creating the pathways for non-clinical nursing. I have taken advantage of my communication, interpersonal and influencing skills to ensure my actions reflect positively on the nursing community and engage as many nurses as possible.

**Achievements I'm proud of:** I am proud of how I have conducted myself as an early career nurse over my four years of nursing. I love when I receive feedback from my peers saying they follow my journey and have been inspired by me, even if it's as simple as having the confidence to apply for a new job. I am the youngest unit coordinator at a university level throughout Australia and have been the leader of ongoing professional development for myself and peers including international presentations and workshops.

**The ENL program has enabled me to** create a platform to spread good vibes and show my nursing journey through my column on NurseClick (ACN's blog at [acn.edu.au/blog](http://acn.edu.au/blog)). I've also utilised the program to take on formal leadership roles within ACN, such as being the Chair of Next Gen COI.



**Arun Thomas MACN**  
Stage 5 ENL

**I see myself as a change champion because** in my role as a mentor with Leadership Victoria, University of South Australia and as a career coach (volunteer) at ACN, I am encouraging, empowering and guiding mentees to be courageous and kind leaders. For me, being a change champion is about listening to others and advocating on behalf of people for greater good.

**Achievements I'm proud of:** In 2017, I became one of the youngest public hospital board directors in Victoria when I was appointed by the Health Minister at Stawell Regional Health for a three-year term, where I provided strategic direction, risk management and clinical governance expertise. In 2018, I was awarded Victorian state-wide Celebrating Aged Care Leadership Award and became a finalist - Excellence in Leadership by Victorian Healthcare Association for championing resident care and safety. In 2019, I was nominated and awarded the Victorian Young Achiever of the Year and became the recipient of Royal Flying Doctor Service Victoria Regional & Rural Health Achiever Award for my commitment towards mentoring and providing quality and safety for vulnerable people in regional and rural Victoria.

**The ENL program has enabled me to** find my full potential and gave me a platform to contribute and advance my profession in several ways, such as representing ACN and volunteering as a Career Coach.

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Australian College of Nursing

# NURSING IN THE COMMUNITY

WEEK *Nurses where you need them*



To view the podcast, read the stories or simply know more about Nursing in the Community week, visit: [acn.edu.au/nitcw](http://acn.edu.au/nitcw)



## From 14–20 September 2020, the Australian College of Nursing (ACN) placed the spotlight on the extraordinary nurses working in our community, who provide expert and professional care to patients at every stage of their life, from life to death

**N**urses in the community, those who work in a wide range of areas outside of hospital settings, support people of all ages and are there to help from the beginning to the end of life and everywhere in between. To raise the profile of this important area of nursing, ACN and its Community and Primary Health Care (CPHC) Community of Interest (COI) hosted the Nursing in the Community Week, proudly sponsored by Regal Home Health.

Together with ACN, the CPHC COI members worked hard to showcase and increase awareness of the variety of areas and the diverse ways nurses contribute to people’s health and well-being and to let them know that they can always ask for #NursesWhereYouNeedThem.

This year, to celebrate our nurses in the community, ACN highlighted the week around five key stages of life during which nurses support patients in the community:

**THE BEGINNING** – Child, adolescent and women’s health

**NAVIGATING TWISTS AND TURNS** – Injury, infection, mental health, sexual health, and drug and alcohol concerns

**CHALLENGES** – Chronic illness and disability

**THE GOLDEN YEARS** – Aging in place

**GOOD ENDINGS** – End of life care.

Each category represents a unique stage of life in which a community member benefited from the expertise of a nurse. Together, they highlight that no matter where you are in life, a nurse is always where you need them most – in the comfort and safety of your own community.

To kick off the week, we launched celebratory videos, viewed by over 100,000, featuring high-profile nurse leaders such as Dr Helen Haines MP and Adjunct Professor Debra Thoms FACN (DLF) as well as members of the CPHC COI leadership team congratulating nurses in the community for their hard work, dedication and compassion.

ACN also created a special digital awareness pack for the week that included an informative infographics poster and social media resources for nurses and the public alike to download. Over 1,864 nurses and members of the community registered to receive this awareness pack – a testament to the overwhelming support for this special week.

ACN’s *NurseClick* blog featured several community nurses from different areas of practice such as nursing in home care, caring for the elderly at home, Child and Family Health nursing as well as general practice nursing.

Additionally, *The ACN Podcast with Ben Jenkins MACN* invited acclaimed primary health care nurse leader Professor Elizabeth Halcomb FACN as a special guest during this week to talk about her journey throughout the nursing profession and advise on why graduate nurses should choose to work in primary health care.

We would like to thank everyone who took part in making Nursing in the Community Week a success and for all that nurses in our community are doing in safeguarding Australians.

### COMMUNITY & PRIMARY HEALTH CARE COMMUNITY OF INTEREST – LEADERSHIP TEAM



**KITTY HUTCHISON MACN**  
CHAIR



**ADJUNCT PROFESSOR ANNA SHEPHERD FACN (HON)**  
DEPUTY CHAIR



**SUZANNE VOLEJNIKOVA-WENGER MACN**  
COMMUNICATION COORDINATOR



**ALAN MERRITT MACN**  
SECRETARIAT SUPPORT



# FUTURE CHAMPIONS OF DIGITAL HEALTH

## Aaron Jones FACN and Adjunct Professor Naomi Dobroff FACN on the recently finalised digital health capability framework for the nursing workforce



AARON JONES FACN



ADJUNCT PROFESSOR  
NAOMI DOBROFF FACN

A new National Nursing and Midwifery Digital Health Capability Framework (Framework) has been developed by the Australian Digital Health Agency in collaboration with the Australasian Institute of Digital Health alongside multiple nursing and midwifery organisations, including the Australian College of Nursing (ACN), Australian College of Midwives (ACM), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the Australian Nursing and Midwifery Federation (ANMF) and the Australian Nursing and Midwifery Accreditation Council (ANMAC).

The framework was developed in response to the National Digital Health Strategy (Strategy) developed by the Australian Digital Health Agency (The Agency). The Strategy names seven strategic outcomes to be achieved by 2022 of which Strategy Six states the need for a workforce that can confidently use digital health tools and services to deliver health care. ACN spoke with Adjunct Professor Naomi Dobroff FACN, Chair of the Nurse Informatics Community of Interest (COI) and Aaron Jones FACN, Chair of the Chief Nurse Information Officers (CNIO) COI, who were involved in the development of the framework, the first of its kind in Australia.

Due to be released in 2020, the framework is based upon five main domains: Digital Professionalism, Leadership and Advocacy, Data and Information Quality, Information-Enabled Care and Technology. These domains sit within the context of nurses and midwives' roles, workplaces settings and the professional standards that apply to their practice (ADHA 2020).

Naomi primarily represented ACN as a subject matter expert (SME) and was involved in approving the way forward in the project plan, approving content and ensuring that it aligned with the expected outcome of the framework, as well as providing feedback. Aaron participated in one of the workshops that reviewed each of the capability statements in the framework and actively provided SME advice when Naomi was not available.

Naomi says, "The key use of this document will be to understand and implement digital health capability for individual nurses and within health care organisations. I've strongly advocated that the framework be implemented through a CNIO role in an organisation because that's the role that will have the deep understanding and ability to drive the framework. It's a huge opportunity but for it to be truly successful you would need a CNIO, it's a really significant and important piece of work."

It's notable that the framework has been developed in a way so that it can be adopted by individuals too, who wish to review their own digital health capabilities or assess their areas of professional development. However, Naomi adds, "Although there are secondary pieces being developed for that purpose, one of the challenges is having the education and training available to support all those progressing through the capability levels outlined in the framework."

Another challenge is ensuring that the framework is useful in a practical sense. "It has been a lot of work," says Aaron. "But we don't want it to be seen as just an action plan with a lot of words and dot points in it. The framework needs to be implemented

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**“The key use of this document will be to understand and implement digital health capability for individual nurses and within health care organisations.”**

in a way that it's practically meaningful and useful to our workforce and gets a lot of us to where we need to be in that space.”

The next piece of work, he adds, is around documenting a career pathway around nurses wanting to become a CNIO. “At the moment, it's a bit of a gap. But the framework is a starting point in the discussion around informatics as a specialty in nursing and midwifery and what the various roles in informatics are.”

Naomi agrees, “The framework will help nurses identify what their strengths are and where they need to develop. But getting access to the educational material is the part where universities and other learning organisations, including the ACN, will have to get involved.”

Overall, Naomi concludes, the entire experience has been incredibly positive. “Collaborating with all these different organisations was wonderful as were the networking opportunities. This valuable piece of work was done in such a short period of time and the engagement was fantastic.”

The CNIO COI has developed and launched the ACN's 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.

Find the Position Statement at [acn.edu.au/policy/position-statements](https://acn.edu.au/policy/position-statements)

#### REFERENCE

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**DISTINGUISHED LIFE FELLOW:  
DR ROSEMARY BRYANT AO FACN (DLF)**

## **A nurse leader unparalleled**

**Dr Rosemary Bryant AO FACN  
(DLF)'s work is a true example of  
nurses' power to influence change  
at local, national and global level**

**D**r Rosemary Bryant AO FACN (DLF) has been a nurse leader for over 50 years. Her exemplary career as a nurse has seen her lead the nursing profession nationally and internationally. Now retired, Rosemary describes her journey with precise clarity, whether it was her 'rebellious' brand of nursing in the '60s or landmark moments during her presidency at the International Council of Nurses (ICN).

Rosemary has helmed substantial changes through her leadership roles and counts her motivation to seek those positive changes pivotal to the work she has accomplished. And although she didn't harbor a great desire for nursing – not at first anyway – it did become her life's passion.

"I was a good student at school and when I was 16 years old or so, a couple of classmates expressed an interest in nursing. I had read various books about nurses and heard many stories and it always sounded like nursing was a way to do something good for the

community. I had been brought up to be community-minded and to help other people when they were in need. So, I decided to 'try it,'" recalls Rosemary.

