



#32 SUMMER 2020/21

the hive

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Australian
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Nursing

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Cover

Picture courtesy Nicole Mahara MACN
Read more on page 6

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

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

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



16



CONTENTS |

37



28



38

WELCOME

02 Welcome from the President and CEO

ACN NEWS & VIEWS

05 ACN awarded HESA accreditation for immunisation program

05 ACN Leader's Mindset Masterclass series

05 Launch of the First Nations Community of Interest

05 A tribute to loyalty

COLUMNISTS

06 Mutual empowerment of the inner person

06 Creating teaching partnerships

SPECIAL FEATURE

07 Tribute: A champion for nurses' right to study

08 Capturing the stories of a historic year

10 Nursestrong: A thank-you

31 Take a break

32 COVID-19 vaccine: the role of nurses

EMPOWERING INNER CHAMPIONS

12 Your inner champion needs self-care too

14 Empowerment through compassionate leadership

16 Positivity in a pandemic

18 Nurses as policy champions

20 Turning negatives into positives: A journey

REGULAR FEATURE

21 Region: Melbourne

22 COI: Healthy Ageing

24 Opinion: Building a safe patient experience

26 Distinguished Life Fellow: Adjunct Professor Debora Picone AO FACN (DLF)

28 Policy: The value of valuing patients

30 More than nursing: It's all in a game

34 Leadership: Turning ideas into quality clinical outcomes

36 Mentoring: an opportunity to teach and learn

37 Policy: Bringing fairness into blood donation

38 Ethics matters: The wisdom of nursing practice

40 Education: ACN supports Pacific region critical care nurses

41 Nursing history: From the Archives

42 Novel thoughts

43 Representation: Supporting nurses' safety in a pandemic

Welcome to the Summer edition of *The Hive*

A message from the President, Professor Christine Duffield FACN and the CEO, Adjunct Professor Kylie Ward FACN



**PROFESSOR
CHRISTINE DUFFIELD FACN**
AUSTRALIAN COLLEGE OF
NURSING PRESIDENT



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

Welcome to the final edition of *The Hive* for 2020, a year that has been as unimaginable in its difficulties as it has been in its abundance of opportunities to promote the nursing profession like never before.

Although 2020 is drawing to a close, the COVID-19 pandemic that gripped the world at the start of the year is still prevalent in many parts of the world, particularly in the United States (US), India, Brazil, France and Russia (John Hopkins University & Medicine 2020). At the time of writing, the US has reported the highest number of cases (13,382,681) and deaths (266,847) (ibid). Globally, there have been 62,736,160 confirmed cases of COVID-19, including 1,459,243 deaths (ibid) out of which 1,500 are nurses (ICN 2020), a number that is undoubtedly under-reported.

In comparison, Australia's response to the pandemic has been praised as one of the world's best time and again, with 27,893 confirmed cases and 907 total deaths (Department of Health 2020) since January 2020, when the first case in Australia was confirmed. Of course, this success is a result of multiple factors, including early action from the government to seal international borders, imposing immediate distancing protocols, isolating outbreaks

and ramping up testing capabilities. A significant part of this strong response to COVID-19 has been our health care system – one of the finest in the world – and within it, an exemplary workforce.

Nurses, who make up the largest majority of our workforce (AIHW 2020), have been pivotal to Australia's success in fighting the pandemic. In the past year, we have stood witness to your sheer grit, dedication and compassion as you have toiled to safeguard communities in the face of innumerable challenges, including danger to your own lives. This year has also highlighted the excellence of our military nurses through the role the Australian Defence Force has played on domestic shores.

While many of you have worked tirelessly to support the demands of new ways or working and new models of caring, others in our profession have suffered loss of employment, loss of identity, loss of clinical placement, stigmatisation of contracting COVID-19 as well as leaving loved ones to care for those affected in other states.

You have been pushed to your limits – mentally, physically and emotionally – and with this final edition of *The Hive*, we want you to remind yourselves to look after your health and well-being, to continue to

take care of each other, and to *empower your inner champion*. In ***Empowerment through compassionate leadership*** and ***Your inner champion needs self-care too***, **Dr Samantha Jakimowicz MACN** and **Jen Wressell MACN**

share valuable insights on the power of compassionate leadership and reconnecting with the self to help you navigate in these incredibly challenging times.

As always, we urge you to be part of the ACN NurseStrong Tribe to connect with your peers and find a safe, warm and supportive environment in which to discuss your thoughts and issues, both personal and professional. In ***Positivity in a pandemic***, members of NurseStrong share how joining this group has benefited them in their health and well-being journey – we hope their stories will inspire you to do the same.

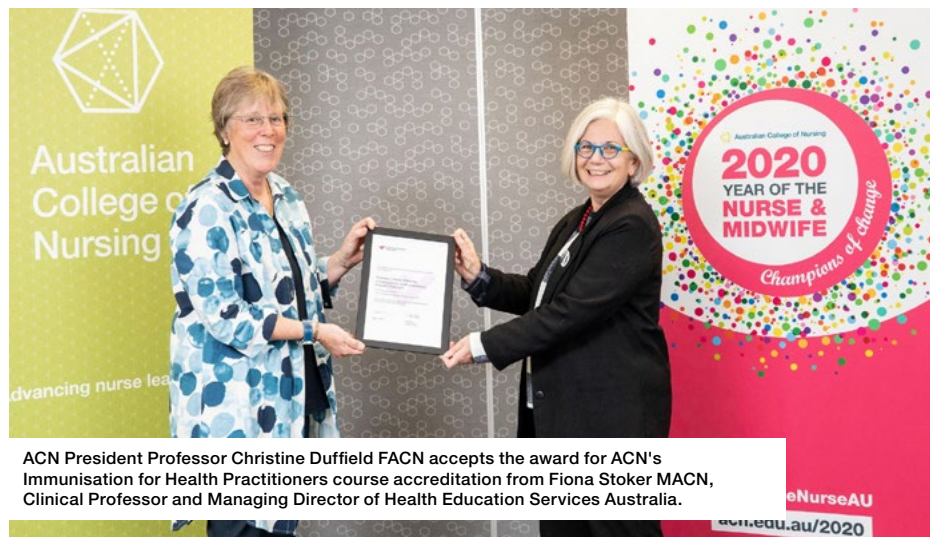
On the professional front, as the pre-eminent and national leader of the nursing profession, the Australian College of Nursing (ACN) continues to represent, support, advocate and demand action for you in these unprecedented times. ACN has taken every opportunity to highlight the critical role a highly-skilled nursing workforce will play in eliminating COVID-19, and two key areas include reform of the aged care sector and immunisation.

“ We have always known we are part of the most noble and respected profession, and in this year as history is being made, we have both been immensely proud and grateful to support nurses in Australia and the rest of the world. ”

In response to ACN's pre-budget submission to the Government, a funding of \$10.8 million was announced to enhance the skills and competencies of Enrolled Nurses and Registered Nurses working in aged care. This will be achieved by expanding ACN's Scholarship Program and establishing an Aged Care Transition to Practice Program to help graduate nurses' transition to the aged care workforce, and to establish a skills development program for nurses and personal care workers working in residential aged care.

With the release of a COVID-19 vaccine imminent, we are also calling for more nurses to be qualified as immunisers by seeking funding to provide education to 10,000 nurses, midwives and other health professionals and to provide free online refresher updates which include training specific to the vaccine. The success of a mass vaccination program will heavily depend on nurses (ICN 2020). As **Dr Lexie Brans FACN** notes in **COVID-19: The role of nurses**, nurses are not just extraordinarily placed to ensure the administration of vaccines across Australia, including in remote, isolated communities, but are also capable of influencing the willingness to vaccinate.

Our commitment to advocate for nurse immunisers was recognised when ACN's 307 *Immunisation for Health Practitioners* course recently became the first in Australia to be accredited by Health Education Services Australia (HESA). This significant achievement will allow for a national and consistent approach to the National Immunisation Program (NIP) vaccination and epidemic-related planning.



ACN President Professor Christine Duffield FACN accepts the award for ACN's Immunisation for Health Practitioners course accreditation from Fiona Stoker MACN, Clinical Professor and Managing Director of Health Education Services Australia.



At the online award ceremony for the Health Minister's Award for Nursing Trailblazers

“ A significant part of this strong response to COVID-19 has been our health care system – one of the finest in the world — and within it, an exemplary workforce. ”

These are only two of the many examples of how we have championed the importance of nursing leadership this year with the support of each person who makes up the Australian College of Nursing. We are only as strong as our people and our collective voice has roared this year. Governments, media and decision makers have understood nursing professionalism and the vital role nursing leadership plays in population health, preventative care, primary and acute care, chronic and complex disease management and caring for our vulnerable communities. We support all Australians, wherever they live, with unwavering dedication, determination and excellence in the way we conduct ourselves.

We have always known we are part of the most noble and respected profession, and in this year as history is being made, we have both been immensely proud and grateful to support nurses in Australia and the rest of the world. As we come to the end of this year, we ask that you take time to reflect on the remarkable achievements we have secured for our country. No matter where you are in your nursing career, from

undergraduate to retired, 2020 was new to all of us and there have been learnings that will set the vision for the years to come.

**Warmest regards
Christine Duffield FACN
and Kylie Ward FACN**

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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.

For general guidelines on the appropriate preparation of manuscripts please visit the journal's website. Please submit your paper to *Collegian* www.journals.elsevier.com/collegian via Editorial Manager, indicating that it is intended for this special issue.



Australian College of Nursing

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ACN AWARDED HESA ACCREDITATION FOR IMMUNISATION PROGRAM

In October 2020, the Australian College of Nursing's (ACN) 307 Immunisation for Health Practitioners course became the first in Australia to be accredited by Health Education Services Australia (HESA). This is a significant achievement as ACN has always advocated for the vital role nurses play in delivering immunisation programs as an important preventative health measure for the Australian community.

HESA is a new subsidiary of the Australian Nursing & Midwifery Accreditation Council (ANMAC), designed to standardise and nationalise immunisation education in Australia by accrediting courses. This will ensure a nationally consistent approach to National Immunisation Program (NIP) vaccination and epidemic-related planning.

ACN President Professor Christine Duffield FACN accepted the award from Clinical Professor and Managing Director of HESA, Fiona Stoker MACN, on behalf of the organisation and the ACN Education team.

For details, visit acn.edu.au/education/immunisation-courses

A TRIBUTE TO LOYALTY



In October 2020, the team at ACN said farewell to one of its longest serving employees, Gloria Hickey. Gloria, who has been part of ACN's customer service team,

started working at ACN's predecessor college, the NSW College of Nursing (NSWCoN), and retired in October after 34 years of service.



THE LEADER'S
MINDSET
MASTERCLASS SERIES

ACN LEADER'S MINDSET MASTERCLASS SERIES

ACN is committed to advancing nurse leadership. In November, we launched a new leadership series, The Leader's Mindset Masterclass Series, designed and inspired by the latest global research, theories and practice in leadership.

This online content, specifically tailored for nurse leaders, is designed to ignite leadership skills, provide useful modules of practice and hone leadership capabilities. The series combines five powerful masterclasses starting with the fundamental course – The Leader's Mindset, followed by the Communications Masterclass, Engagement Masterclass, Smart Decision System Masterclass

and the Strategic Problem-Solving Masterclass, to create an integrated and transformational learning experience.

On completion of the five masterclasses, participants are eligible to receive 20 CPD points from ACN. The series is worth \$1,100 and the masterclasses individually are valued at \$220 each. And to show our appreciation and acknowledgement for the leadership nurses have demonstrated throughout 2020, ACN is gifting the membership \$1,000,000 worth of scholarships via 1,000 placements to the course.

For details, visit acn.edu.au/leadership

LAUNCH OF THE FIRST NATIONS COMMUNITY OF INTEREST

In November 2020, ACN introduced the new First Nations Community of Interest (COI). The COI is about creating a space for nurses who work within the speciality of Indigenous health to come together as proud ACN members to advance Indigenous health agendas.

Professor Odette Best MACN has been instrumental in the creation of the COI and has been appointed as the inaugural Chair of the Leadership Team. Dr Best through bloodline is a Gorreng Gorreng (Wakgun Clan) and a Boonthamurra woman and through adoption she is a

Koomumberri, Yugambah woman. Odette is currently Professor of Nursing, Associate Head:



Indigenous Research and Community Engagement, School of Nursing and Midwifery, University of Southern Queensland.