"Interestingly, my mother had always wanted to be a nurse but was forbidden from pursuing it! I suppose I inherited that desire in part from her."

Rosemary completed her training as a nurse at Princess Alexandra Hospital (PAH) in Brisbane in 1967 at 21 years of age. During those four years at PAH, she enjoyed many aspects of her training. "However, there were some aspects of it I found very difficult to deal with. On one hand, I was very rebellious and didn't agree with some of the archaic rules surrounding the training, particularly living in. On the other hand, I loved learning and loved the work. I thoroughly enjoyed the camaraderie with my fellow students."

Rosemary adds, "I got into trouble a lot. I think the only reason I didn't get kicked out was because I was a good nurse and fared very well in my exams!"

In 1967, her family moved to the United States. Rosemary got registered in Australia and got her first job in Washington DC as a staff nurse in a general surgical ward. After a stint in the United Kingdom in intensive care, Rosemary returned to Australia to work at the Royal Adelaide Hospital (RAH) in 1970. Here, she worked for over a decade in intensive care, coronary care and cardiac surgery.

During this period, she was an active member of the then Royal Australian Nursing Federation (RANF). She was a member of Council for 10 years and served as its President for two years. In 1977, she got a scholarship to study the Diploma in Nursing Administration at the Royal College of Nursing, Australia (RCNA) and became a Fellow the following year. She also became Director of Nursing at the then Child, Adolescent and Family Health Service in South Australia, followed by Director of Nursing at RAH when she was all of 38 years old.





With a group of friends on graduation night 1967



With former CNA President Dr Li at Singapore ICN Congress



2013 Council of National Nursing Association Representatives (CNR)



On graduation as a qualified nurse 1967



With Commonwealth Chief Nursing and Midwifery Officer Alison McMillan MACN at ACN Parliamentary Breakfast 2019

This, Rosemary reveals, was a turning point in her career. “I had stepped up from being told what to do to being the one who decided what would be done. I was able to influence standards of care and that was very important to me.”

She went on to take up the position of the Chief Nurse in Victoria and was deeply involved in the transfer of nursing education from hospital training to tertiary education. “One of the most contentious issues I was involved in was the length of the undergraduate program. We opted for a three-year program (the same as NSW) and the academics wanted a four-year program, but they couldn’t provide hard evidence to justify the extra cost.”

“The other issue was that we had a very old Nurses Act (1956) and it was no longer fit for purpose. We worked with the government to modernise the Act. It was very challenging, but it was wonderful work. Some elements in that Act you can now see in elements of the legislation which is administered by the

Australian Health Practitioner Regulation Agency (AHPRA). I believe that our work paved the way for modernisation of health practitioner regulation,” Rosemary says.

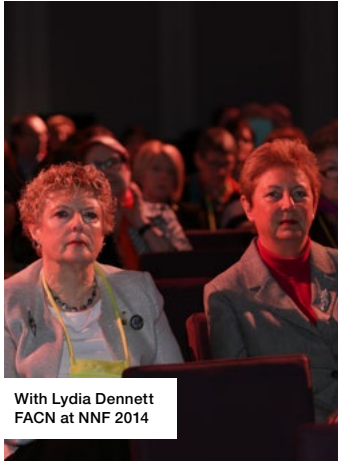
Her stint as Chief Nurse came to a halt when due to government reorganisation, Rosemary’s position was made redundant. “It was yet another turning point in my life, and definitely didn’t seem like a positive one,” she recalls. For the next five years, Rosemary became a private consultant and set about getting work. “It did make me reflect on my role and where I wanted to go. I seriously considered leaving nursing altogether, but I didn’t.”

As it happened, she was offered the position of Executive Director at RCNA in 2000, a position she held for eight years. Her ability to leverage her keen understanding of how organisations work, how change can be effected, and how to harness power positively is what eventually led Rosemary to become a board member

of ICN and eventually, its President. She was the third Australian to hold this position.

Under Rosemary’s leadership, ICN was able to achieve milestones such as getting China to join but still managing to keep their other member countries – namely Hong Kong, Macau and Taiwan – independent. “In another instance, we got Palestine in and through a big political negotiation, we were able to get Israel to support Palestine to join ICN,” recalls Rosemary.

In both situations, given the current skirmishes between the respective countries, these were tremendous achievements and characterise the power of nurses to achieve harmony above international politics. Additionally, Rosemary worked constantly towards modernising the structures that had pre-existed for almost four decades – a challenge given that ICN depends primarily on membership for functioning.



With Lydia Dennett FACN at NNF 2014



Receiving her Distinguished Life Fellowship at NNF 2016



Presenting at NNF 2015

**“I had to overcome preconceived notions such as ‘nurses can’t prescribe’ and ‘nurses will never get national registration’. You just can’t give up.”**

In 2008, she moved to yet another prestigious leadership role – that of the Australia’s first Commonwealth Chief Nurse and Midwifery Officer (CCNMO). “It was an eye-opener,” Rosemary says, “I had to basically establish the position. I had to talk to department heads, explain my role and what nursing could offer them, what advice I could give them and understand what they were working on.”

Gradually, Rosemary’s role and responsibilities became more visible. “When new projects began coming up, people came to me to ask ‘What do you think of this?’ or ‘What are the implications for nursing?’ Senior people in the organisation started asking ‘Has this been checked by the Chief Nurse yet?’ We had around 3,000 staff and to get nursing woven into the fabric of a health department was hard but not impossible! Today, I think the current CCNMO is doing a fantastic job in time of a pandemic. I’m so pleased with how far we’ve come!”

Counting the establishment of access for Nurse Practitioners (NPs) and eligible midwives to the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) as her most rewarding accomplishment as the CCNMO, Rosemary admits that hurdles abounded. “I had to overcome preconceived notions such as ‘nurses can’t prescribe’ and ‘nurses will never get national registration’. You just can’t give up.”

Rosemary talks about those in senior positions now in the country who had careers as nurses and how important it is that those people acknowledge and talk about nursing in those positions. “Ged Kearney MP, for example, would always refer to her background in nursing whenever there was a contentious issue. She never passed up an opportunity to promote the profession. Helen Haines MP, who became an independent member for the Victorian seat of Indi, has taken her role as an NP into the Parliament. We need more role models like them.”

Rosemary adds that the current situation has highlighted – like never before – the role of nurses. “We now have a valuable and very real opportunity to promote nursing. However, nurses need training at an elementary level to understand policy, policy development and build media skills, so that they can be called upon to articulate what it is they are doing and how they can resolve the issue. I think they need to take on more leadership roles, especially in the community.”

Currently, Rosemary serves as the Chair of the Rosemary Bryant AO Research Centre and the Rosemary Bryant Foundation. She is also on the board of the NPS MedicineWise. She also regularly attends various webinars on various aspects of international politics and economics and enjoys reading contemporary views on history.

*As told to Editor, The Hive*

**QUICK FIVE**

- 1. As a nurse, what are the values you hold dearest?**  
Equity, courage to care, and realistic understanding of evidence.
- 2. What message do you have for nurses battling COVID-19?**  
Make sure you look after yourselves with nutritious food and enough sleep. Be careful and follow the rules of limiting infection wherever you can! You are doing probably the most important work you will ever do.
- 3. What have you enjoyed most about being a nurse?**  
Being part of a unique profession and being able to connect immediately with people who are nurses all over the globe. I have found the business of nursing in all its facets through my career to be immensely rewarding and I have particularly enjoyed the personal relationships I have made.
- 4. If you had the opportunity to do something again, what would that be?**  
I would love to be back where I started at the bedside and working in intensive care again, especially in the time of COVID-19.
- 5. Your advice to a new nurse starting out?**  
Enjoy your work and look after yourself. Work out what area of nursing you find most rewarding and plan your career, including further education, to enable you to achieve your goals. Remember, as a nurse, you will always be doing worthwhile work.





ISSN: 1322-7696

## CALL FOR PAPERS Special Issue on Leadership in Health Care

Contemporary health care is complex and challenged in many different ways. Increasing technology and patient acuity, as well as workforce shortages, are just some of these. Leadership from nurses and other health professionals in practice, education and policy is key to ensuring safe and high-quality care delivery. This special issue will focus on research exploring the area of leadership in health care.

Potential topics include, but are not limited to:

- ▶ Clinical leadership
- ▶ Academic leadership
- ▶ Leadership development
- ▶ Policy in health care leadership
- ▶ Leadership roles
- ▶ Leadership for patient safety
- ▶ Leadership models in health care

**The deadline for submission is 1 March 2021 for publication in late 2021.**

Submissions of any of the above topics and related issues are welcome. Please feel free to contact the Editor-in-Chief in advance for advice on potential suitability of any proposed manuscripts.

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# Datasets to support workforce planning in nursing: an environmental scan

## The scan conducted by the Workforce Sustainability Policy Chapter has revealed the current complexity of the Australian health care system

### Background

Australia's health care system is considered world class based on the high standard of nursing, medical and allied health services it offers. While Australia may be the envy of many countries, health systems are facing increasing demands as the population ages with concomitant burden of chronic disease.

It is well known that nursing is the single largest health profession in Australia comprising 56.9% of all registered health practitioners (Roy Morgan, 2017). Developing the nursing and midwifery workforce to cater to this growing demand in a sustainable and productive way is vital. Australia has been applying a national approach to addressing these challenges while maintaining its health care workforce.

The National Health Reform Agreement was signed in 2010 and this coincided with the formation of Local Health Networks, Medicare Locals and Health Workforce Australia. The Council of Australian Governments, the Standing Council on Health, the Australian Health Ministers Advisory Council and the Health Workforce Principle Committee provide leadership to the States and Territories in health workforce reform.