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

To acknowledge her longstanding association and commitment to the nursing organisation and to the profession, ACN declared October as 'Glorious October' and organised several events in Gloria's honour. ACN also gifted her a special, limited edition nursing coin minted by the Royal Australian Mint as a parting gift.

Gloria recalls her early days at NSWCoN, being interviewed by Pam Pearce who was the secretary to Judith Cornell. At the time, the organisation was based in Glebe. Gloria, recalls the experience as

"different" but nice, especially because of the people she worked with. It is, indeed, the people that she counts as the most valuable part of her experience in all the years she has been with the organisation. "It has always been very friendly and I've loved that," says Gloria.

As for retirement, Gloria says she looks forward to "not having to get up early in the morning!" and catching up with friends. We would like to thank Gloria for her service and her warmth and kindness for the people she worked with.

MUTUAL EMPOWERMENT OF THE INNER PERSON



TOMICA GNJEC MACN

Last night, as I assisted an elderly patient to her vehicle on discharge from the Emergency Department, she turned to me and said, ‘Keep up your beautiful bedside manner’. And what a compliment to receive as she had previously worked as a nurse! I did not

see anything special about my interaction with this patient, but I do endeavour to deliver care and interactions through humanistic communication.

What is humanistic communication? Werder (2017) describes it as communication that harnesses a person’s individuality and a sharing of meaning through openness to ideas. Furthermore, this includes encouragement of input and active listening. In other words, dialogue between equal partners. It is not uncommon to encounter patients who pose a challenge to assess and engage with.

However, often behind these complex interactions are unknown reasons and experiences which require the principles that Werder describes above to appropriately connect. Building upon and growing such communication skills adds value to empowering the inner champion in each of us.

With regards to the older lady I had the privilege of caring for, our interaction highlighted for me the importance of empowerment through effective and respectful communication. The verbal feedback and my personal response to it reinforced

a positive, balanced and appropriate interface for both parties and a timely reminder that communication really is the foundation of nursing.

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CREATING TEACHING PARTNERSHIPS



LURIE BICKHOFF MACN

Have you ever supervised a student nurse and they performed a task in a different way to you? What was your response? ‘That’s not how we do it here’, ‘You’re doing it wrong’ or ‘Let me show you my way’ are commonly heard by student nurses on clinical placement. We need to stop and ask ourselves though, are we building future change champions or are we cutting them down before they even begin to grow?

Most nurses see the student-mentor (or preceptor) relationship as one sided and adopt distinct learner-teacher roles and attitudes. Instead, we need to ask, ‘What can my student teach me?’

It might be a new evidence-based intervention, pharmacology of a new drug, a new mnemonic to remember cranial nerves or the importance of adopting different teaching styles for different people. For some, it might just be patience and grace.

We need to reframe how we see students and refocus our conversations. Many nurses I know start a shift by asking their student ‘What is one thing you want to learn today/this week?’ How many of you have also added ‘I’d really love you to teach me...’

When seeing a student use a different technique to yours, why not ask ‘Can you tell me more about this method?’ If we are not open to the possibility of learning, we will never know what we are missing out on.

Let’s challenge our students to join us in a teaching partnership. Not only will their knowledge and skills improve, but so will their confidence and willingness to lead change in their careers.



Editor’s note: The cover image of the final edition of *The Hive* this year is our way of honouring all our nurses for their contribution, courage and dedication in this unprecedented year.

The image, which has been kindly provided to us by one of our members and features a nurse in Personal Protection Equipment, symbolises every nurse in Australia and the world, who has been fighting on the frontline of the COVID-19 pandemic.

We hope you have enjoyed reading *The Hive* this year. We will continue to work towards keeping our members connected, informed and inspired in the coming editions.

A CHAMPION FOR NURSES' RIGHT TO STUDY

It is sad to note the passing of the former Senator Susan Ryan, who died on 27 September 2020. One of her many contributions to the nursing profession — which happened during her time as Minister of Education and Youth Affairs — led to the transfer of all pre-registration nursing education into higher education.

It started when, on 24 August 1984, the Federal Government made a historic announcement, giving its in-principle support for the full transfer of nurse education into the tertiary sector. Until then, this transfer had only been approved in New South Wales. In a joint statement, the then Minister for Health Dr Neal Blewett, the Minister for Education and Youth Affairs, Senator Ryan, and the Minister for Employment and Industrial Relations Ralph Willis said that subject to negotiations with the states and territories of satisfactory transitional and cost sharing arrangements, the last intakes into hospital-based courses in Australia would occur in 1990. The full transfer of nurse education into the tertiary sector was to be completed by 1993.

This decision had many ramifications, one of which was the funding for the pre-registration education of nurses would be met by the federal ministry of education and not by the various state and territories ministries of health, as it had in the past. The decision was received with jubilation by the nursing organisations who had worked so hard and long to achieve a national decision. These included the Royal Australian Nursing Federation, The College of Nursing, Australia, the New South Wales College of Nursing and the New South Wales Nurses' Association.

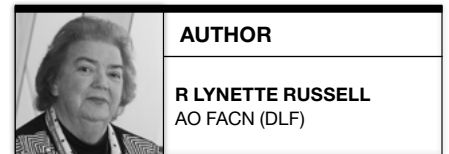
As this move was replicated in the rest of Australia, the demise of the Nightingale Model of general nurse training, first introduced by Lucy Osburn in 1868, was assured. A new era of nurse education began — an era in which nurses would have access to education in their own discipline in tertiary institutions throughout Australia.

Senator Ryan's support for this decision was another example of her strong support for equal opportunity for all regardless of gender. It should be remembered that the nursing profession at this time was almost



Photo: Australian Human Rights Commission

totally a female occupation. This decision enabled women to enter the higher education sector and to study the discipline of nursing at this level. It also meant that the tertiary sector had an influx of women, both as students and as nurse academics. Some of these nurse academics became leaders, not only in nursing but in the higher education sector generally. As a result, a much higher ratio of women in this setting occurred.



ENDOMETRIOSIS eLearning Module



The **RANZCOG Endometriosis eLearning Module** provides comprehensive coverage of endometriosis symptoms, management, and the 'whole-person' patient care pathway.

With more than 700,000 Australians estimated to be living with endometriosis, and a delay from onset to diagnosis of 7 to 12 years, this free resource aims to improve the time to diagnosis, and support effective management for better patient outcomes.

Nurses and midwives in all clinical settings are often the first primary care health professionals to whom someone with endometriosis or endometriosis-associated symptoms may present. This module provides nurses with a self-directed learning resource that can be undertaken at any time.

Find out more online:



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**
Excellence in Women's Health

This Online Learning Program is endorsed by ACN according to our Continuing Professional Development (CPD) Endorsed Course Standards. It has been allocated 4 CPD hours according to the Nursing and Midwifery Board of Australia – Continuing Professional Development Standard.



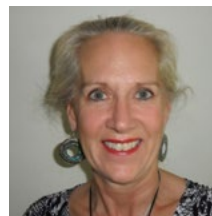
Australian College of Nursing

ENDORSED COURSE

THIS COURSE IS ENDORSED UNTIL SEPTEMBER 2022

Capturing the stories of a historic year

As we say goodbye to 2020, the Australian College of Nursing invites Distinguished Life Fellows, Fellows, Members and Students to share their stories of this extraordinary year and become part of a historic initiative



**KATE FENNELL
MACN**

I have never been prouder to be a nurse than I have in 2020. As

the world faced the COVID pandemic, nurses have stood up, showing incredible resilience and compassion in supporting each other and serving our communities in a myriad of ways. Clinicians – Leaders – Educators – we have all made a difference.



**JOHN WRIGHT
MACN**

I will remember coming to work to deliver a planned workshop only

to be told all education is cancelled and that I was in charge of setting up a COVID-19 isolation facility. Had a week to get it done.



**NATALIE
SMITH MACN**

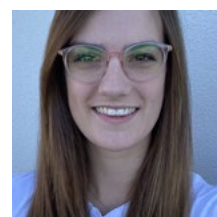
2020 has been a rollercoaster year for everyone, including

myself. I feel blessed to live in Australia where we have been largely protected to date from COVID 19. I would like to acknowledge those that have given their lives to help others during this pandemic. In such a fitting year of the Nurse and the Midwife, so many have lost their lives in pursuit of caring for others. May we always remember them.



**BELYNDA
ABBOTT FACN**

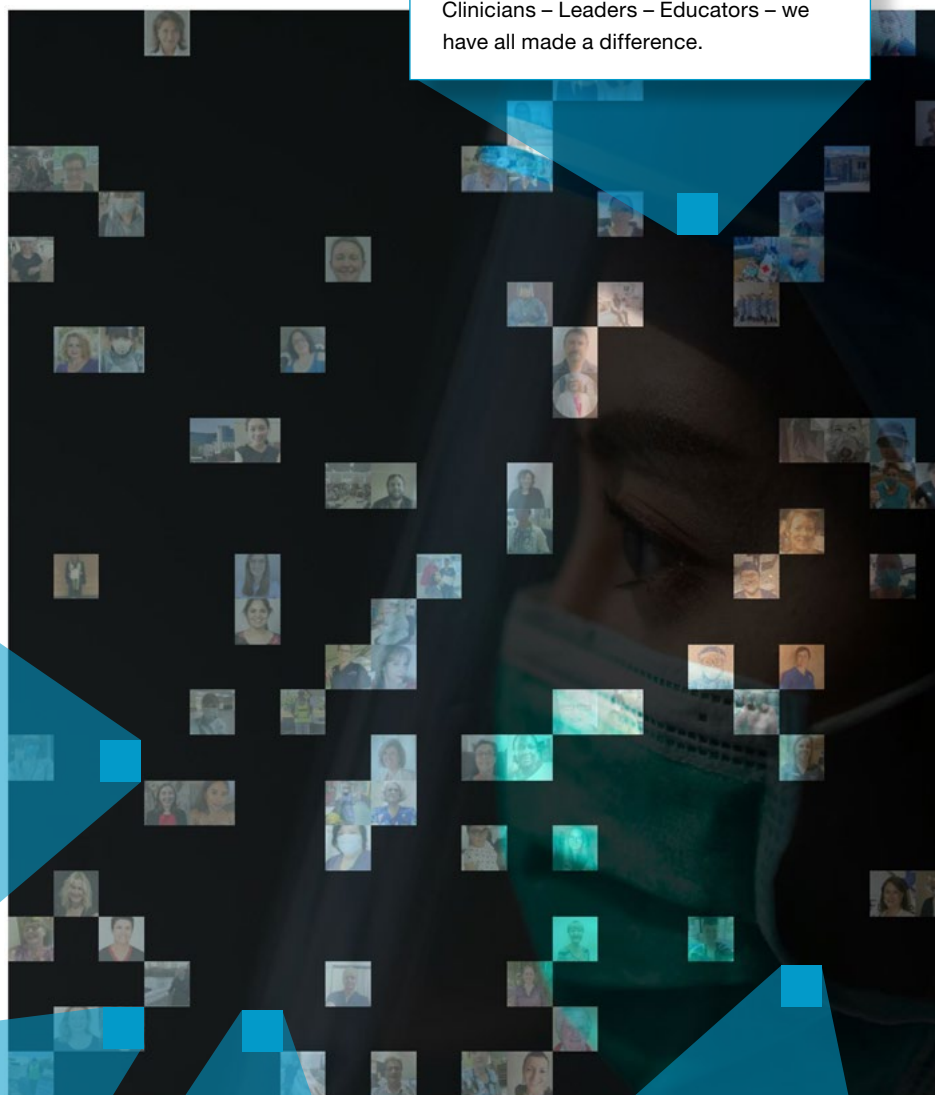
The incredible privilege and responsibility of ensuring the safety of our community.

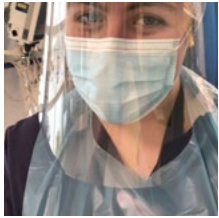


**LUCY OSBORN
MACN**

The whole new level of exhaustion, stress and isolation but

also, the intense pride I had for my work within the community!





DANNIELLE STEWART MACN

Working in anaesthetics/recovery and critical

care on the frontlines of the NHS. As an Australian nurse overseas, my experience will be a lot different to some of my colleagues back home, but we're all incredible nurses who have shown the world in 2020 that the people you need in a crisis aren't rich and famous, it's more the humble, often forgotten or not thanked. It's nurses.



JON SAN MARTIN MACN

Nurses are resilient, compassionate and essential! The simplest gesture of care

for each other including all members of the team can go a long way! Physical and emotional well-being is important to deliver our care effectively.



To capture the stories, emotion and events of this unprecedented year, we invited our Members and Students to take part in ACN's new initiative, the ACN Community Digital Mosaic Wall. As the stories come in, they come together with other stories to build an iconic image symbolising 2020, Year of the Nurse and the Midwife. It is an image that represents what we have achieved this year collectively and record for history the experiences of nurses that reflects the diversity of our roles, fields and stages of our career.

The Community Digital Mosaic Wall is just one way we at ACN want to say thank you to all our nurses for your contributions this year.

HOW TO TAKE PART

1. Check the terms and conditions
2. Take or upload a photo that represents your 2020 experiences
3. Tell us what you'll remember most about being a nurse in 2020
4. Watch your photo join the larger mosaic of stories

For more information, visit acnthankyou.org.au/



MARG HANSEN MACN (Undergraduate)

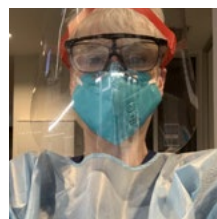
How important all essential workers are to our communities

and how amazing it is when everyone works together.



LEE FOREST MACN

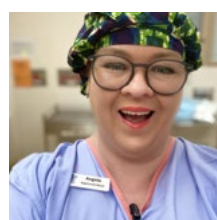
Stay strong! We are nurses with the power to outlast, outwit and outsmart this pandemic.



ANNELIZE GRECH MACN

Challenging but rewarding! It really brought nurses out of the dark to the frontline! High

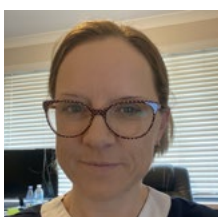
time nurses received more financial and status recognition.



ANGELA FISCHER MACN

Nursing in 2020 has been a rollercoaster ride and I've loved every minute of it. I got to learn some

new skills and get out of the operating theatre and work in ICU. I'm very proud to be a nurse and proud to have worked with amazing health care heroes during 2020.



MICHELLE FARLIE MACN

I will remember 2020 most for being a baby graduated nurse ready to take

on the world but so nervous about what COVID would mean for someone still so new to nursing.



NurseStrong: A thank-you

The ACN NurseStrong movement was created two years ago to encourage nurses to improve their physical, mental and emotional strength in a safe and supportive environment with resounding success.

To thank nurses for their dedication during these challenging times, we created NurseStrong care packages for nurses all around Australia.

The care packages are lovingly curated with goodies that have been ethically purchased from bushfire-affected areas and regional and rural Australia to help rebuild our communities following bushfires, floods and the pandemic. Along the way, some businesses have generously joined us by donating and discounting merchandise which has meant we could send hundreds of packages.

We are so very grateful to be able to support small business and we are immensely humbled by the generosity of organisations who helped us. We want to share these incredible companies with you as our way of saying THANK YOU... we are forever grateful.



NURSES PLAY A VITAL ROLE IN ELIMINATING HEPATITIS C

Thousands of Australians have hepatitis and don't know it! Many others are hesitant to seek treatment.

Nurses are in a unique position to build trust with their patients, help them seek testing and get cured of hepatitis C.

Find out more about testing and cures for hepatitis C:
www.hepatitisaustralia.com/hepatitis-c | 1800 437 222





Share the love



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Your inner champion needs self-care too

Nurses are adept at emotional labour, but in this particularly tough year, it's vital for us to reconnect with our feelings to stave off stress

This year I have felt so much anger, disappointment, shame, sadness and guilt. They have raged within me constantly, bubbling and festering like a little cauldron. I feel anger at what I have had taken away, disappointment of having missed out on things, shame for feeling this way when there are others who are worse off and sadness for so many in the community — such as aged care residents who have faced a terrifying year or small business owners who have watched years of hard work go up in smoke.

Publicly, I have been happy and cheerful, facing challenges and changes with a smile. Supporting my team and family to face rapid change with optimism and enthusiasm. I have been suppressing the negative emotions for so long now that I am starting to feel a bit confused about what I am really feeling, and it is stressful to keep it together.

Have you felt like this sometime this year?

This year, we have all faced challenges and experienced disappointment. It doesn't matter if it is an anticipated holiday that was cancelled, a birthday celebration that was missed or simply a nice dinner out with friends that has been postponed for months. During the last few months, I have consistently heard people devaluing the impact that these disappointments have had on their lives. Comments like 'Well, I am better off than a lot of people, I have a job, I have food, I am healthy, I just haven't seen my family for a few months'.

It's true: There are probably many people who are in far worse positions than

yours, there always are. But this does not devalue the fact that you have experienced challenges, you are allowed to feel the emotions that go with it.

As nurses, we are used to regulating our emotional responses in the workplace. After all, it would be inappropriate to always cry at the bedside when a patient passes away or get angry when we face a distressed family who is being critical or aggressive. Hiding our emotions in this way is called 'emotional labour' and occurs when the work role specifies that some emotions should be displayed and others should be hidden (Kinman & Leggetter, 2016; Jeung, Kim & Chang, 2018).

While we are adept at playing these roles in the work environment, learning to display the 'correct' emotions can be difficult to overcome, especially if you have been doing it for years. It is particularly hard in a situation like the one we have found ourselves in this year. When stress and change surround us and our loved ones, there is a pressure to put on a happy face not just at work but at home as well. Your inner champion is putting up a good fight to support those around you.

One of the most common side effects of emotional labour is experiencing disconnection with your true feelings, which in turn can lead to increased stress as you start to experience a mismatch between the emotions you are feeling and the image you are portraying (David, 2016; Young, Suk & Jong, 2019).

So, this month after showing my game face to the world for too long, it is time to get back in touch with my emotions and give my inner champion a little bit of self-care. If you too are feeling a little disconnected in relation to your feelings, try some of these ideas to get back in alignment.

The Junto Wheel

One of the simplest ways to try and reconnect is to use a tool like the Junto Wheel.

The wheel revolves around six core emotions, these are the big ones that you can commonly recognise — love, joy, fear, anger, sadness and surprise. The authors have then segmented the core emotions into increasingly specific individual components of the core emotion. When I have difficulty identifying exactly which emotion I am feeling, I use the Junto Wheel to get some clarity.

For example, my overwhelming feeling may be sadness, but if I really drill down using the Junto Wheel, I am actually feeling isolated. Once I recognise the root of my feeling, I can do something to rectify it.

Acknowledgement

Acknowledging how you are feeling, especially 'negative' emotions, is important. Emotions are not actually negative or positive, this is a social construct. Feeling the range of emotions is healthy. If you are valuing 'happiness' as a state and constantly striving towards this, then you are setting yourself unattainable goals.

In the last year, when you have been encountering constant change in every aspect of your life, seeking only happiness as a state of mind can leave you feeling very disappointed in yourself and others (Mauss, Tamir, Anderson & Savino, 2011).

So, acknowledge how you are feeling. Checking in on your emotional goals can be an important part of increasing your overall satisfaction with your current circumstances. Allow yourself some time to feel emotions that may be uncomfortable.

Self-care

Engaging in some form of self-care is critical. This doesn't mean spending a day at the spa (although go for it if you can). What this means is you must set aside some time in your everyday setting to recharge, whether it's 10 minutes for meditation, 15 minutes for reading a good book, having a cup of tea on the deck in the sun or even a 20-minute walk around the block. Block some time out to be alone with your thoughts, feelings and emotions and process the day. It is amazing how hard it is to spend 10 minutes with yourself and your feelings if you haven't been used to doing this.

In conclusion, I urge you to take some time out with your inner champion, process, reflect and engage with your emotions because they might have been taking a backseat this year.

Read more about the Junto Wheel here:
www.thejuntoinstitute.com

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“ A mismatch between the emotions you are feeling and the image you are portraying can be immensely stressful. ”



EMPOWERMENT THROUGH COMPASSIONATE LEADERSHIP

Support through evidence-based interventions can enhance nurses' well-being in meaningful ways

Do you remember the first time you learned how to wash your hands properly as a nurse? After that, no matter where you are, you always wash your hands the 'right' way, don't you? As nurses we have the skills and knowledge to lead in the face of a rapidly changing, unprecedented public health emergency. When you started to see the health advice to the general public on how to wash hands, did you feel like an expert? You are!

In preparation for an increased demand on health care services during the pandemic, many changes have been made to our individual roles. In particular, workload has increased significantly in a system where the workforce and staff ratios were already depleted.

Change can be difficult, especially in uncertain times. However, change can also be empowering. As nurses, we are educated to always be prepared for unpredictable situations. Change is, therefore, integral to nursing practice. Nurses are often seen as change agents – we initiate, motivate and implement change. Planned change has its advantages: gathering evidence, setting up systems and solving problems before they happen can facilitate a smooth transition (Jakimowicz, 2020). Unplanned change imposed by an external source such as a global pandemic can be haphazard, where results are unpredictable, often

resulting in anxiety and fear. More than ever, it is vital that nurses care for each other and be compassionate leaders.

Initially, resilience and self-care were difficult to maintain as we watched our peers struggling in overwhelmed health systems overseas. Fear and anxiety increased for Australian nurses. The first confirmed case of COVID-19 in Australia occurred on 25 January 2020. At the time of writing (1 November 2020) we have had 27,590 people confirmed to have contracted coronavirus, with 907 people losing their lives on our shores. Unbelievably, worldwide 1.19 million people have, to date, lost their lives to this wretched disease. These numbers are unfathomable - each number is a person with family, friends and hopefully, nurses caring for them. COVID-19 has touched the lives of everyone in some way.

At a time where opportunities for education sessions and connection with colleagues were non-existent, we in the ACN New South Wales Sydney Region, under the leadership of Robyn Quinn FACN (DLF), offered virtual well-being events. We were overwhelmed with the response from nurses around Australia seeking to connect with their colleagues.

Empowerment through education and compassionate connection became more and more apparent. In our sessions, we met nursing leaders with extensive leadership

experience, including Mary Archibald FACN and Rosemary Oates FACN, as well as ACN Emerging Nurse Leaders (ENLs), such as Kaaren Goeldner MACN. Some spoke about their fear of the virus and the danger to themselves and their families. Others spoke of their anxiety and frustration as they observed people in the community ignoring the health directives, putting themselves and others at risk. A nurse working in the community spoke of her dismay and sadness as her patient pulled their hand away in fear of contamination. She felt the loss of being able to nurse in the way she always had – being able to connect with her patients, with a simple touch of her hand. Overnight, nursing had changed (maybe forever).

Supporting nurses' well-being with evidence-based interventions is vital. Research tells us newly graduated nurses and mid-career nurses are at most risk of compassion-fatigue and burnout (Jakimowicz, Perry & Lewis, 2018), with many experiencing feelings of inadequacy, insecurity and anxiety (Pascale Blakey & Jackson, 2016). In the United States, the National Center for PTSD stated that it is a given that the nursing workforce will suffer from psychological trauma and stress injury as they are exposed to ethical, personal and medical demands resulting from the pandemic (US Dept VA, 2020).



“ It helps to acknowledge feelings of stress and those of your friends and colleagues, as a response that is ‘normal’ in an extraordinary situation. ”

Drawing on the evidence, we understand that health professions such as nursing are team-driven and peer support interventions based on narratives and conversations are considered to be beneficial to empowering nurses in enhancing well-being (Maben & Bridges, 2020). Evidence also supports the notion that compassionate leadership, or where senior nurses support each other and mentor their more junior counterparts, is vital.

Mary, an eminent nurse leader who attended the well-being sessions, was struck by the ENLs’ openness about their fears and concerns, she commended them and instilled hope, speaking of how nurses’ strength is built on a strong foundation of pride and practice, providing a springboard for the future. Rosemary remains passionate about nursing and spoke of the importance of a ‘high level of care and collegiality’. She told a story of how back in the day, sharing a coffee and peanut butter toast around the toaster in the nurses’ residence was where lifetime friendships were cemented, as they

talked about some of their memorable experiences during their nursing work.

It is also important not to medicalise these fears and anxieties. We now understand that it helps to acknowledge feelings of stress and those of your friends and colleagues, as a response that is ‘normal’ in an extraordinary situation. Experiencing stress or anxiety does not automatically point to a long term problem. Resilience is defined as the ‘capacity to recover quickly from difficulties’. It does not mean that we are so tough that we don’t have compassion, empathy or vulnerability. Remember, it’s OK to not feel OK. The speed at which change has been required during the time of COVID-19 has pushed us all to our limits, yet we are still caring for our patients, supporting each other, empowering inner champions of change and continuing to be the ‘rock’ of health care.