Globally, the health sector has not been able to adequately predict or deliver the required numbers of properly trained health workers to service the increasing demand (Britnell, 2019). However, effective workforce planning is difficult because it requires future forecasting of dynamic and complex health care system needs and is based on models of care that are constantly evolving.

Appropriate workforce data is foundational to understanding our current state and future gaps and is vital if we are to engage in the productivity debate in a meaningful way. Focusing attention solely on nursing and midwifery supply, demand and cost is not going to address the elephant in the room. We need to do more within our available resources and work smarter rather than harder to develop a truly sustainable workforce. This requires investment in improving the health and well-being of the nursing and midwifery workforce, technology focused on efficiency and safety, training and development of new skills and an advanced scope of practice in preparation for our changing environment and innovative models of care delivery.

Australia has enjoyed a long period of economic prosperity and yet there is no evidence of real productivity growth for

over a decade within the health workforce (Australian Productivity Commission, 2016). This apparent inability to 'do more with same' is challenging to understand given the significant investment we are making as a nation in technology and education. The Australian College of Nursing (ACN) is leading the discussion around productivity in the nursing workforce by seeking to understand organisational level nursing workforce data, definitions and datasets.

### Workforce Sustainability Policy Chapter

In 2019, the Workforce Sustainability Policy Chapter, established by ACN, was involved in a project that aimed to identify what nursing datasets are being utilised within the public and private health care sectors across Australia for the purpose of **strategic nursing workforce planning**. The Policy Chapter considered the work around workforce planning a priority given it is a 'continuous business planning process of shaping and structuring the workforce to ensure there is sufficient and sustainable capability and capacity to deliver organisational objectives, now and in the future' (Australian Public Services Commission, 2019).



The aims of the Chapter were achieved by conducting an environmental scan based on a validated framework (Choo, 2001) to ascertain existing data, information resources and contexts for nursing workforce planning at an organisational level within Australia's health services. Stakeholders from public and private health services in rural, remote and metropolitan locations across Australian States and Territories were invited to participate in the environmental scan with a focus on their nursing workforce. The available data for each participating organisation was extracted into a standardised environmental scan template.

## Findings

Findings indicated considerable differences between nursing workforce determination within the public and private sectors; lack of standardisation in agreed nursing workforce definitions and minimum dataset; significant challenges for the rural and remote workforce and people living in these areas; and the accuracy and availability of detailed employee data for decision making. Legislated nurse to patient ratios or Nursing Hours per Patient Day models appeared to be the most consistent metrics employed across Australia to determine and distribute nursing workload.

## Conclusion and implications for Policy

The work of the 2019 Policy Chapter demonstrated the current Australian health care landscape is complex, even more so within the rural and remote health sector, and revealed inconsistent or absent workforce planning frameworks across the nation.

It is therefore important for policy decision makers to consider developing nationally consistent data collection tools to support the ongoing development of the nursing and midwifery role, workforce requirements and skill mix demand. The data is vital in helping inform future nursing related productivity debates, policy development, models of care, service planning, and provide a basis for the future development of education, curriculum, and research/evaluation methodologies related to nursing practice.

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### ACKNOWLEDGMENTS

Workforce Sustainability Policy Chapter members include: Professor Leanne Boyd MACN (Chair; CNMO – Eastern Health Victoria), Adjunct Professor Alanna Geary FACN (Deputy Chair; Metro North Hospital and Health Service Queensland); Jo Schlieff MACN (Eastern Health Victoria); Tania Duffy FACN; Associate Professor Jennifer Weller-Newton FACN (The University of Melbourne); Dr Craig Phillips MACN (University of South Australia); Associate Professor Michael Roche MACN (University of Technology Sydney and Northern Sydney Local Health District); Associate Professor Tony McGillion MACN (La Trobe University); Jo Mapes FACN (Western Health Victoria); Stephanie Haines MACN (Department of Health, Tasmanian Government).

Acknowledgement is also extended to Adjunct Professor Kylie Ward FACN, Dr Carolyn Stapleton FACN and Sofia Dimitrelis, who coordinated the various policy chapter activities.

Authored by Workforce Sustainability Policy Chapter 2019.

**For further information, please contact:**  
**[sofia.dimitrelis@acn.edu.au](mailto:sofia.dimitrelis@acn.edu.au)**

# 2020 ACN Fellowships



## Anita Bamford-Wade FACN

Anita has had an outstanding career both in New Zealand and Australia in education, leadership and management, organisational development and academic endeavours. Anita's current role for the past six years as executive lead and

Professor of Nursing and Midwifery of the Gold Coast Hospital and Health Service, is also a joint appointment with Griffith University.

In all these roles, Anita has inspired numerous nurses and midwives with her inclusive, capacity building leadership approach. She enjoys broad support from within the clinical area by advocating for the profession while accommodating interprofessional agendas. Anita spearheaded a successful application for the Gold Coast Hospital and Health Service to achieve Magnet Recognition in 2020, only the third Australian hospital to gain this standing. This took years of negotiating support from the Health Service senior management in conjunction with diligent, proactive and collaborative effort from her colleagues. In the process, Anita has proven to be an excellent role model and helped develop the careers of numerous nurses.

In her academic work, Anita has achieved a notable record of research, publications, conference presentations and student supervision. She is a research champion for nurses and other professionals seeking to optimise their commitment to evidence-based practice and professional advancement.



## Alison Belcastro-Tortell FACN

Alison is a highly respected and regarded leader of the nursing profession and a renowned champion for Primary Health in Australia. As the owner and Practice Manager in her own GP practice,

Alison has made a significant contribution to the nursing profession and health care, both in her clinical leadership as well as her role modelling of nurses as entrepreneurs.

Alison has demonstrated her commitment to ACN in multiple ways over the years. In 2016, she was selected to represent ACN at an international level in Paris at the International Council of Nurses and Pfizer Nurse Immuniser Working Group.

Since then, Alison has been actively involved as a leader for clinical nursing in many ACN events, both at national and international level. This includes representing ACN in 2019 at the Federation on Ageing (IFA) Adult Vaccination workshop in Singapore and contributing to a Hive article in 2017.

More recently, Alison has participated in critical ACN events in relation to COVID-19. This includes being part of the COVID-19 Workforce Solutions in Primary Care Expert Advisory Group, attending emergency planning meetings and being invited as an expert to join ACN in preparing a COVID-19 Action Statement.



## Sharon Bown FACN

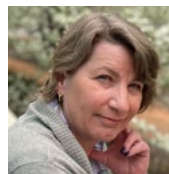
Sharon has served her profession and country with distinction. As an Air Force Nursing Officer, Sharon consistently advocated the unique value of nurses in the Defence of Australia and international humanitarian operations.

A strong and inspirational leader, she proved her mettle in command on operations. Most notably, after suffering disabling injuries on operations in East Timor, Sharon demonstrated formidable resolve to return to duty and to subsequently lead a critical care team in the war in Afghanistan.

With unique insight into both sides of health care provision, Sharon helped shape the future of Air Force Nursing with a fundamental realigning of the Nursing Officer career structure which enhanced recruitment, retention and clinical practice of Air Force nurses.

Sharon also advocates for veterans, families and nurses who provide them care. She provides trusted and reliable advice to Government to shape health care that recognises that our veterans are not 'broken' but represent a unique capability that enhances the fabric of the Australian community.

An author, public speaker and non-executive Director, Sharon raises the profile of nursing across government, corporate, clinical and charity sectors. She is a Member of Council of the Australian War Memorial, National Vice-President of the Air Force Association and Ambassador for Phoenix Australia.



## Karen Dansey FACN (Hon)

While not a nurse in the true sense, having spent over 25 years dedicated to a profession she loves, Karen is a nurse in her heart. With skills honed from service in the Navy and in the construction industry, Mrs Dansey came to the College in 1995 with a strong background in administration and management.

Karen has written for several publications of ACN as well as its predecessor organisation, the Royal College of Nursing, Australia (RCNA) and was the editorial assistant of *Collegian* for nearly 15 years.

From writing operational policies and procedures, leading on ISO 9001:2015 quality management certification to managing ACN's archives and historical collections and overseeing the day to day smooth running of both of ACN's sites, Mrs Dansey cares for and nurtures the organisation as a whole.

She is committed to the continuing preservation of nursing history and maintains a steely grip on the archive doors. Her long tenure has borne witness to significant changes both in nursing and to the organisation, one being the unification of RCNA and The College of Nursing in 2012 – two organisations that provided the foundation for ACN.



Australian College of Nursing (ACN) Fellowships are awarded to distinguished nurses among us who have made exceptional contributions to our organisation and profession. Fellowship is the highest honour bestowed upon nurses by their peers. Our new Fellows will be invested at the National Nursing Forum in 2021.

We extend our warmest congratulations to you all, and hope that our readers and aspiring nurse leaders take inspiration from your nursing journey.



### Dr Caleb Ferguson FACN

Caleb is an exceptional nurse leader in cardiovascular nursing research. He is one of only a handful of nurses to hold a National Health and Medical Research Council (NHMRC) Investigator

Grant, and is one of six nurses recognised as Fellows of the Cardiac Society of Australia and New Zealand.

Dr Ferguson leads a program of cardiovascular nursing research with focus on the management of atrial fibrillation. He has published over 100 academic works including contributing to two national clinical practice guidelines for atrial fibrillation and stroke and recently co-edited the widely used research textbook Whitehead & Ferguson, *Nursing & Midwifery Research* 6<sup>th</sup> Edition, Elsevier. He has been awarded over \$1.7 million in research funding including highly competitive grants from the Heart Foundation, Stroke Foundation and NHMRC.

A member of ACN since 2010, Caleb has contributed to the organisation in many ways. His editorial contributions include guest editor and reviewer for *Collegian*. Dr Ferguson has also served as member of the ACN Grants & Awards Review Panel since 2018 and contributed to the review of research grants and scientific abstracts.



### Neil Haynes FACN (Hon)

Neil is ACN's Chief Operating Officer & Company Secretary. Over the past seven years, he has worked tirelessly leading the ACN team to diversify income and expand and develop services for

members. Neil's strategic financial acumen has been pivotal in providing leadership opportunities for Australian nurses, as well as supporting the education of nurses in the Pacific Region. Neil was also pivotal in establishing the ACN Foundation, securing the future of scholarship, study and development.

Neil's career has spanned both profit and not-for-profit sectors, with extensive experience gained both in Australia and the UK. His most recent roles were Director of Finance in the employment services and training sector and prior to that, with the largest independent Chartered Surveyor in Europe.

Passionate about finance and driven to get involved and understand the strategic business needs of ACN, Neil thrives in working closely with all arms of the organisation to ensure they are empowered and equipped to deliver high quality services to our members, stakeholders and the nursing profession. Neil holds a Bachelor of Science in Accounting from Hull University and is a Fellow of the Institute of Chartered Accountants in England and Wales (FCA).



### Suzie Hoytink FACN

Recognised for her entrepreneurship within the cosmetic industry as a recipient of the Telstra Business Women's Award, Suzie established the Clear Complexions Clinics in 2005. Suzie grew the company to a network of six premium medical

skin clinics with a highly skilled team of 70. Through her company, known for its best-in-class training and education program, extensive policies and protocols, safety profile and premium service offering, Suzie enabled hundreds of nurses to begin a career in cosmetic nursing.

A leader in cosmetic and aesthetic nursing, Suzie has been a keynote speaker at the cosmetic industry's leading conferences for over 15 years. She co-founded a National Working Party that developed Australia's first draft of the *Professional Practice Standards and Scope of Practice for Aesthetic Nursing Practice in Australia* (endorsed by the Australian College of Critical Care Nurses and ACN) that is supporting thousands of nurses working within cosmetic nursing.

Suzie was approached by ACN to advise, contribute content and review their Graduate Certificate in Cosmetic Nursing. A proud member since 2013, Suzie has utilised her expertise to advise and represent ACN. She was also the keynote speaker at the 2017 National Nursing Forum.



### Aaron Jones FACN

A Registered Nurse since 1993, Aaron started as a Graduate Nurse at Royal North Shore Hospital, spent a decade at the Prince of Wales Hospital and has been working in Sydney Local Health District since 2005. He started working in the Emergency

Department at Royal Prince Alfred (RPA) Hospital and held several nursing management roles there. As the Clinical Emergency Responses Coordinator, he oversaw the implementation of the RPA CERs in 2008. In 2014, he moved into Nursing Informatics after becoming interested in Electronic Medical Records (eMR) and how it can streamline patient care and improve clinical workflows.

Aaron became the first Chief Nursing and Midwifery Information Officer in NSW in 2015 and established ACN's Chief Nursing Information Officer (CNIO) Community of Interest. He co-authored the recent ACN Position statement *Leading digital health transformation: The value of Chief Nursing Information Officer (CNIO) roles* and represented ACN in the development of the National Nursing and Midwifery Digital Health Capability Framework.

Aaron is a clinical senior lecturer with the Faculty of Medicine and Health at the University of Sydney and is co-investigator on several research projects on digital health and workforce development. He is the co-chair of the eHealth NSW Comprehensive Care Design Working Group that is designing an eMR solution to meet Standard 5 of the Australian Commission on Safety and Quality in Health Care national accreditation standards.



### Christopher O'Donnell FACN

In a 20-years-long career, Chris has become respected internationally as a strong advocate and a dynamic leader of advanced practice with a vision for demonstrating the value of nursing and its contribution to safer, more effective and

efficient health care systems.

Through his work as a Nurse Practitioner and nurse executive, Chris has demonstrated the determination and skills to create order from chaos and achieving optimal outcomes for those in his care. This resolve is tempered by his skills as an innovator, informatician and a health economist.

Chris is currently the State Chair for Queensland and the chair of the Advanced Practice Community of Interest. He works in a senior role in Queensland Health that has most recently seen him lead the development, implementation and evaluation of the Nurse Navigator role, a high-risk, high-exposure \$398 million initiative that has gained global attention and resulted in much research around the value of advanced practice nursing.

Chris continues to lead a large body of work that will see the health care system maturing and developing to better meet the needs of the population through the removal of unnecessary administrative red tape barriers and the optimisation of funding models to better support nursing clinical practice.



### Adjunct Associate Professor Chris Raftery FACN

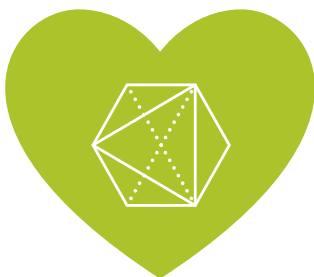
Chris is a well-respected, published and endorsed Nurse Practitioner, as well as a distinguished and dynamic nursing leader who has

been part of the profession for over two decades.

Chris is Deputy Chair of the Queensland Clinical Senate and a strong advocate for nursing in Queensland and nationally, maximising the full potential of our profession in the current and future health system.

As the former national president of the Australian College of Nurse Practitioners, Chris, having broad clinical and systems leadership experience and credibility across the sector, is a leading identity with the development and growth of Advanced Practice nursing and the role of the Nurse Practitioner at local, state and national levels, informing health care policy, strategy, reform and regulation.

Chris also influences capacity building across the system in partnership with key stakeholders, to deliver nursing solutions for state and national health priorities. With additional strengths in innovation, technology and health economics, his contribution and strategic influence in shaping and advancing the nursing profession nationally, continues to maximise our individual and collective opportunities now and into the future.



### About ACN Fellowship

Fellowship of ACN is a prestigious member status awarded to nurses in recognition of significant professional achievement. If you are an ACN Member, you can apply for Fellowship too by submitting a written application to ACN.

Applications for Fellowship are assessed on the basis of the professional leadership, commitment and achievements of the applicant. For a list of the selection criteria and application procedure, visit [acn.edu.au/membership/acn-fellowship](http://acn.edu.au/membership/acn-fellowship)

For other inquiries, please contact ACN Membership at [membership@acn.edu.au](mailto:membership@acn.edu.au)

# Nursing through COVID-19

**W**e are close to the end of 2020, the International Year of the Nurse and the Midwife, and as a nurse, it's been heartbreaking to see how nurses and health care workers around the world have been impacted by COVID-19. The second wave in Victoria, the rising number of cases of nurses dealing with stress and emotional exhaustion as we adapt to the new norm – this new reality is certainly challenging. How are you coping with it all?

A call to share COVID-19 nursing experiences has, to date, been hard to write about. I need nerves of steel to brace for the daily news update and I'm my own worst enemy, caught between wanting to know what's going on and wishing I didn't! Our lives have changed but, we have much to be grateful for.

The virus seems to hold all the cards. The more we learn about it, the less we seem to know, especially about long-term consequences. Surrounding the symptoms are even bigger questions about our immune response to the virus. We have no references to draw upon from our defence system data banks passed on from previous generations.

In remote rural Western Australia, I witnessed daily the negative impact of inequity experienced by the indigenous community. There, the negative social determinants of health, especially poverty, drug and alcohol abuse, are huge. Closing the gap remains the most pressing goal and challenge. Back in March, the threat of an outbreak here was very real as the indigenous community is often transient, with miners flying in and out of Perth, seamen coming ashore from iron ore carriers. Fortunately, the measures put in place to limit the spread proved to be very effective. Additionally,

the indigenous communities were locked tight and the elders educated every community about the dangers of the virus.

A positive spinoff from this was that due to lack of access to drugs and alcohol, and no vehicle accidents, there were very few admissions. Unfortunately, we saw a serious rise in physical abuse cases, with several young girls admitted with pelvic inflammatory disease and positive for sexually transmitted diseases. It has been particularly distressing to see those at risk of contracting the virus – such as expectant mothers coming in to the hospital or nurses – being treated like pariahs by their own families.

The hospital was well-staffed, we sharpened our PPE donning and doffing routine and refreshed management of respiratory conditions and critical care. New tasks emerged such as counting PPE and more paperwork, which felt very retrograde, as lists had to be scanned and emailed to the powers that be. Extra planning and strategies were devised but thankfully none have had to be implemented. All unnecessary stock that is usually to hand in Special Care Baby Unit, had to be removed from the neonatal unit, for fear of contamination, but luckily, we didn't have any COVID-exposed premature babies during lockdown, and flights to Perth continued with the Royal Flying Doctor Service, even though commercial flights have been cut.

The promise of a Trans-Tasman bubble is as far away as ever, and both sides of the Tasman now require mandatory quarantine at the individual's expense. The optimism for opening internal borders has evaporated and political rhetoric is becoming more defensive and inflammatory,

as weaknesses in quarantine and border defence measures are exposed.

Until we can inoculate against it, we need to maintain a serious defence strategy. The strength we have is in the united effort to share information, practise caution, utilise online platforms to network and provide much needed solidarity.

We are experiencing many positive outcomes from this adversity that will prove to be a cataclysmic change for good. Embracing digital technology and adapting to virtual connectivity has been universal, advancing the adoption of digital health technology by years. It has highlighted so much room for improvement, especially in the aged care sector. We need to embrace this change and harness the enormous amount of good emerging, to honour those who have lost their lives in the brutal process.

I remain locked out of New Zealand and now out of Western Australia but mostly I remain hopeful that those working so hard to find an effective, safe vaccine will be successful and thwart this deadly virus, that eventually we will have freedom and confidence to travel internationally again. But most importantly, I hope that appreciation of nurses and what we do will be reflected in ensuring our health and safety as frontline workers, not just in 2020, but every year going forward. A round of applause is a nice gesture but it is not as effective as personal protective equipment in saving nurses' lives.