This journey through the uncertainty of COVID-19 has touched us all. It’s as though we have learned how to wash our hands again, now we must move forward and use this event to empower our profession.

Dr Samantha Jakimowicz MACN is the Deputy Chair of the Sydney Region.

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	DR SAMANTHA JAKIMOWICZ MACN

POSITIVITY IN A PANDEMIC

Three ACN members share how being part of the NurseStrong community has helped them in their well-being journey

Since it was launched in 2018, the NurseStrong movement has grown exponentially, with more and more nurses recognising the importance of looking after their own physical, mental, emotional and spiritual well-being; to care for their patients but also for themselves. Never more has this resonated with nurses everywhere than in 2020, as they relentlessly fought against COVID-19 to protect Australia.

As the pressure and demand on nurses increased during the pandemic, so have the levels of stress, anxiety, physical and mental exhaustion, not to mention the plummeting levels of social connectedness brought about by several factors. In times like these, the NurseStrong community has been pivotal in providing a safe space where nurses can share their concerns and fears, but also uplift each other through encouragement and empathy.

Three members of the Australian College of Nursing (ACN) — Benjamin Fox MACN, Karen Folan MACN and Nicole Mahara MACN — tell us how they have discovered positivity during the pandemic.

“ When you see someone’s post — whether it’s about humour, well-being or simply sharing a proud accomplishment — it might just be the motivation you need to get out of your own headspace. ”



NICOLE MAHARA MACN

Nicole is a Registered Nurse (RN) who currently works at an aged care facility in Bathurst. A martial artist since the age of 15, Nicole achieved her black belt in Okinawan Karate in 2016. For Nicole, who joined the community over two years ago, fitness and health are incredibly important. She is also a member of two local bushwalking clubs and loves getting out in the bush and back to nature.

Why I joined NurseStrong

I wanted to be a part of a group of like-minded individuals who are there to support, encourage and motivate each other. The NurseStrong group does just that. Every day is not like walking on a bed of roses and we have our good and bad days. When you see someone's post — whether it's about humour, well-being or simply sharing a proud accomplishment — it might just be the motivation you need to get out of your own headspace and look beyond your day and realise just that: it is one day!

What I like about it

I love the motivation of seeing what everyone else does to keep fit, healthy and to maintain their well-being. It motivates me when my energy levels or mood might be low or I am just feeling overwhelmed. Knowing that others have been in a similar boat is comforting.

I love seeing – in spite of being strangers – how well we can connect and empathise with each other. I also hope that when I share something, it might reciprocate that motivation, empathy and energy to help others move forward. I recently walked the 6ft track, 45km over four days with an 18kg hiking bag. It was an amazing accomplishment for myself, and I couldn't wait to share this with my NurseStrong group!



KAREN FOLAN MACN

Karen is a Nurse Unit Manager (NUM) at a Melbourne hospital. She came to Australia in 2008 after losing her job in the Ireland global financial crisis. She backpacked across the country and worked as an agency nurse in Sydney followed by a stint in rural NSW as a nurse in a country hospital.

Why I joined NurseStrong

I joined ACN at the end of 2019 and the introduction pack introduced the NurseStrong group to me. I joined it as I was curious to see what it was about but started participating regularly, especially during the Melbourne lockdown. Sometimes it would just be to show positive moments in a terrible time, other times to answer questions such as 'How to talk to your NUM' or how to access supports.

What I like about it

Being a NUM in Melbourne during COVID-19 has been terrifying. Despite amazing support from the organisation there is a level of trepidation that you are exposing your team to risk. Other similar groups were very anxiety-ridden and inflammatory, often sharing false information. I left most of them because of it, but NurseStrong has always been a reassuring, positive and supportive place, to say nothing of the unique humour only nurses have!



BENJAMIN FOX MACN

Benjamin is an RN who works in the pandemic clinic at a Northern Territory hospital. He has over 30 years of experience in Information Technology (IT) and hopes to take his IT and process simplification experience into the health care sector.

Why I joined NurseStrong

I joined last May during my final year of nursing studies. I wanted to be around awesome like-minded people. Reading and hearing of success pepped me up. By joining NurseStrong, I surrounded myself with positive and encouraging people. Reading and participating in the group is great for your well-being, you can't help but go to work and smile.

What I like about it

Reading everyone's posts, participating and encouraging people when they are feeling down (due to the reality and pressures of nursing), and congratulating people for their achievements has been great. With most of Australia isolated, the NurseStrong group has been a refuge. Seeing care packages sent out to individuals was a definite highlight. Being part of ACN absolutely means you are cared for, that you are part of a tribe in which everyone looks out for each other.



We encourage you to be part of this movement to empower yourselves in your health and well-being journey. Find NurseStrong on Facebook or visit acn.edu.au/nursestrong



NURSES AS POLICY CHAMPIONS

ACN's Inaugural Policy Fellow Dr Carey Mather MACN on how the AFPAP Program has helped her gain a stronger understanding of policy development within the nursing profession

In 2019, the Australian College of Nursing (ACN) introduced the ACN Foundation Policy Fellows Academic Program (AFPAP), the first nursing-specific health policy program to be offered in Australia.

AFPAP 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. Dr Carey Mather MACN was selected as the inaugural Policy Fellow for the year of 2020.

We spoke to Dr Mather about her experience of the program so far, the learning opportunities and what she is looking to get out of it.

What compelled you to apply for the AFPAP program?

My area of expertise is digital health, so it has been a learning curve to be exposed to learning about policy development as a process that uses a range of strategies to promote, enlist and enable the advance of nursing practice for the benefit of stakeholders. One of my previous research studies explored mobile learning at point

of care. It found gaps in governance of nurses in Australia being able to access and use digital technology at an individual, organisational and national level. I applied for AFPAP to enable me to gain a stronger understanding about policy development with a view that this learning could assist me to better navigate the nexus of nurses and mobile technology in health care environments.

The other aspect of the Fellowship that appealed to me was the opportunity to meet with nursing as well ACN policy professionals. I wanted to understand more about how to translate issues that affected nursing into policy via the process. I also wanted to be involved with, learn and contribute to ACN policy development.

Can you tell us about some of the significant work you have undertaken?

I am currently developing a Scoping Review and aligning the work of the Policy Program with the Chair and members of the ACN Ageing Policy Chapter. This also involves development of a position statement about the role of the nurse supporting older people.

Which of the learning modules did you find most interesting?

These modules are ongoing, currently I am undertaking Module 3 which is augmented by a research masterclass. I think Module 1 (introduction to evidence-informed health policy) gave me a broad overview of the different elements of the process. The COVID-19 pandemic and the restrictions related to travel and meeting in groups has truncated opportunities. The learnings from the later modules are yet to reach fruition. However, attending the ACN Policy Summit and the National Nursing Forum would augment observation of policy development in action and involvement, meeting and conversing with stakeholders would be valuable.

The masterclasses have provided context for the theoretical frameworks and examples provided in the resources developed by the ACN.

How has AFPAP changed your view of health policy and advocacy in nursing?

It has made me realise that there is a need to check with other stakeholders within the profession and undertake

“ I applied for AFPAP to help me better navigate the nexus of nurses and mobile technology in health care environments. ”



the ‘right’ process for the issue, using available opportunities. The program has also demonstrated that collaboration is key to becoming visible, however, appropriate leadership is required to progress issues. There is also a need to consider unlikely allies and to be aware of unexpected detractors. So, it is useful to think laterally to ensure potential stakeholders are considered, and have the opportunity to be included in advocacy and policy development.

According to you, what are the hurdles for nurse leaders in effecting required changes to health policy at the local/national level in Australia?

Competing priorities such as the health inequities highlighted by COVID-19, the Aged Care Royal Commission, and the urgent need for development of digital capability within the profession. There are so many competing issues it is hard to prioritise, gain traction and mobilise an already overwhelmed workforce.

Effective collaboration of all stakeholders continues to be an issue. Agency by

nurses to understand our collective voice can bring about change. As the largest proportion of workers in the health profession, we need to become more confident to lead. Programs such as the AFPAP will support the development of ‘championing’ for effective policy development of nursing issues.

Who in your opinion could benefit from this program?

There is a need for nurses to learn how to effectively and efficiently ‘champion’ issues that affect the profession of nursing or nursing practice. Nurses need to be able to identify opportunities, negotiate with stakeholders, demonstrate effectively our collective ‘voice’ and mobilise ‘action’ at all levels to increase understanding of issues and effect change.

I believe every nurse has the responsibility to lead advancing practice and this requires a voice. This voice needs to be harnessed by those who can effectively progress the issue. So, to answer the question, anyone who has an interest in policy can learn. The program is a benefit to any nurse who has an interest in an

issue and/or would like to become involved in translating issues more broadly for the benefit of all stakeholders. For example, collaboration with other nurses, health care professionals and workers or recipients of care can make a difference through policy development processes. One voice can become a cascade.

How will you use the information you have gained from this program when you complete it?

I would like to use my knowledge, skills and new learning to further support the development of digital literacy and digital capability of nurses. My research is included in the Australian Digital Health Agency National Digital Health Strategy and the recently published National Nursing and Midwifery Digital Health Capability Framework. I believe access and use of information via digital technology is the way of the future in nursing. However, nurses need to become proficient in the use of digital technology. There is still much work to be done at a national, organisational and individual level to enable digital technology to be ‘safe, seamless and secure’ and become a legitimate nursing function.

TURNING NEGATIVES INTO POSITIVES: A JOURNEY

Thoughts of an early career nurse on COVID-19, self-empowerment and leadership



As we look back at the year, none of us could have predicted what 2020 would bring. Everything seemed to be sailing along smoothly until 30 January 2020, when the World Health Organization (WHO) declared the novel coronavirus outbreak a public health emergency (World Health Organization, 2020). The virus travelled fast, with the first case of COVID-19 arriving in Australia on 25 January. The Minister for Health, The Hon Greg Hunt MP stated 'Australia has world-class health systems with processes for the identification and treatment of cases, including isolation facilities in each state and territory, these processes have been activated.' (Commonwealth of Australia, 2020).

Early in March, health staff went to work as usual, with apprehension and unease. By 22 March, Australia had 1,000 cases, after transmission on a cruise ship, and the government was clearly concerned (Commonwealth of Australia, 2020). Measures were put in place on social distancing and non-essential gatherings. The public were anxious. The Emergency Department saw record numbers of patients during that time. COVID-19 testing clinics commenced, hospital visiting policies changed and elective surgery was postponed. In short, it has been a complex time for me, just as it has been for everyone else.

Challenging as it was, I managed to let the 'power of positive thinking' take effect during this time. I had an excellent Nurse Unit Manager who saw something in me and encouraged me to pursue leadership and take on the opportunity of mentoring a graduate nurse. I also accepted a voluntary position of Secretariat Support for the

Leadership Community of Interest (COI) with the Australian College of Nursing (ACN) and felt privileged to be involved in mentorship webinars with a team of supportive and encouraging colleagues. Additionally, I have furthered my education by completing a Master of Nursing (Education) and ACN's Emerging Nurse Leader (ENL) program through ACN.

Despite this, I couldn't help but feel disappointed when university graduation was cancelled for both myself and the graduate nurse I was mentoring. Moreover, the ACN ENL Graduation Ceremony at the National Nursing Forum was cancelled too, due to COVID-19.

I have, however, turned the negatives of 2020 into positive challenges and I am realistic and honest about what is possible. For me, self-empowerment means taking control of my life in a positive way. It reflects the power of strength taken from making decisions based on my beliefs. I am taking responsibility and accepting growth and progress, and I haven't resisted change but contributed to it.

In this journey towards self-empowerment, I have taken inspiration from some famous self-empowered leaders of the past: Martin Luther King, Jr, 'I have a dream'; Eleanor Roosevelt 'The future belongs to those who believe in the beauty of their dreams'; and Edwin Friedman 'Leadership can be thought of as a capacity to define oneself to others in a way that clarifies and expands a vision of the future'.

During COVID-19, I determined a personal mission to self-reflect and contemplate personal qualities. Those qualities included self-belief, self-awareness, emotional intelligence and courage.

As an early career nurse, I have concluded that all nurses are leaders in some capacity (McGhee, 2020). Leadership can be in the form of educating patients on discharge to maintain their health, as a Clinical Partner supervising students on placement, presenting in-service education to staff, coordinating a shift and managing patient flow. Mentoring a graduate nurse has also been a positive experience and is beneficial to my leadership roles in the future.