**AUTHOR**

**JUDY HITCHCOCK MACN**



# Imagining Centaur

**An upcoming exhibition provides a timely opportunity to reflect on the making of meaning following war**

**H**ow we remember, how we respectfully honour lives lost in unimaginable events, underpins an exhibition to be launched later in 2020 at The Shrine of Remembrance in Melbourne.

Titled *Imagining Centaur*, the exhibition draws on an incident from World War II in which an Australian hospital ship on its way to New Guinea was torpedoed by enemy fire. The ship, as many readers will know, was the 2/3 Australian Hospital Ship *Centaur*.

Built as a merchant vessel, *Centaur* was requisitioned in January 1943 for transport of casualties from Pacific War zones. At Williamstown Naval Dockyard in Melbourne, *Centaur* was stripped and fitted out for her new role. The ship had a shallow draught, suited to navigating waters around the New Guinea coast. This made travel aboard *Centaur* not for the fainthearted, because its pitching and rolling could produce severe seasickness in staff and passengers. Two senior nurses, Matron Anne Jewell and Senior Sister Mary Hamilton McFarlane oversaw the nursing component of the fit out in March 1943. Their appointments occurred just as nurses were officially ranked as officers.

Major Anne Jewell was an experienced and well-liked nurse. Originally from Perth, for some years she was first-aid sister, an early industrial nurse, at HV Mackay Massey Harris Pty Ltd, colloquially known as the Sunshine Harvester Factory in Melbourne, an engineering works. In November 1940, Jewell was employed by a pioneering rehabilitation

specialist, Dr Frank May, also from Perth. May ran physical-therapy practice in the Melbourne suburb of Richmond where Jewell had a highly technical role involving ultra-short-wave diathermy. After enlisting, she was attached to 115 Australian General Hospital at Heidelberg in Melbourne and later appointed Sister-in-charge of the Sea Ambulance Transport Unit.

Likewise, Captain Mary McFarlane was a highly capable and popular individual. She was from the South Australian coastal town of Cowell. McFarlane began her hospital ship service in 1941, aboard 1 Netherlands Military Hospital Ship *Oranje*. The Dutch East Indies government gifted this new passenger liner to the Australian and New Zealand governments. Initially, nurses and doctors from the Netherlands staffed *Oranje*, aided by a small liaison team of personnel from Australia and New Zealand. McFarlane was the first Australian nurse to serve on *Oranje*, as Nursing Liaison Officer for the Australian troops. It was a logical choice, given that she spoke French and was of a military family.

Five colleagues from *Oranje* were attached to the *Centaur* in March 1943: Lieutenants Margaret Adams, Eileen Rutherford, Jenny Walker (VIC), Cynthia Haultain, Eva King, Myrle Moston, and Ellen Savage GM (NSW). Lieutenants Ali O'Donnell (VIC), Edna Shaw (NSW) and Joyce Wylie (QLD) made up *Centaur's* contingent of 12 Australian Army Nursing Service nurses. Dummy runs tested the ship's capabilities, during

which the nurses had to ensure that cots where soldiers would sleep were secure and that theatre tables, dressing trolleys, instrument cupboards and other items of essential equipment would not move. In mid-April, an inaugural retrieval voyage to New Guinea was successful. *Centaur* then embarked on its journey to Sydney, 12 May 1943, for its second retrieval run. On board with the nurses were 10 medical practitioners, two dental surgeons, a dispenser, a chaplain, a Red Cross representative, more than 190 members of the 2/12 Field Ambulance going to resupply the war zone, and merchant seamen.

On the evening of 13 May, Matron Jewell's birthday was celebrated with a small party. The next morning, before sunrise, the kitchen staff were preparing breakfast and Merchant seamen were on duty. At 4.10am, *Centaur* was struck without warning by a torpedo. An inferno erupted. The ship sank in three minutes, going down by the bow. Of the 332 personnel on board, 267 died in the sinking. Badly burned Jack Walder, an ambulance driver, died aboard a raft and his body committed to the sea. Walder's death took the total to 268. The remaining 64 survivors huddled on makeshift rafts were found 34 hours after the sinking. The USS *Mugford* retrieved them and delivered them to Pinkenba Wharf in the Brisbane River. From there, the injured were ferried to Brisbane hospitals.

With the distance of years, it is hard for most of us to imagine the reality and

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**“After *Centaur’s* sinking and the horrific news of Prisoner of War nurses, many Australians sought to make meaning from these deaths.”**

brutality of events that occur during war. Equally difficult is to imagine the burden of grief borne by survivors, families and friends who lost someone as a consequence of service, as did Sister (Lieutenant) Kathleen Gardner and other staff from *Oranje*.

A keen photographer, Gardner’s black and white photographs captured snippets of life aboard *Oranje* where she had served many journeys with Jewell, McFarlane, Rutherford, Adams, Haultain, King and Savage GM. After *Centaur’s* sinking and the horrific news of Prisoner of War nurses, many Australians sought to make meaning from these deaths. They funded memorial gates, sundials, stained glass windows, scholarships, prizes in hospitals and seating in parks. Practical memorials were sponsored, too, with public support. These were physical centres, fostering the nursing profession across Australia, in Victoria, Queensland, South Australia and Western Australia. On the back of these memorial centres, our profession blossomed, making possible the expansion of postgraduate education and facilitating networking. With the passage of time, generations and particularly training schools located in hospitals, the memorial nature of these gestures and edifices has gradually faded from memory.

The Shrine of Remembrance’s exhibition, *Imagining Centaur*, provides a timely opportunity to reflect on the making of meaning following war. The exhibition is a curatorial collaboration, featuring art works, multi-media, performance, sound, images,




Australian War Memorial 302800

objects and ephemera. Central in the exhibition is a short animation of artwork by Dean Bowen, in naïve style. The animation is a purposeful exercise in reconciliation, thanks to a collaboration with Ayumi Sasaki, a Japanese anime artist in Kyoto. We hope that the exhibition, while recalling the loss of the *Centaur*, takes viewers and particularly contemporary nurses to a deeper sense of the meaning of memorialising.

*Given the COVID-19 restrictions, the exhibition’s launch date is yet to be*

*announced. Research on the 12 nurses who served aboard Centaur was made possible via a Royal College of Nursing Australia (now ACN) Bequest Fund Grant, awarded to the author in 2011. The author is the co-curator of the exhibition.*

	<b>AUTHOR</b>
	<b>DR MADONNA GREHAN MACN</b>



## COMMUNITY OF INTEREST: INTERNATIONAL NURSING

# Honing their global nursing skills

The International Nursing Community of Interest (COI) was founded in January 2020 to allow members to maintain their interest in international nursing affairs and extend their intercultural knowledge and competence through continuing professional development and networking events with a global focus.

During COVID-19, the importance of being able to provide nursing care to culturally diverse populations, share best practice developments regardless of location and work within cross-cultural settings is increasingly clear. In this edition, four COI members explain how they bring an international focus into their daily nursing work in the current climate.

To know more, visit  
[www.acn.edu.au/membership/coi](http://www.acn.edu.au/membership/coi)  
or join the COI through *neo*.



**DR YLONA CHUN TIE MACN**  
Senior Lecturer and Deputy  
Academic Head of Nursing &  
Midwifery, James Cook University,  
Townsville  
COI Secretary

I completed my nurse education and post graduate qualifications at James Cook University and specialised in critical care, nurse management and tertiary education. I completed a PhD on the experience of international nurses working in Australia.

During my career, I have been afforded opportunities to deliver post graduate workshops to Registered Nurses working in intensive care units and coronary care units across Fiji and have travelled extensively to study cultural aspects of health care. I have also been fortunate to accompany nursing students on overseas placements including one to the remote region of Western Province in Papua New Guinea (PNG). Exposing nursing and midwifery students to international placements enriches and shapes their world view as they are

challenged to think creatively and critically to work effectively in resource poor settings. The experience of working internationally positions them as global ambassadors and potential future nurse leaders.

Nursing is an international workforce, and we often work in multicultural teams. In one recent outreach in PNG, three primary health care teams had members from 17 nationalities and visited 32 villages over a two-week period. A country can be resource poor but culturally rich and seeing firsthand how our nurse colleagues in developing nations work, share experiences and knowledge and provide leadership is instrumental to developing the international health workforce of the future.

As the COI Secretary, I love the idea that nurses can have a forum to share old, novel and flexible ways of working to meet the growing demands of patients and nurses to deliver safe, quality, culturally sensitive care. We have seen during this pandemic that regardless of country of origin or place of work, it is the level of nurse engagement and therapeutic relationship between the nurse and person receiving care which continues to be a predictor of patient satisfaction.





**MELISSA HOZJAN MACN**  
**Paediatric Nursing Advisor with Médecins Sans Frontières (MSF), Sydney-based**  
 COI Communication Coordinator

I completed my BScN from the University of Saskatchewan, Canada, in 2003. My love for travel was one of the reasons I became a nurse. I had my first overseas experience as a fourth year nursing student when I completed my public health rotation in a mother/child clinic in Helsinki, Finland. I moved to Australia three years into my career and have been here since.

During my career, I have worked in multiple countries in Africa, Middle East, Central America and Asia in varying roles such as a volunteer with Operation Smile, a Nurse Supervisor/Medical Team Leader with MSF and a participant on student immersions (Finland, China, PNG). My current role as Paediatric Nursing Advisor with MSF allows me to work with nurses in our projects around the world, as well as to complete field visits to provide on-site support.

Each experience has impacted my clinical skills, my overall view of the value and scope of nursing care and the way I communicate with colleagues and patients. I hope that the COI provides a platform to share these experiences and opens the door for others to find support and confidence.

The challenges of COVID-19 globally are certainly compounded in low resource settings where MSF works. Nursing in these settings can always be challenging, but particularly now when access to resources such as personal protective equipment (PPE), oxygen and testing is limited. Our priority has been to ensure the safety of our staff while maintaining our regular medical activities and supporting the COVID-19 response in the countries where we work.