My goals for future leadership are pursuing life-long learning and enhancing communication skills through continuing professional development; applying for positions in hospital working groups; continuing as an active member of the professional organisations I belong to and participating in the ACN Leadership COI. I am excited about the opportunities ahead and what my future may hold.

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	LORETTA WOODFORD MAGN

Looking ahead with positivity and purpose

The Melbourne Region was privileged to be able to support you through a tough time this past year and endeavours to continue its efforts into the future

As the International Year of the Nurse and the Midwife draws to a close and Melbourne finally comes out of one of the longest and toughest pandemic lockdowns across the international arena, the Melbourne Region is commencing planning for 2021.

Despite being confined predominantly to our homes, it did not prevent the ACN Melbourne Region Leadership Team from arranging some informative webinars in celebration of 2020 Year of the Nurse and the Midwife. Over 300 members registered for these webinars. The first was held in May as nurses around the world honoured Florence Nightingale's 200th birthday. We hosted a webinar highlighting *Becoming and Being a Nurse Leader*. Drawing upon the experiences of three nurse leaders: Arun Thomas MACN, 2019 Victorian Young Achiever of the Year, John Thompson, Emergency Department Nurse Practitioner/lecturer and Kath Riddell MACN, Chief Nursing Officer for St. Vincent's Melbourne, our presenters reflected early career, middle and senior leadership.

This year has really highlighted the important role nurses play being on the frontline. In July, our webinar *Nursing on front-line: the experiences of nurses as first responders*, enabled participants to hear first-hand moving accounts of Dawn Whittall, a nurse and a volunteer firefighter for over 15 years, and JP Miller, an emergency care nurse with extensive international aid work abroad through the Red Cross. We gained invaluable insights into the role of a nurse as a first responder within a disaster context and how basic skills of nursing, often taught in

the first year, can be applied in situations where one is confronted with the loss and devastation from the fire, the plight of refugee camps.

The Region's *Annual Gertrude Berger Oration and Symposium*, held in October, reminded us of what an influencer Florence Nightingale was in her time. With the focus of the Oration on the United Nation's 17 Sustainable Development Goals (SDGs), Professor Caroline Homer AO delivered an inspiring oration linking Nightingale's understanding of the social determinants of health well ahead of the SDGs. Panel members Fiona Armstrong, Roslyn Morgan and Dr Jennifer Weller-Newton FACN followed with exceptional presentations and individually illustrated how nurses can make a difference regarding the SDGs in today's dynamic health care environment.

We also said farewell to Melbourne Region Communication Coordinator Catelyn Richards MACN and Secretariat Support Aaliya Fanham MACN as they embarked on new adventures. Catelyn and Aaliya have been dedicated members of the Leadership Team and we would like to acknowledge the hard work, commitment and enthusiasm they gave to the Melbourne Region.

The Leadership Team warmly welcomed Dr Loretta Garvey MACN as the new Secretariat Support and Erin Mercieca MACN as the new Communication Coordinator. Thank you to the 2020 Emerging Nurse Leaders (ENLs) who continue to provide their support and enthusiasm in assisting with the organising of the Melbourne Region events. We look

forward to welcoming a new cohort of ENLs in 2021 and hope they find working with the Melbourne Region Leadership Team a rewarding experience.

Nurses and midwives have shone this year and we would like to especially thank all of Victoria's nurses and midwives for your ongoing commitment, grit and dedication. As we begin to plan events for 2021, we look forward to using the answers developed from our member survey sent out in November 2020 to ensure that we are providing events and activities that our members find engaging and interesting. We look forward to a great year ahead of networking, professional development and fun in 2021.

To join or know more, visit acn.edu.au/engagement-structures

LEADERSHIP TEAM	
	CHAIR: DR JENNIFER WELLER-NEWTON FACN
	DEPUTY CHAIR: KALPANA RAGHUNATHAN FACN
	COMMUNICATION COORDINATOR : ERIN MERECIECA MACN
	SECRETARIAT SUPPORT: LORETTA GARVEY MACN

A holistic view of healthy ageing



The Healthy Ageing Community of Interest (COI) was created to invite discussion on the issues faced by all Australians in the pursuit of a whole of life approach to healthy ageing. The COI brings together nurses who are passionate about, or interested in, working with the older person.

The current Leadership Team includes Chair Kay Richards FACN, Deputy Chair Dr Bridget Laging MACN and Secretariat Support Susannah Slykerman MACN.

ABOUT THE LEADERSHIP TEAM

Kay, who has been Vice President of the NSW College of Nursing, was on the Transitional Board of ACN in 2012. She is a Non-Executive Director of an aged care service and has advocated for the older person and those providing care for over 15 years.

Bridget is a Senior Research Fellow at Australian Catholic University and the founder of engAGE Care Consultancy. Over the past 15 years, Bridget has worked with government and providers to explore innovative strategies to enhance workforce capacity in the residential aged care sector.

Susannah is a Registered Nurse (RN) who, after graduating several years ago, chose to specialise in nursing care of the older

person. She has recent experience as an 'RN on the floor' in a residential aged care facility and is now employed in a more senior role to complement and support completion of her postgraduate study.

THE GUIDING PRINCIPLE

Thanks to their diversity of experience and expertise, the Leadership Team members bring unique input to the COI leadership and are able to facilitate a holistic view of healthy ageing.

Regardless of these differences though, their view of working with the older person remains the same — recognising that for a person to age well, they should be able to age well before they are 'older'. From a nurse's point of view, it is to value the idea that if they look after their heart, mind and well-being, they will age well into the future as well. This is true for all nurses, no matter which health setting they are in.




SOME AREAS OF FOCUS

The Leadership Team would like to raise awareness of interventions that support healthy ageing not just for members of the community being cared for, but for nurses too. Nurses often have a perception that they are healthier than they actually are.

As a Leadership Team, they have also often talked about the issue of ageing nurses – Australia has an ageing nursing workforce, so what is the role for the older nurse? These are some of the areas of focus for the team.

One of the aims for the COI for 2021 is to support communities to increase their understanding and broaden the types of intervention that support healthy ageing – that extends from diet and exercises all the way to sleep and the impact of social engagement or bullying in the workplace. All of these have a really important place in terms of supporting the nursing workforce.

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

LEADERSHIP TEAM	
	CHAIR: KAY RICHARDS FACN
	COI DEPUTY CHAIR: DR BRIDGET LAGING MACN
	SECRETARIAT SUPPORT: SUSANNAH SLYKERMAN MACN

“The community of interest brings together nurses who are passionate about, or interested in, working with the older person.”



HEALTHY AGEING COI ON IMPACT OF COVID-19 IN AGED CARE

To start with, the Healthy Ageing COI would like to express their solidarity with everyone in aged care services who has been impacted by the COVID-19 pandemic.

There is certainly a correlation between higher incidents of COVID-19 in a residential aged care facility and the community numbers. An aged care service is just a subset of the cosmopolitan of the community, it doesn't exist in a bubble.

As far as the impact of COVID-19 on aged care services goes, a lot of measures were put in place in facilities but there were some gaps too. There are a lot of other factors we must take into account:

- The casualisation of the aged care workforce and its implications on the sector as a whole
- The importance of governance responsibilities of boards and senior management in dealing with any disaster/outbreak. Good governance structures and a good leadership team in place makes

a world of difference. Leadership teams need to have nurses at senior levels because of the crucial input they can give in any disaster.

- The way we orientate nurses into aged care. There's a great opportunity to improve graduate programs in aged care and provide mentorship and oversight of new nurses entering the sector. We need to encourage custodianship and leadership. We also need to recognise and support nurses already working in aged care at senior positions.
- The importance of an RN's leadership. We don't yet recognise the role that nurses play in clinical oversight to ensure safe delegation of care. We have not prescribed an accurate way to delegate care to those who haven't received the clinical training that an RN has. And unless we do, we will continue to see people deteriorating significantly – we found this in our research in residential aged care

sector, but it expands and applies to the community sector as well.

- We also need more Enrolled Nurses (EN) in aged care. Right now, their scope of practice isn't well defined or well used. Moreover, it's expensive to recruit an EN in aged care, so they often don't have a place in aged care. Recruiting more ENs and utilising their clinical skills is another way to ensure clinical oversight.

The findings from the Royal Commission into Aged Care Quality and Safety, due in February 2021, will certainly be relevant to nurses and the profession. Among many, the important ones would be around the level and quality of care and service provided by nurses. This is impacted by having people with the right attitude and aptitude to work with older people, not just having a certain number of people.

Secondly, if the funding of providing age services is not increased, there will be a continued scarcity of nurses who can not only provide hands-on care, but importantly, clinical leadership.

Building a safe patient experience

Nurses in infrastructure aren't just 'project managers', they possess a unique combination of clinical and design insight into creation of optimal health facilities

Of all the roles within the nursing profession, there are two I want to talk about that are not often discussed or considered 'nursing' roles. These are Clinical Planning Manager, and Operational Readiness and Commissioning Manager, roles that are typically associated with construction of health facilities. Currently, there is very little research and training in Australia for these roles. Nurses tend to 'fall into them' either occasionally or get transferred from one construction project to the next. Appointments are based on contractual agreements or for the lifecycle of the build.

Ziel (2016, p4) recognises the many hats nurses wear working in the infrastructure environment and states, "throughout the healthcare design process: their thinking caps (human-centred design thinking), their nursing caps (clinical expertise and knowledge of professional and industry standards), and their hard hats (their tireless ability to hurdle obstacles, move mountains and get the job done), all in service of creating optimal healing environments'.

However, commentary around our roles is often laced with 'I thought you were just a project person – and I didn't realise you are an ex-nurse', as if we have just given up on our profession – this could not be further from the truth.

Our roles can commence from the initial business case to the clinical planning and through to operational readiness and commissioning. All three aspects for each build are inclusive of all aspects of health care. Vos et al (2007) suggest that building a new hospital includes creating static floor plans with standard elements such as reception desks and offices.

However, from an operations management perspective, the logistics and ability to link patient flows to the design must align with hospital strategy and patient mix.

The process during construction is long and complex, progressing from basic design and floor plans to detailed operational requirements. Models of care for each clinical area are provided and reviewed extensively to ensure we are aligning to our

Health Service Plans and meeting population demand and projections, including the implementation of new services.

Clinical Planning Managers have a multifaceted and challenging role that requires patience, stamina and most importantly, clinical knowledge to challenge clinicians' thinking when guiding the design. We can very often be found with our heads in sets of architectural and structural plans, cross referencing requirements to ensure the contractors are delivering what is specified during the user group meetings. Yes, we work with architects, who often have no clinical experience; we also work with large construction companies.

Many times, clinicians depend on clinical planners heavily as they are unable to take time away from the day-to-day workload to look objectively at the development of their clinical area. Clinical planners and operational readiness teams are often required to answer diverse queries such as how the patients enter the facility, by what



“ We can very often be found with our heads in sets of architectural and structural plans cross referencing requirements to ensure the contractors are delivering what is specified during the user group meetings. ”

avenue, how they receive care and how we get them back safely to their homes.

Often, the roles are expected to facilitate clinicians to answer these queries themselves rather than relying on the project team. The project roles must pre-empt and research, ensuring knowledge of the clinical services and areas to be constructed and fitted out so clinical teams can successfully transition and operationalise their clinical space. This process is facilitated by the operational readiness team in preparation for commissioning and occupation of the building.

In my view, few people are willing to stay in the operational readiness role, giving rise to issues of non-retention among experienced individuals. It's a challenging role that requires knowledge of the building, the historical decisions and changes to designs or layouts and what is required to operationalise each clinical area.

These roles continue throughout the construction until opening, working collaboratively alongside builders, architects,

engineers and information communication technology, workforce and human resources and the equipment team to achieve Patient Day One, the day patients can enter the building. In preparation for Patient Day One, there are a multitude of legislative hurdles that our team deals with so that accreditors and the Health Minister can officially open the doors. If there is the slightest risk to patients, the project team will simply not open the doors.

It seems that our clinical and nursing knowledge gets lost in translation of the role, although my colleagues and I go above and beyond to maintain nursing registrations, ensuring that if audited, we can substantiate that we apply our skills and knowledge to inform the architectural planning, design and delivery of the facility. Despite this, the roles are slotted not under nursing but project administration, creating issues of remuneration, access to our professional development funds and leaves. It is acknowledged that the roles have been discussed with nursing unions, but there is no progress presently.

My roles in infrastructure have led me down a variety of paths over the last five years and with my colleagues, each project team is very different, together our focus is to deliver the very best safe, patient-centred facilities as possible.

Carol Readman MACN is the first member featured under *neo's* Member Spotlight this month. Connect with her on *neo* using the tag 'MemberSpotlight'.

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AUTHOR

CAROL READMAN MACN

A nurse leader extraordinaire

Adjunct Professor Debora Picone AO FACN (DLF) reflects on the defining moments of her leadership journey



“ Before every single decision, I have a picture in my mind of clinical nurses at work caring for somebody. I judge the decision based on how it will impact that situation. ”

In this edition of *The Hive*, we spoke to Distinguished Life Fellow (DLF) Adjunct Professor Debora Picone AO FACN (DLF), who is currently the Chief Executive Officer (CEO) of the Australian Commission on Safety and Quality in Health Care (ACSQHC). Debora has served as the organisation’s CEO for eight years now. She became a Fellow of the NSW College of Nursing (NSWCoN) in 1996 and in the same year, was appointed as the Executive Director (ED). Debora was awarded the DLF Fellowship in 2014.

A highly respected leader in public administration, Debora has extensive experience in the provision of health care services and has played a key role in driving high performing organisations that improve the health of people, patient safety and access to health care.

As the CEO of ACSQHC, what are the changes you have witnessed in the Australian health care system?

Even though we have one of the best health care systems in the world, approximately 12% to 16.5% (as of 2017-18) of total hospital activity and expenditure is the direct result

of adverse events or Hospital Acquired Complications as they are called. These cost us about \$4.1 billion or 8.9% of total hospital expenditure – that’s a serious concern. The most burdensome adverse event types include health care-associated infections (HAIs), medication complications, delirium and cardiac complications (ACSQHC 2020).

Over the last five years following the implementation of the National Safety and Quality Health Care Standards, there have been significant improvements in the safety and quality of care. There is a marked reduction in HAIs and preventable in-hospital cardiac arrests, among others.

A review of the impact of implementing the first edition of the National Safety and Quality Health Service Standards shows a range of benefits, including prevention of harm, improvements in patient care, empowerment of patients and consumers, development of better governance systems, wiser investment and reduction of waste.

It’s such a privilege to work in health and I have got so much out of knowing that we are helping people every day and saving lives.

When did you know you wanted to be a nurse?

When I was 12 years old, I was at boarding school and when girls would get sick with measles, chickenpox or gastro, they would be put in a special area to be taken care of. I used to go in and look after them. After that, despite faring well in my HSC and being advised by vocational guidance counsellors to pursue accountancy or law, I only wanted to be a nurse. I was 17 when I started my nursing career at Prince Henry and Prince of Wales Hospitals – it was the best thing I ever did in my life.

What were some of the most defining moments of your career?

In 1976, nurses were awarded a pay increase of \$7.50 and the government rejected it. We camped outside the Parliament House and chained ourselves to the fence there. We stayed put for 48 hours and eventually the government caved in and paid the money.

Then, through Patricia Stauton, through the professional rates claim we introduced the Clinical Nurse Consultant, Nurse Unit Manager and Clinical Nurse Specialist –



(Second from left): At a senior staff meeting



(Far right) Debora with friends sleeping out the front of Parliament House over a pay rise dispute they won

we professionalised all of nursing. That was a great moment.

We marched to the Parliament House again when the government announced the transfer of nurse education universities back to hospital-based training. I will always remember looking down the road and seeing hundreds of students marching up Macquarie Street, including the new college nurses who came to join the march with us who were hospital trained. We went around

to the Premier's office to do a sit-in, and I remember the police trying to arrest us. We won that decision and it was a historic win.

I was fortunate to lead several important capital works programs, the re-building of Royal North Shore and Liverpool Hospitals, cancer centres, establishment of additional medical schools, and building multipurpose standards. I think another defining moment was when, as the Director-General for NSW Health, I negotiated with the NSW

Nurses and Midwifery Association for the ratios claim – I remember we signed the agreement at the Royal Hospital for Women. It was a proud moment!

What was your experience as the ED at NSWCoN?

I loved my time at the College and it was a great transition for me from the hospital setting.

As the ED, I was able to introduce several improvement initiatives within the organisation. I led a review of the Memoranda & Articles that restructured the Council, a very large governance body. That resulted in a far more focussed and effective Board that could govern the College.

In this capacity, I also reviewed the finances and operations of the financial services of the College. We worked through the NSW Health contract process with the Office of the Chief Nursing Officer, NSW Health, and were able to achieve an improved financial outcome for the College in the annual contract for nursing education.

Since my time, the organisation has gone from strength to strength, and now occupies a pre-eminent leadership position in the Australian health care system.

What has been your guiding principle for every decision you make?

Before every single decision, I have a picture in my mind of clinical nurses at work caring for somebody. I judge the decision based on the impact it will have on that situation. Will it make it better? That is my value system – I am here to serve the community and to get people better. It stayed with me, no matter how complex the decision. If it didn't meet that test, I wouldn't do it.

Do you have a message for our nurses at the COVID-19 frontline?

We the community will never be able to thank them enough for what they have done through this pandemic, particularly in Victoria. They have saved thousands of lives. I just want to say thank you and I want to urge them to take all the measures to keep themselves safe. Australia would not be where it is today if it hadn't been for them.

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The value of valuing patients

A Value Based Health Care approach could ensure a fiscally responsible health care system

Health is one of the largest and fastest growing sectors of the economy, accounting for an increasing share of Gross Domestic Product (GDP) (World Health Organisation 2019). It is also one of the largest and fastest growing fiscal pressures facing the Australian Government. A Value-Based Health Care (VBHC) approach to providing health care in Australia could ensure a patient-centred and fiscally responsible health care system. However, enabling nursing services to function in a value-based health care environment is critical for its authentic and effective functioning.

VBHC refers to the 'health outcomes that matter to patients relative to the resources or costs required' (Australian Centre for Value Based Health Care 2020). First originating as a Framework by Harvard Economist Michael Porter, VBHC focuses on what patients value in terms of their health and allocates resources according to the health outcomes provided by the system (The Economist Intelligence Unit 2018). It requires a paradigm shift from a supply driven model to a more patient-centred system of care (Australian Centre for Value Based Health Care 2020). This call has been echoed in Australia, with

the Productivity Commission and health organisations repeatedly identifying both the health (Productivity Commission 2015) and economic outcomes of reforms that place the patient at the centre of the health system (Australian College of Nursing 2019a; Productivity Commission 2017; Australian Centre for Value Based Health Care 2020).

VBHC is different from care provided by traditional funding models as its premise incentivises efficiency in the cost of delivering outcomes across the full cycle of care. The principal measures for VBHC are different in that outcomes are:

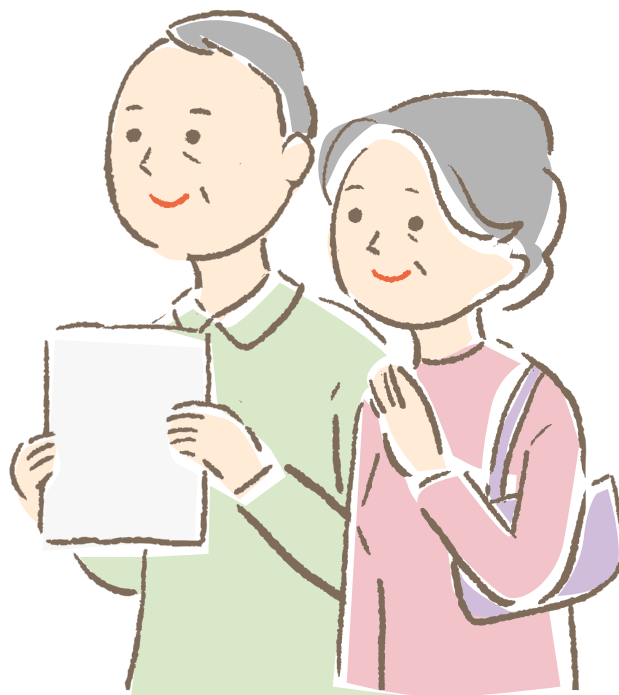
- measured by condition(s) of the patient, not by specialty and intervention;
- multi-dimensional in that they focus on what matters to the patient and not just the health care provider;
- inclusive of patient reported outcomes; and
- focused on the full cycle of care (Australian Commission on Safety and Quality in Healthcare 2019).

VBHC presents a 'whole-of-system' paradigm that incentivises all practitioners within the system to deliver the outcomes that matter to patients in the most efficient manner.

Internationally, the Organisation for Economic Co-operation and Development (OECD) is leading work on patient-reported indicators which will measure the outcomes and experiences of health care that matter most to people (Organisation for Economic Co-operation and Development 2019). The Australian Commission on Safety and Quality in Health Care (ACSQHC) is actively involved in this work. 'Health care is enhanced when patients share what is important to them and health services understand health outcomes from a patient's perspective. The use of patient reported outcome measures (PROMs) provides a structured way of helping patients to report information about health outcomes and drive quality improvement in a way that brings patients' voices to the fore' (ACSQHC 2019).

Patient reported outcome measures enable patients to report on their quality of life, daily functioning, symptoms and other aspects of their health and well-being. Responses to PROM questions help hospitals and health care services to provide the care patients need and want (ACSQHC 2019). Nurses are integral to (Patient Relationship Measures (PRMs) and Patient Reported Experience Measures (PREMs) because they consider 'the care and health-related

“ Health care is enhanced when patients share what is important to them and health services understand health outcomes from a patient's perspective. ”



services (physical, preventive, therapeutic, economic, emotional and spiritual) as well as the needs, wants and expectations of the person, their family and significant others' (Dossey 2016). These qualities are the core components of PROMs and PREMs.

Australia's large, cost-effective and highly skilled nursing workforce is underutilised. At the same time, there are numerous examples of nurse-led initiatives that provide real value to our most vulnerable communities. The Australian College of Nursing (ACN) has consistently highlighted the potential of advanced practice nurses (Australian College of Nursing 2019b) and the role of nurses in chronic disease prevention and management, particularly in rural and remote areas (Australian College of Nursing 2019c) and in the provision of palliative care (Australian College of Nursing 2019b).

Health system reform must go beyond minor changes to funding models to enable nursing services to address issues of access and equity, while ensuring the financial sustainability of the health and aged care systems. VBHC approaches are being trialled at the local, state and national level. The highly educated nature of the nursing profession, along with its geographical scope and trusted community rapport,

means frontline nurses are well positioned and fundamental to achieving an advocacy role in health care system reforms.

ACN's White Paper on 'The Importance of Value Based Health Care to patient centric and fiscally responsible health care and the centrality of nursing to its authentic and effective functioning' makes the case for VBHC in Australia. It provides evidence-based outcomes and case studies demonstrating the importance of nurses as leaders and innovators in the health and aged care systems, and in the delivery of patient centric and cost-effective care (Australian College of Nursing 2020).

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It's all in a game

Thinking outside the box to improve patient and staff morale doesn't have to be difficult

During my first rotation as a Graduate Registered Nurse in a Satellite Haemodialysis Unit, I recognised lack of stimulation in patients during routine haemodialysis treatments. As the treatments went up to five hours three times a week, we regularly heard comments like 'I become so bored during treatment', 'It is draining to sit here for hours each week' and 'I need to keep my mind busy during treatment'.

In response, I implemented a short-term quality improvement initiative aimed to decrease boredom and increase emotional health and well-being of patients during these treatments. We organised weekly games and activities such as Bingo, Trivia, word games and card games over the three-month period.

The games and activities were a tremendous success within the unit. We observed that:

- patients were interacting with each other
- they appeared more cheerful at the completion of treatment
- staff morale on the shift went up when colleagues joined in the activities
- patients began looking forward to the games
- many patients said they felt more relaxed during treatment
- patients expressed that they found the activities very stimulating.

Not every patient desired to join in at the onset, but as time went on there was increased involvement and interaction. On many shifts, they began requesting to play games or plan to play games in advance. Furthermore, the comments about boredom during treatment diminished and consequently the patients' focus was elsewhere.

The initiative was not without limitations, however, especially due to the increased infection control measures resulting from COVID-19. Before playing games, we were careful about the safety of patients and practised stringent infection control as well as taking into account patient allocation, paperwork and time constraints.