**ELIZABETH MATTERS FACN**  
**Clinical Educator, Agnes-Karll-Schule, Frankfurt (ex Sydney)**  
 COI Chair

I completed my Bachelor of Nursing at the University of Sydney in 2007, combined with a Bachelor of Arts in Modern History and Languages. I worked in Sydney for almost a decade and pursued my passion for travel and languages as a hobby. As a Nurse Educator, I travelled to a number of International Council of Nurses (ICN) conferences where I met international educators and subsequently developed an Australian clinical placement experience for undergraduate students from Europe which combined an orientation to the Australian health care system with education on our history and culture.

In 2016, I moved to Germany and now work as a Nurse Educator preparing pre-registration students for practice. Comparing the health care systems of both countries has broken down my expectation of what 'normal nursing practice' looks like. There's so much local and cultural variation in global health care, which was why I approached ACN to discuss starting the International Nursing COI.

As an Australian nurse working overseas, I find chairing the COI to be a great way to share experiences with Aussie nurses who may be interested in following a similar journey or have already experienced the challenges of moving countries.

COVID-19 hit Germany early and in fairly large numbers. We had to quickly adjust to distance learning, and everyday life essentially stopped for four months. Masks must still be worn indoors and on public transport. During this time, our students have continued working in the hospitals to collect their practical experience and support the health workforce.



**CAROLINE BROWNE MACN**  
**Senior Lecturer at Murdoch University, Perth**  
 COI Deput Chair

I completed my initial qualifications in 2001, followed by graduate programs at Royal Perth Hospital working in a variety of areas such as Immunology and neurosurgical wards, intensive care and recovery. My first experience of nursing internationally was in my final year of nursing when I completed a study tour to Thailand. I have also worked internationally in the US and Vietnam.

Currently, as a senior lecturer at Murdoch University, I manage our international nursing placement program and provide support to our international students on campus. My Thailand experience had a major impact on my nursing career and I love that I am now able to provide a similar experience for our students. I believe that providing them with opportunities to experience nursing and health care in a different country has a profound professional and personal impact. This led me to complete my PhD focusing on creating and evaluating successful and sustainable international placement experiences for undergraduate nursing students.

The current situation with COVID-19 has placed an indefinite hold on our international placement activities. The safety of our students is paramount, but we also had to consider the impact that travelling to vulnerable rural and remote communities might have had.





**REGION: TASMANIA**

# Keeping spirits up during COVID-19

**T**he Tasmanian Region of the Australian College of Nursing (ACN) is thriving with membership numbers growing.

The Region facilitates and influences discussions on Region/State issues related to health and nursing, hosts local networking events and working committees and organises continuing professional development opportunities.

Our mission and vision for the Tasmanian Region is underpinned by membership engagement, sharing of information, networking, educational opportunities and a united leadership team.

### Participation and representation within ACN

The team is passionate about nursing and the health and well-being of nurses. Everyone is involved in the ACN NurseStrong program and they all volunteer and are members of other Communities of Interest within ACN. Members of the team have been mentors for the Emerging Nurse Leader programs and coaches for the Mid-Career Leadership Program. They have reviewed applications for scholarships, participated in the Speed Leaders event at the National Nursing Forums and sat on panels on behalf of ACN.

### The journey so far

We recently welcomed Jane Springall MACN and Jacob Roberts MACN as the Communication Coordinator and Secretariat Support, respectively. This will be the first time we have all positions filled.

On 12 February 2020, the team hosted an evening to celebrate nurses in the Year of the Nurse and the Midwife. The occasion included a panel chaired by Tasmania's Chief Nurse and Midwife Francine Douce MACN, who was joined by Colin Banks MACN, Tammy Harvey, Emma Shanahan MACN, Nthabiseng Tito MACN and Coral Paton MACN. All the panel members come from different facets of nursing and provided a fascinating insight into their stories.

The Hobart City Council supported and celebrated our Tasmanian Nurses for the International Year of the Nurse and the Midwife, by lighting up the night blue for nurses across various landmarks in the city from 11-14 May. Nurses were also honoured in the media via the radio, local paper and television.

On 19 February 2020, at the Nursing Now Roadshow in Hobart, ACN CEO Adjunct Professor Kylie Ward FACN chaired a panel of speakers looking at aspects of the World Health Organization Triple Impact Report and how this was affecting nursing practice. Many members and non-members attended this event.

To meet the challenges presented by the restrictions under COVID-19, we connect with ACN members across the state through monthly Zoom meetings. The first one was held on 28 May, for which we invited Cheryl Carr MACN, Deputy Director of the Redevelopment of the Royal Hobart Hospital and Registered Nurse, who discussed how she incorporated the nursing team's requirements when designing a new hospital environment.

In our June meeting, we discussed Knitting Knockers presented by Tammy Palmer. These are breast implants that are knitted out of cotton for women who have undergone mastectomy.

We have also introduced 'Wine Down Fridays' once a month for our members to join via Zoom across the state. The idea is to catch up for a general natter and wind down from your week, over a wine or a cuppa, in a supportive environment. Our first Wine Down Friday was held on 24 June and enjoyed by all who attended.

### Going forward

In the second half of 2020 and into 2021, the Tasmanian Region team is keenly anticipating supporting nurses in all regions of the state. Tasmania's North-West Region has had a particularly challenging time this year, recovering from a COVID cluster.

Nurses have learnt and refined new skills such as telehealth, Zoom, Microsoft Teams, patient flow with Hot and Cold Areas, the use of Personal Protective Equipment, as well as working from home. Many new young nurses have started working in Public Health Services, as part of the COVID-19 Response.

The comradery of nurses in all areas of the health system has been spectacular. The regular professional and social Zoom link ups from the safety and comfort of people's homes enables nurses from diverse backgrounds and workplaces to connect and allow an understanding of other people's practice and how COVID-19 has impacted their work.

We are a small state with many experienced nurses — currently working and retired — who are interested in mentoring. Mentoring and coaching is about sharing skills and knowledge as well as being supportive and kind. The Tasmanian Region team is looking at ways in which members can support our nurses using their expertise and amazing depth of knowledge and experience.

To join or know more, visit [acn.edu.au/engagement-structures](http://acn.edu.au/engagement-structures)

LEADERSHIP TEAM	
	<b>NANCY ARNOLD</b> FACN
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## ETHICS MATTERS

# The significance of trust in nursing

The COVID-19 pandemic is bringing to the fore many issues which were once not so obvious and one of those is the renewed appreciation of nurses and how vital they are to the health care system. The Minister for Health the Hon Greg Hunt MP said that “nurses...are wonderful human beings and I won’t have a word said against them” (Hunt, 2020). That ringing endorsement of the profession is also reflected in the results of the most recently available Roy Morgan survey where nurses achieved a ranking of 94% as the most highly regarded profession – note that no other profession has ever rated higher than 89% (Roy Morgan, 2017).

One reason for this is trust — something the above survey specifically measures. For this edition of *Ethics Matters*, we will explore an interpretation of trust in nursing and explain its significance for the profession within the framework of professional practice standards.

Consulting a dictionary reveals that trust is associated with integrity and justice and having confidence that someone will do what is expected of them and to a certain standard. Trust described in this way is integral to nursing’s professional practice standards, namely the *Code of conduct for nurses* (the Code), the *ICN Code of ethics for nurses* (Code of ethics) (NMBA 2018a; 2018b) and the *Registered nurse standards for practice* (NMBA 2016).

These apply to all nurses no matter what role they are in. As a totality, they are intended to provide guidance and support for nurses in their practice and to function as a guide for the community as to what they can expect of nurses. Embedded within them is the concept of trust as ‘trustworthiness’ and as integrity, respectfulness, compassion and honesty.

Specifically, the Code consists of four ‘Domains’, and seven ‘Principles’ with each principle preceded by a ‘Value’ statement. The Value for ‘Principle 4: Professional behaviour’ expects that all nurses will “embody integrity, honesty, respect and compassion” (NMBA 2018a). Element 1 of the Code of ethics states that nurses are to “demonstrate professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity” (NMBA 2018b). The Preamble to the Code of ethics also states that “The need for nursing is universal” and that one of the four “fundamental responsibilities” of a nurse is to “to prevent illness” (NMBA 2018b). There are seven *Registered Nurse standards for practice* and included in them is the requirement for the nurse to engage in “effective therapeutic and professional relationships” (Standard 2) and an expectation that in providing “safe, appropriate and responsive quality nursing practice” the nurse also engages

in “quality and ethical goal-directed actions” (Standard 6) (NMBA, 2016).

Derek Sellman, a nurse philosopher, who has analysed the concept of trust in the context of nursing, argues that trust is “situated within individuals” and that in health care trust is based on the assumption that health professionals act with “good will” and in the “best interests” of patients (Sellman, 2001, 118 and 122-126). This is reflected in the Code, the Code of ethics, and in professional practice standards because of the expectations that nurses, as individuals, will “embody integrity” and reflect the profession’s value of “integrity” in delivering care with “compassion and trustworthiness”.

Additionally, when trustworthy nurses are acting in their professional capacity, they use their expert knowledge, competence and skill in the best interests of others to achieve good outcomes without intentionally harming. Instances of how nurses consistently met these high standards in the face of the COVID-19 pandemic are found in the Australian College of Nursing (ACN) NurseClick series, *Life in Lockdown*, for example, Lisa Peters’ account of conducting COVID-19 testing in Melbourne’s public housing towers (ACN, 2020b).

Despite this, the pandemic is giving rise to circumstances where nurses feel that their capacity to provide safe

## Trust, rights and duties, and how they apply to the practical conundrums facing nurses in time of COVID-19



and appropriate nursing care and to engage in “ethical goal-directed actions” is compromised on a daily basis (ACN, 2020a). Nurses face a moral dilemma: Should they be expected to expose themselves to harm in providing care and/or are there reasonable limits to that expectation. The ethical concepts of rights and duties can help in making sense of this dilemma.