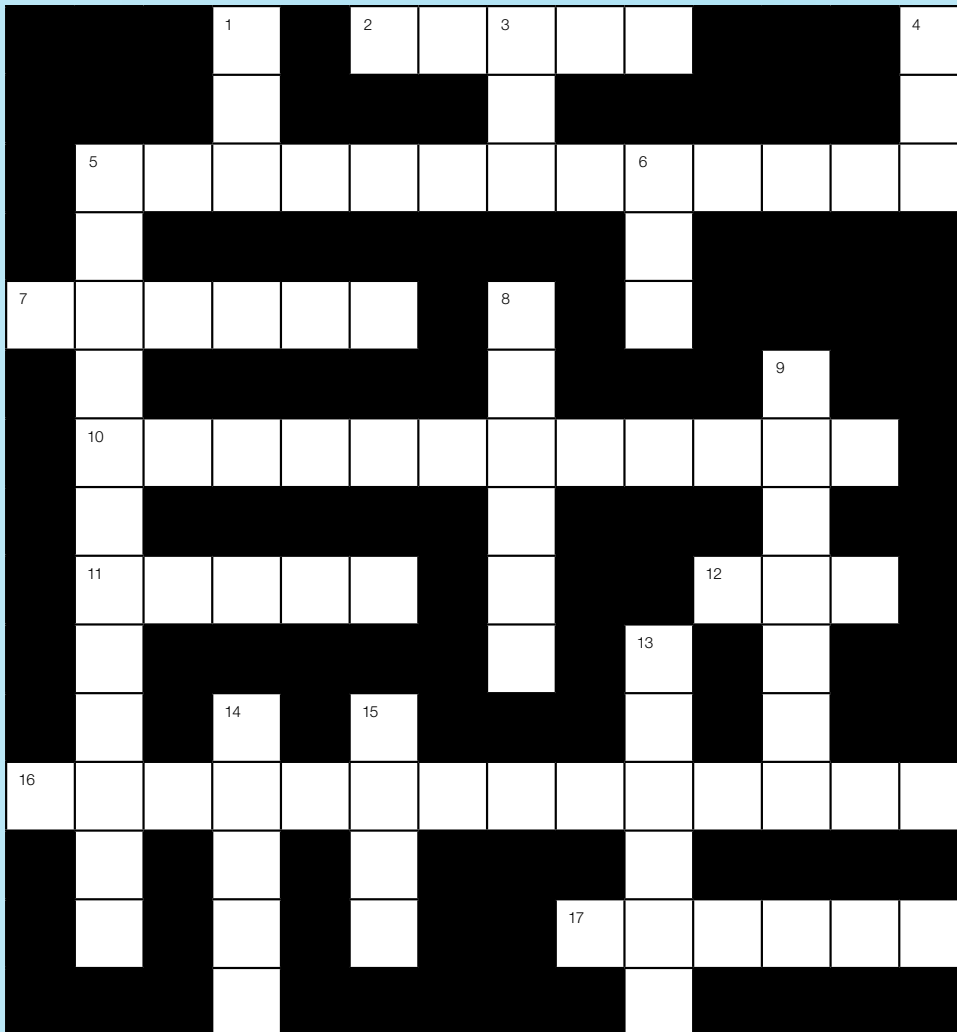
To mark the completion of this initiative, I created a games and activities box for use within the unit. I encourage you all to think about how you can improve patient experiences. The success of this initiative was a reminder that even the little things can positively influence patient experiences.



AUTHOR

AMY HUMME MACN

Brain games



Grab a pen and a cup of tea, sit back and relax with this fun crossword, specially designed for this edition of *The Hive!* You can find the answers on page 44.

ACROSS

- 2 Part of the body in which ICP is measured (5)
- 5 Concept of care that focusses on involving patients in all decisions about their health (6,7)
- 7 *Trier* French word for sorting, refers to early assessment of patient in an Emergency Department (6)
- 10 ACN Fellow named leading nurse researcher in 2020 by The Australian (5,7)
- 11 Measure of the best mix of staff to provide safest and most cost-effective care possible (5, 12 across)
- 12 11 across (3)
- 16 Australia's first Commonwealth Chief Nurse (8,6)
- 17 City home to the headquarters of a global federation of 130 nurse associations over the world (6)

DOWN

- 1 Digital collection of medical information (abbr) (3)
- 3 One of the five Nursing Now programmes aimed at raising the profile of nursing worldwide (abbr) (3)
- 4 *Quarter in die*, type of dosage (abbr) (3)
- 5 Australian film featuring Cate Blanchett as nurse Susan McCarthy in WWII (8,4)
- 6 ACN's annual signature event (abbr) (3)
- 8 This street in Australia was named after a nurse (6)
- 9 Nurse ____ O'Donoghue, who was named a National Living Treasure in 1998 (7)
- 13 ____ Doherty, Chief Nurse and Matron of the infamous Bergen-Belsen concentration camp (6)
- 14 Australian nurse Elizabeth _____ who patented the Sylvia stretcher used in the transport of accident cases to reduce shock (5)
- 15 Famous American poet and Civil War volunteer nurse _____ Whitman, who wrote the poem *Wound Dresser*



COVID-19 vaccine: the role of nurses...

...and the challenges facing them as issues surrounding vaccine hesitancy and herd immunity emerge in the coming year

The world is waiting for a vaccine for the COVID-19 virus, efforts for which are underway by scientists the world over. It is expected that if enough people are immunised, it will result in 'herd immunity', providing further protection from infection. However, to ensure that vaccines are safe to deliver, randomised controlled trials must be undertaken, a process that normally takes years. Even when a vaccine is released, the population needs to be immunised. In a country like Australia, where communities can be very isolated, that may be difficult to achieve. To add to that, there is the challenge of 'vaccine hesitancy' which can diminish the effectiveness of 'herd immunity'. This article will outline the professional obligations of nurses in relation to vaccination, explore the implications of insufficient 'nurse immunisers' and explain concepts of relevance to a COVID-19 immunisation program.

It is a condition of a nurse's licence to practice that the legally enforceable professional practice standards promulgated and regulated by the Nursing and Midwifery Board of Australia (NMBA) are understood and followed. Of specific relevance to immunisation are Section 7.2.c

of the *Code of conduct for nurses* (NMBA 2018) and the *Position Statement Nurses, midwives and vaccination* (NMBA 2016). These two standards make it clear that the NMBA expects all nurse to play a significant role in immunisation advocacy and delivery.

Consequently, for a nurse to campaign against vaccination and immunisation is to be in breach of their licence to practise. Hence, nurses must be equipped with the knowledge and expertise to fulfil their legislative and professional requirements in relation to immunisation advocacy and when delivering vaccines within their scope of practise (*Nurses, Immunisation and Health: Discussion Paper*, ACN 2019) (Discussion Paper).

The Australian College of Nursing (ACN) is an endorsed provider of immunisation education under the Australian Government's *National Immunisation Education Framework for Health Professionals* (Discussion Paper). In 2020, ACN's course *Immunisation for Health Practitioners*, achieved a significant milestone when it became the first in Australia to be accredited by Health Education Services Australia (NurseClick, 2020). Nurses who complete this course become 'nurse immunisers'; approved

to independently administer specified vaccines and able to manage adverse reactions where there may not be a medical practitioner immediately present (Discussion Paper).

Currently, there is a lack of data surrounding numbers of nurse immunisers and their practice location; anecdotally, there may not be enough nurse immunisers when a COVID-19 vaccine does become available, especially in remote regions. NMBA is conducting research to capture data on that topic (NMBA, 2020). When analysed, the data will inform workforce planning aimed at increasing vaccine uptake.

ACN has always maintained that nurses play a pivotal role in the uptake of vaccines and continues to advocate for greater involvement of nurses in any roll-out of a vaccine. Recently, ACN's CEO Adjunct Professor Kylie Ward FACN identified the need to ensure there were 'enough appropriately-trained nurses...able to immunise our health care workers, our vulnerable populations and the broader community' and 'called on the Federal Government to fund immunisation education to 10,000 nurses, midwives and other health professionals and to provide free online refresher updates which include



“Nurses are extraordinarily placed to design and deliver strategies to counter vaccine hesitancy during the current pandemic.”

training specific to the COVID-19 vaccine’ (ACN, 2020).

There are two concepts of relevance to a COVID-19 vaccine: herd immunity and vaccine hesitancy.

Herd immunity occurs when enough people are immunised against a vaccine preventable disease (VPD) to prevent its spread. Herd immunity is particularly significant for those with a compromised immune system or chronic comorbidity. For it to be effective, however, a certain percentage (typically 92-94%) of the population must be vaccinated (Discussion Paper). It will, therefore, take some time to achieve herd immunity against COVID-19 and in the meantime, individuals remain at risk.

Vaccine hesitancy is described by the World Health Organization (WHO), as ‘delay in acceptance or refusal of vaccines despite availability of vaccine services’ and considers it to be a world-wide phenomenon. Since COVID-19 is a pandemic, i.e. the virus exists the world over, this is a significant concern. WHO’s vaccine advisory group has established that the main reasons for vaccine hesitancy are complacency, inconvenience in accessing vaccines and lack of confidence

in the vaccine: the last two are especially important when a new vaccine, like a COVID-19 vaccine, is introduced. WHO has also found that simply providing information is not enough to counter vaccine hesitancy; there is also a need for a multipronged approach that is dialogue-based and targeted to specific population groups (Discussion Paper).

In addition, there is credible evidence that health provider recommendations and engagement strongly influence willingness to vaccinate (Discussion Paper). Nurses constitute the largest group of health care professionals and provide care everywhere, so they are extraordinarily well placed to design and deliver strategies such as those suggested by WHO, to counter vaccine hesitancy. Nurses are also able to offer opportunistic vaccination in health care encounters and ensure that all vaccines continue during the current pandemic. This will not only promote vaccine uptake for a COVID-19 vaccine, but also ensure an individual’s vaccine profile is current and complete.

Now, more than ever, it is important for nurses to fulfil their professional and regulatory obligations in the promotion and uptake of immunisation.

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Turning ideas into quality clinical outcomes

Australian College of Nursing (ACN) Mid-Career Nurse Leadership Program participants Adam McGrath MACN and Kayla Gloss MACN discuss how their quality improvement projects resulted in tangible results of better patient care as well as organisational culture



ADAM MCGRATH MACN

Clinical Nurse Consultant

Quality improvement initiative:

PACE (Post Acute Clinical Event) Debrief

We are working in a fast-paced, ever-changing health care environment that is currently also coping with challenges of the pandemic. It is, therefore, more important than ever that we ensure effective inter-professional team communication, collaboration and coordination in the care of patients. Post-event debriefing is recommended by the International Liaison Committee on Resuscitation (ILCOR), Australian and New Zealand Committee on Resuscitation (ANZCOR), and the American Heart Association (AHA) post resuscitation for reflection, learning and to improve clinical practice.

However, debriefing is not routine practice post critical clinical events. Discussions post event consist of informal chats or nothing. On surveying, 80% of staff currently believe that adequate debriefing is not provided following critical clinical events. Post event debriefing is defined by Rose and Cheng (2018) as facilitated interprofessional team reflection after a clinical event that focuses on improving both system and team performance.

The most common barriers to debriefing post resuscitation or critical clinical event are: staff 'buy in' and culture, insufficient time, lack of trained facilitators and lack of appropriate setting, other patient care demands, fear of blame, and no formal process. For any debriefing project to be successful, these barriers had to be addressed.

Although debriefing in the clinical area is usually in the realm of our medical colleagues to facilitate, through learning from the Mid-Career Program, I was able to implement nurse-facilitated debriefing post critical clinical events. Rose and Cheng (2018) highlight that nurses are more than suited to facilitate debriefings. This increases nursing leadership accountability and opportunities, promoting the team approach to patient care, reflection, promotion of learning and quality clinical outcomes.