The reciprocal nature of rights and duties is not often fully understood. Very simply, if you have a right to something then I have a duty to provide it. Respecting those rights can mean not harming by not doing something (a negative right) or providing something (a positive right). There are different kinds of rights too, such as a legal right to competent health care or a moral right to have your autonomy respected. To further complicate it, a right won't always trump something else. Your right to privacy, for instance, may not be an absolute right if in respecting that right another person is harmed. (For a detailed description of rights and duties in health care see Beauchamp and Childress, 2001, 357-362).

The most obvious example of this in the current environment is the wearing of face masks. Nurses wear them as part of their duty to protect others, to act in the best interests of patients. It is a reasonable expectation of the public that they will not be infected when they come into contact with health care workers, for example,

when being tested for COVID-19. However, nurses too have the right then, to expect that others will fulfil their duty to follow public health advice that all citizens wear a mask (in Victoria at least) to minimise community transmitted infection.

A less obvious example of the expression of rights and duties is to be found in the Code of ethics. Included in the expansion of Element #1 is the requirement for ‘National Nurses Association’ (like ACN) to “advocate for safe and healthy environments”. The ethically-based advocacy role of ACN is very obvious in its COVID-19 related activities. For instance, *An Open Letter for all Victorian Nurses* states that in the face of overwhelming adversity, “nurses find courage and conviction to fulfil our professional responsibilities” (that is to fulfil their duties), going on to list the actions that need to be taken to facilitate that, including the obligations of others to provide PPE (ACN 2020a).

This brief account of trust, rights and duties has only skimmed the surface of what are very complex ethical issues faced by all nurses at the present time. Hopefully, however, in articulating and applying some significant ethical concepts to the very practical conundrums nurse face, it has provided a framework to discuss the needs of nurses as they fulfil their duties and obligations to others as well as providing a rationale to justify meeting those demands.

As Minister Hunt said, nurses are exceptional people who embody values of integrity and compassion: no wonder the community trusts them so much.

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**DR LEXIE BRANS FACN**

# My journey as a mentee and mentor

**Sharmalie Wijesinghe MACN describes how her mentor Christine Smith FACN (DLF) helped shape her leadership capabilities as a nurse**

**A**s a profession, nursing has an important role to influence and mould new members of the profession. As part of this process it is imperative for the profession to actively identify and develop leadership qualities in members who not only display leadership potential but are actively involved in progressing their career. There are several ways the profession can develop leaders to influence and advance the profession.

## Performance review

Performance review in nursing is one method by which to determine how well a nurse demonstrates competence to the supervisor, on a yearly basis. It is generally accepted that performance review assists in determining an employee's performance on the job, identifying personal strengths, and weaknesses for development, suitability for promotion and/or need for additional training (Australian Nursing and Midwifery Federation 2018).

## Preceptorship

A formal preceptor relationship, within a prescribed timeframe, helps to develop a nursing student on clinical placements/rotations or a new nurse employee taking on new responsibilities in their clinical role.

An experienced nurse (preceptor) acts as a role model to the junior nurse, (the preceptee). The role includes providing guidance, learning experiences and developing confidence within the preceptee, in their prescribed role. An important function is to provide feedback

on the application of new knowledge and skill development (Bartlett et al. 2020).

## Mentoring

An increasingly popular model, mentoring traditionally takes place outside the formal workplace setting. Mentoring can be defined as an ongoing professional relationship between an experienced nurse (mentor) and a less experienced nurse (mentee) that is directed to provide guidance, support and feedback based on the mentee's goals, career direction, and timeframe for professional development. Being independent of the workplace setting the mentoring relationship is not constrained by workplace priorities or timeframes (Burgess, van Diggele and Mellis 2018).

## Background

I migrated to Australia from Sri Lanka in 2004. I was a Montessori Teacher and had my own school in Sri Lanka. Following my father's death, I gave up teaching to study nursing. I migrated to Australia with my husband, two young children and my mother. We struggled a lot at the beginning as we adjusted to our new environment. I didn't want to look back, but was determined to step forward. My aim was — and still is — to be a great nurse.

## As a mentee

When I was preparing to start my nursing studies, the responsibilities of becoming a Registered Nurse really scared me, and I was concerned about how to become a good clinician.

I felt I needed a senior nurse to support and direct me through my nursing program. I decided to approach Christine Smith FACN (DLF) who had been my teacher and tutor while studying the Diploma of Nursing at Australian Catholic University (ACU). I asked her if she would be my mentor. We discussed what mentoring was about as well as my goals.

Christine comments,

*"It was more than 12 months after I had taught Sharmalie, when she called to ask if I would be her mentor during her nursing program. I was surprised to receive her call. However, I felt honoured that she considered I could be that person to mentor her over the time of her nursing studies. I had no notion that now 16 years later, I would be, not only her mentor, but also a good friend. It was a proud occasion when I attended her graduation ceremony and a couple of years later, I was invited to attend the ceremony when she and her family became Australian citizens."*

Without the initial support from my mentor, my journey as a nurse would have been more difficult. I was fortunate to meet a person who supported me in my nursing journey, and then to become a preceptor and now a mentor myself. Christine inspired me to be the person I am today. She has not only supported my development, but also taught me how to be a preceptor and support students, junior and new staff who need guidance. I am very grateful to her.





Christine Smith FACS (DLF) with Sharmalie Wijesinghe MACN at the Nursing Now Roadshow Melbourne 2019

**“ An increasingly popular model, mentoring traditionally takes place outside the formal workplace setting and so, is not constrained by workplace priorities or timeframes. ”**

During my last semester, Christine encouraged me to apply for the Inaugural Order of Malta, Palliative Care Excellence Award for ACU nursing students. It was an honour to receive this award for excellence in 2010. Over several years, I also received ongoing support in my role as a palliative care nurse from Sir James Gobo AC CVO QC, former President, Order of Malta, Victoria.

### Becoming a mentor

My positive experience as a mentee gave me great confidence to apply these skills in my workplace. Additional to my own experience as a mentee, and as a clinical nurse specialist in palliative care, I have witnessed junior staff members succeed within their role, in large part due to having been mentored by a senior nurse.

From my own experience, I would suggest that senior nurses may also benefit from a mentor program, when they face challenges in their roles. Through the mentor relationship, questions can be asked, and knowledge gaps reduced without fear of embarrassment or admission of weakness.

The value of having the support of an objective person who can see how the mentee is developing, what else

is needed and the direction in which they should progress, cannot be overstated. A good mentor encourages the mentee to step out of their comfort zone, explore their capabilities and discover their hidden potential.

Research highlights that one of the gaps in nursing mentorship is the lack of training of senior nurses to become mentors (Sickley and Riley 2020).

Therefore, to develop an individual and to identify and address barriers to successful mentoring, support to develop mentors should be prioritised.

### Final reflections

Having a mentor didn't just help me to step forward to develop my career. Christine also helped me understand that professional challenges are stepping stones to opportunities for leadership development. I know I have many exciting career opportunities ahead.

My experience as both a mentee and mentor has taught me that mentoring nurses at all levels is valuable and useful for the individual, the organisation and the profession. It enhances leadership skills, which may engender greater job satisfaction and staff retention.

**Sharmalie Wijesinghe works at Cabrini health Palliative Care as a Clinical Nurse Specialist.**

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**To learn more about mentorship, head to *neo* to check out the recently held Leadership COI webinars on mentoring.**

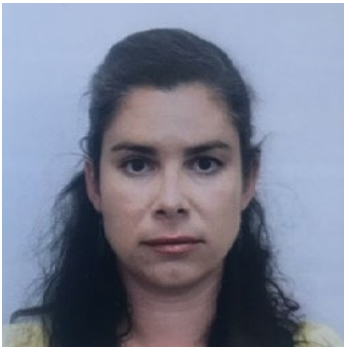


**AUTHOR**

**SHARMALIE WIJESINGHE MACN**



SARAH FOSTER MACN



KIMBERLEY ROMANOVA MACN



CHRISTOPHER AITKEN MACN



COLLEEN KINNANE MACN

# Refreshing your nursing skills

Five nurses talk about their experience of completing the Refresher Program for Enrolled and Registered Nurses through scholarships offered by ACN and the Government

The Australian College of Nursing (ACN) Refresher Program for Enrolled Nurses (EN) and Registered Nurses (RN) was launched earlier this year to help mobilise the nursing workforce to fight against COVID-19. The Australian Government offered 3,000 scholarships for the RN program and in light of feedback and calls for a similar program for ENs, ACN offered 500 scholarships for the EN Refresher program.

We spoke to five nurses — ENs Sarah Foster MACN, Kimberley Romanova MACN and Janine Robson, and RNs Christopher Aitken MACN and Colleen Kinnane MACN — who completed the program through the scholarship to find out what their experience was like.

## Refresher Program for ENs

Sarah works casual shifts as an agency nurse in metropolitan Melbourne at the moment and comes from an acute

neuroscience and more recently, practice nursing background. Janine presently works as a Community Nurse and has been a Domiciliary Nurse for the 15 years in a rural environment. Kim has just moved to the Sunshine Coast and is looking for new opportunities, and her background is in non-acute care nursing.

Sarah says, “The program helped me feel overall more confident about re-joining the workforce. I found the COVID-19 module particularly relevant and timely. The other modules I appreciated most were cardiac, respiratory and mental health – all critical areas and ones I haven’t specialised in.”

Janine says that in light of COVID-19, “all new knowledge and existing knowledge combined reinforces the importance of infection control and prevention for us. We can pass this knowledge on by educating our community clients on hand and respiratory hygiene and environmental hygiene (in their own homes and whilst out for groceries or appointments)”.





She adds, “I have recommended the refresher programme to other ENs and RNs. I found the support by email and via Zoom sessions was wonderful.”

Both agreed that honing their knowledge base was the most important skill they were hoping to achieve — and did — and that the program would be valuable to all nurses but especially those who are striving to remain clinically confident and updated in an acute or community setting.

Although Kim hasn’t had an opportunity to use the skills she refreshed from the program, she hopes she will be able to when asked to re-join the workforce. She adds that the Deteriorating Patient module was the one she found most useful “due to the potential of mortality unless appropriate care is provided in a timely fashion”.

### Refresher Program for RNs

Christopher is the Supervising Scientific/ Technical Officer for Simulation Learning in

the Faculty of Health at QUT and also works as a sessional academic for the School of Nursing. Christopher’s clinical background was in ICU and Post-Op Cardio-thoracics. Colleen is a currently retired nurse with more than 30 years’ experience in acute care as well as nursing administration, management, quality assurance and risk mitigation. She was also until recently, a Nurse Educator at the Canberra Institute of Technology.

“Although semi-retired, I have maintained my nursing registration and professional development and experience with part-time employment in nursing education in the past few years. I could see that a Refresher Program would polish my knowledge and enhance my many years of valuable experience to be better prepared to help in a clinical role if needed,” explains Colleen.

For Christopher, the COVID-19 pandemic was the main impetus to undertake the course. “I was keen to reinvigorate

my clinical knowledge and revise the latest information available,” he says.

Christopher adds, “The Professional Issues and Mental Health modules were great to review. It is especially important to maintain high quality care and safety of patients with emphasis on this when teaching student nurses. The COVID-19 virus has developed into a larger social and community issue and I believe that the mental health of people is an enormous priority in our Australian society presently. The module refreshed aspects of understanding mental health issues and knowing how to refer people for help.”

He adds, “It was the intrinsic particular aspects that led to moments of reflection of why certain nursing process and frameworks are undertaken. The assessment skills throughout the different modules were excellent for recalling and consolidate their importance in clinical reasoning.”







## IN MEMORY:

# Betty Lorna Martin Bennetts FACN (DLF)

1928-2020

Betty led by doing, and she knew how to do things correctly, whether it was inviting the State Governor to attend the Annual Meeting of the College in Perth or serving morning tea at home. She is remembered by 'younger' nurses as a very professional, rather stern nurse, but everyone recognised her to be kind and caring.

According to her family, Betty decided early in her life that she would be a nurse, but she needed determination to reach that goal. Initially, she was home schooled on the family farm in Chittering, followed by a couple of years at school in Muchea. This left her education incomplete, so when she went to work at Bethesda Hospital as a nursing assistant, she attended night school to qualify to start General Nurse Training at Royal Perth Hospital in January 1947. That was the start of a long nursing career that didn't end with her formal retirement.

Completion of Midwifery and Infant Welfare training in Melbourne introduced Betty to the College of Nursing, Australia, and after a few years at Fremantle Hospital, she returned to Melbourne to complete the Ward Sister Diploma (1953) and Nursing Administration Diploma (1968). Between those years she worked at Princess Margaret Hospital for Children for 10 years before returning to Fremantle Hospital.

While her later career was in nursing administration, Betty never forgot the essence of nursing. One of her colleagues

recalled some words of wisdom from Betty: 'Never forget that patients can tell what sort of nurse you are from your hands'. Betty's contribution to the College spanned more than 50 years following her admission to Fellowship in May 1957. She took active roles in the WA State Committee and served as Honorary Secretary/Treasurer until 1962. She learned from strong nursing leaders including Agnes Walsh, Phyllis Lee and Edith Harler.

Betty was also a CMF (now Army Reserve) Nursing Officer in the Royal Australian Army Nursing Corps (RAANC). Quite a few of the Army Nursing Assistants who passed through the 11 RAANC Training Unit went on to complete nurse training. Betty completed 15 years' service with the rank of Major as Officer Commanding the Unit. She continued to help with the activities of the Returned Sisters Sub-Branch of the RSL, especially when the older members needed to pass on the baton.

There were also lighter moments. When attending College meetings in Melbourne, interstate Councillors stayed at the Park Hotel on St Kilda Road. Betty was College President in 1988 and each morning she led the WA contingent from there to the College, joined by Merle Parkes AM. At the end of the day they left the College, heading to the hotel to drink a glass of champagne over tales of yore.

Other memorable events included travelling to State Regions to conduct seminars for the country nurses. These were funded through the Health Department's Margaret Beard Memorial Project and organised by the College State Committee. As Education Sub-Committee

Convenor, Betty had set up the detailed written procedures and everything worked well when those procedures were followed. Weekends spent in Regional centres, from the Kimberley to the Great Southern, involved both hard work and fun.

The Laura Saunderson Extended Care Nursing Fund was also close to Betty's heart. When the initial bequest needed to be topped up to improve the amount of scholarships, Betty organised fund-raising activities. College members in WA remember arriving at a packing shed in Pickering Brook in Perth hills on a chilly Saturday morning, confronted by large crates of Granny Smith apples. These were packed into 4kg bags and taken back to sell to colleagues and family.

Morning teas with Betty were special occasions, where everything was 'just so', with a tablecloth, dainty serviettes and beautiful fine bone china cups and saucers. It was always interesting to see which of her big collection of souvenir teaspoons was chosen for each guest.

After she retired, Betty unexpectedly met the brother of a friend from her nurse training days. After more than 40 years they still recognised each other, walking up the steps of St George's Cathedral in Perth. Rev Bill Bennetts was a retired Anglican priest and a widower. The friendship blossomed, and they married in 1994.

Sadly, Bill was diagnosed with Parkinson's Disease a couple of years after. Betty became Bill's nurse and advocate. She also became involved with Parkinson's WA and volunteered to be part of the steering committee which oversaw the inaugural Parkinson's Nurse

Specialist position in WA in 1998. In addition, she became a valued mentor to the nurses who filled this role — Janet McLeod, Jo Chadwick and Nerolie Lyle remember her quiet but firm professional support.

Betty and Bill were instrumental in setting up the first Parkinson's multidisciplinary education course hosted by Curtin University in 2000. Betty assisted with the content and planning and together they volunteered to be patient and carer for assessment purposes. They made an inspiring team. She remained on the Association's Nurse Management Committee for several years until Bill's health demanded more of her time and energy. Following his death, Betty remained in touch with the original nursing team until her own health made socialisation challenging. Betty will be remembered with fondness and respect by Parkinson's WA.

Never a bystander, Betty was always actively involved in everything she did, from nursing organisations and Anglican parish matters to providing cultural training for her nieces and nephews: she enjoyed showing them fine dining, ballet and theatre. She was also a member of the WA Cricket Association where she attended Shield and Test matches when she could, although she stayed in the Members' stand, politely clapping wickets and boundaries in true 1970s style.

You could say that she had a good innings.

Thanks to Caroline Richardson, Mary Jo Kroeber AM FACN, Jeanette Robertson OAM, Philip Della AM FACN, Robin Watts AM FACN and Jan Mikus. Their assistance in preparing this obituary was much appreciated.

*By Beverley Scott*

# The role nurses play in breast cancer care



**“The roundtable discussion allowed nurses from many organisations involved in Breast Cancer Care to have a voice and furthermore, discuss relevant aspects of the Share Care model with the Multidisciplinary team.”**



**Dr Pamme Ellem MACN is an experienced Registered Nurse and Specialist Breast Care Nurse who has always been driven**

**to improve oncology care/cancer nursing in regional, rural and remote areas. Additionally, Pamme has experience in rural family support and telehealth which complement service delivery to isolated communities of which she is a strong advocate.**

**Currently, Pamme holds the position of Industry Liaison Educator Academic at CQUniversity.**

## **How did you come to avail of this opportunity?**

I responded to an expression of interest sent out by the Australian College of Nursing (ACN), as I have a strong interest in Breast Cancer Care, including regional, rural and remote service delivery, and I thought I may have a different perspective to contribute to the discussion. Additionally, I developed a model of support for the Specialist Breast Care Nurses working in isolation geographically or professionally, when undertaking my PhD study.

## **Could you explain what the event was about?**

The Roundtable discussion hosted by Cancer Australia enabled service providers from a number of different perspectives across the nation to come together regarding the roles and responsibilities of nurses and the multidisciplinary team in the model of shared follow-up and survivorship care for early breast cancer. The discussion allowed many service providers to contribute to the proposed draft model which prompted further exploration before the final model is completed.

## **What interested you most about it?**

As members of ACN, we are offered opportunities to contribute to issues related to the nursing profession in Australia on a regular basis. I recommend if the opportunity is within your area of interest, experience or expertise it is of utmost importance to contribute for the betterment of service provision and development of the nursing profession. As this particular opportunity was within my niche interest, I felt compelled and pleased to raise my hand and contribute if required.

## **What are your main takeaways from this opportunity?**

One of the many benefits of ACN membership is the opportunity to actively contribute to

the nursing profession and service provision. It is paramount to have nurses who are actively engaged with industry informing policy and development. I would encourage any nurse who is currently an ACN member and has a desire to contribute to express interest when the opportunity arises. It is an enriching and rewarding experience.

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

This roundtable discussion allowed nurses from many organisations involved in Breast Cancer Care to have a voice and furthermore, discuss relevant aspects of the Share Care model with the Multidisciplinary team. Hence, the discussion was productive, and the long-term outcome will be positive. Most importantly, members of the team have a clear understanding of roles and responsibilities, enabling effective service provision for the patients we care for.

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

Nurses across the profession including those in Acute Care, Oncology, Breast Care and Community have a part to play in the trajectory of care for a patient experiencing breast cancer. Therefore, it is imperative to have nursing input to ensure optimal patient care is developed and maintained.



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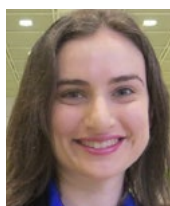
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## Nurses supporting nurses during COVID-19

### Are you struggling to cope and need someone to talk to?

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