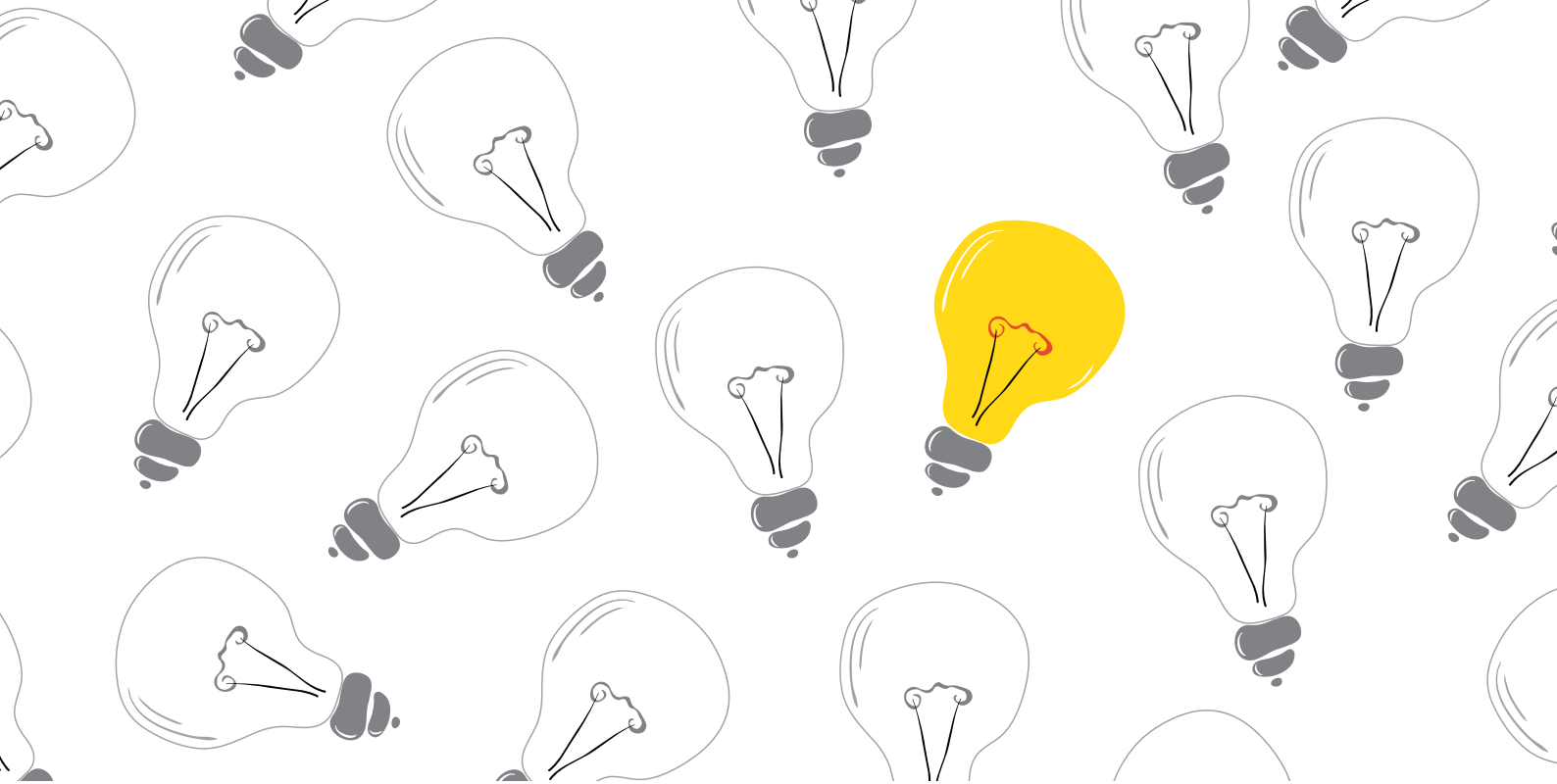
Developed as part of the Mid-Career Program, some of the salient features of the debriefing guide are:

- a debriefing template created using plus/delta debriefing style

- debrief to occur within 30 minutes post event for immediate patient and self-care
- debrief should only last 10-15 minutes
- multi-disciplinary team to emphasise the team's collective knowledge to provide a more accurate picture of events (Mullan et al 2017)
- clinical debrief only, not a psychological debrief
- discussions focused on processes, not individual performances
- ideally away from the clinical space to allow for confidentiality.

As a result, we were able to solve several issues. For example: 'We didn't give the correct dose of amiodarone.' On questioning why this occurred, we learnt that the nurse wasn't aware of the cycle of the ALS pathway the team was on. On asking the same question 'Why do we think this occurred?' we are told that the nurse came in part way through the arrest and was asked to give amiodarone but not told what dose. Finally, 'what would we do differently' was answered by: closed loop communication, team leader giving dose as well as medication, ALS algorithm on arrest trolley to reduce cognitive load and short recap after each round of CPR/COACHED.

Debriefing should be a vital part of any clinical practice to help promote a psychological safe workplace where 'what went well/what didn't go well' can be discussed to promote self-learning, identify process issues, improve clinical performance, all to improve patient outcomes. With all these benefits, how can we not debrief?



KAYLA GLOSS MACN
Nurse Unit Manager

Quality Improvement Initiative:
Transforming for COVID-19

No one anticipated that 2020, the Year of the Nurse and the Midwife, would require both empathy and action from nursing leaders to guide our teams through the unpredictability of the COVID-19 pandemic.

In the Emergency Department (ED) we decided early on that staff safety was a priority. We conducted risk assessments within our team and developed a 'clean list'. We sectioned our ED into Hot and Cold Zones. Individuals would not be allocated to Hot Zones for varying reasons such as medical conditions, pregnancy and immunocompromised, etc. Unfortunately, I had ruled myself out because I am

immunocompromised. Although tough for me to deal with, I realised that if I am not at a patient's bedside, I can still advocate for the nurse who is.

As a Nurse Unit Manager (NUM) I still had to oversee the operational running of Hot Zones and maintain the safety within the department. So, I decided to invest myself in my team by researching the evidence, working alongside our senior team to develop new models of care and protocols that kept our team protected. This included facilitating staff attendance for personal protective equipment (PPE) and COVID-19 airway drills to prepare the team for intubations. We collaboratively streamlined ED patient flow, devised ED diversion strategies, reconfigured our department including resuscitation bays, conserved vital equipment...the list goes on.

To ensure staff well-being, we developed 'Care Packs' and maintained a supply of cold drinks and food vouchers for them to use. A local foundation donated hot meals for our staff every day.

Another initiative implemented was called the ED Start of Shift (SOS) Huddle, a way to gather the team at the beginning of the shift to provide a daily update to all staff as well as a way for staff to give feedback on ideas or issues. From the ED SOS cropped up a concern around the time spent in PPE. As a NUM group, we collectively decided that instead of staff remaining in one area for their whole 12-hour shift, we would break allocations down to four-hours blocks so that staff only worked in Hot Zones for four hours and were then rotated out. Although very

labour intensive from a rostering perspective, it has played a significant role in our resilience as a team during the pandemic.

We have begun to look at how we would continue to operationalise our models of care and find a new normal. To gain insight into this, we initiated 'Best bits of COVID', a survey to reflect on what 2020 and COVID-19 has taught us and the strategies that we can continue to use in our practice to improve both patient care and ourselves as clinicians.

The Mid-Career Program has been invaluable in terms of knowledge and skills. The complete package of resources including Managing Quality Improvements, Data Analytics, Leadership Strategy, Staffing, Human Resources, Managing Change, Clinical Governance and Health Economics have all been fundamental in facilitating the unprecedented and rapid changes we have faced this year.

Read more about the quality improvement projects of some of our other Mid-Career Nurse Leadership Program participants on NurseClick

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ALISON HUTTON FACN



LAVANYA NAIDOO MACN



Mentoring: an opportunity to teach and learn

Alison Hutton FACN and Lavanya Naidoo MACN talk about their personally and professionally fulfilling journey as mentor and mentee

On mentoring

Alison: I have always believed in mentoring. I have had some fantastic mentors during my career, who gave up their time up to talk and guide me throughout my career. So, when I heard about the Australian College of Nursing's (ACN) mentoring program, I wanted to volunteer to be a mentor. This year, I have had the opportunity to get to know Lavanya and I am so impressed by her passion and drive for nursing. My wish for Lavanya is that she does not lose this, nor that it is stamped out by others she encounters during her day-to-day work.

Lavanya: When I heard about the Emerging Nurse Leader (ENL) program, little did I know that my career path would be encouraged and supported by an incredible body of nurses from all over Australia, from undergraduate to retired nurses. This year, I was matched to Alison as my mentor and she has helped craft my foundation and develop my confidence and vision in nursing. I can now see myself taking steps towards stronger leadership.

On the ENL program

Alison: I think initiatives like the ENL program help to support leaders of the future. Too many times we hear stories of 'nurses eating their young' without acknowledging that we all need support in our roles, young or old, experienced or not, whether it is in a busy ward environment, a clinic or as an individual practitioner.

Learning to debrief regularly in our work environment, talking about what we are learning and/or seeing on a day to day basis, and checking in on others is not an established part of nursing culture – but needs to be. Even though the ENL program is one-on-one, I believe it lays the foundation for nurses to make a difference, ask hard questions and believe in themselves during their daily practice. Most importantly, it teaches them that they can reach out to other staff members for support and guidance.

Lavanya: The ENL program is individual-led and you have the support of your mentor and ACN to guide you through career development, quality initiatives and personal development. That said, it's important for all nurses

to believe in their vision. To ask hard questions and ask many questions.

I believe in closing the gaps in nursing through mix method communication. For example, the uptake of digital health platforms to support open communication in nursing and encourage listening and debriefing.

On teaching and learning

Alison: I think one of the things I am taking from this process is the beauty of learning from others, no matter what role you are in – this is what I love about mentoring. Just because you are the mentor does not mean you do not learn anything from your mentee. Throughout this process, I have learnt from Lavanya's determination to improve her workplace and implement digital solutions. This determination has reinvigorated me to do my best to improve my own workplace. I foresee Lavanya being a nurse leader for many years to come.

Lavanya: Nursing is an ever-changing environment and being a new graduate can be stressful. It is up to all nurses to support the transition of new graduates and ensure that they are supported and heard.

Bringing fairness into blood donation

It's time to reconsider the length of the deferral period for blood donation from MSM individuals

“Legislation restricts a bisexual or gay man from donating without waiting for at least 12 months since he last had sex with another man.”



Blood and plasma donors are considered as people who contribute to the health and well-being of the community, doing so selflessly. Blood donors give their time and literally part of themselves knowing that their donation is helping others. For regular donors, celebrating milestones, such as reaching 100 donations, is important.

Some workplaces may encourage a bit of friendly competition to see who amongst the staff donates the most regularly. Unfortunately, bisexual and gay men cannot participate in the same way because current legislation restricts a bisexual or gay man from donating without waiting for at least 12 months since he last had sex with another man. It is this unfairness that prompted ACN and CRANApplus to write a joint issues brief on blood donation in Australia.

Despite all the wonders of our modern world, blood and its derived components such as plasma are still obtained from

people rather than factories or laboratories. In order to ensure sufficient supply, Australians who match the criteria are encouraged to donate regularly. Men who have sex with men (MSM) are one of the largest groups of people prevented from donating regularly. The reason for this is that MSM individuals have been shown to have a greater risk of infection from the Human Immunodeficiency Virus (HIV) compared to heterosexual Australians with a new sexual partner (Australian Red Cross Blood Service 2020). While the 12-month deferral period for MSM individuals has seen reduced blood transfusion-transmitted infection rates (ibid); the contemporary and improved testing and screening of blood donations means that blood borne diseases are now detected earlier and more easily. For this reason, it is timely to reconsider the length of the deferral period for blood donation from MSM individuals.

Improved screening of blood brought on by technological advancements can

detect blood borne diseases and infections quicker meaning that there is now no scientifically justified reason for maintaining the current 12-month deferral period for MSM who wish to donate more frequently. Risk mitigation and patient safety can be adequately secured with a reduced deferral period of between four-to-six months. Reducing the deferral period would bring Australia in line with other nations who have progressed in this area and reduce unnecessary discrimination and therefore enhance fairness for MSM who have waited long enough to see regulatory change.

Read the full joint issues brief on our website: acn.edu.au/wp-content/uploads/issues-paper-blood-donation-in-australia.pdf

If you think there are any health or social issues that ACN's policy team should develop a position on, please email policy@acn.edu.au.

AUTHOR:
ACN POLICY TEAM

ETHICS MATTERS

The wisdom of nursing practice

As we say goodbye to 2020, it's the perfect time to reflect on the past and contemplate the future

The year 2020 is going to be a year all of us will remember for the rest of our lives. It is also the year when we celebrated, for the very first time, the Year of the Nurse and the Midwife as declared by the World Health Organization. This year is also the 200th anniversary of the birth of the remarkable reformer of nursing and brilliant statistician, Florence Nightingale. The end of a year is traditionally a time when we reflect on the year gone by and contemplate the future, the coming year.

In that spirit of reflection and achievement, this edition of Ethics Matters will reflect on the wisdom of nursing practice and the comfort of pets.

Since its inception, Ethics Matters has focused on what matters to nurses as they reflect on the ethical aspects of their practice. The meaning of practice is deliberately broad and includes direct clinical care, management which supports the structures of that care delivery, education which teaches the care, and research which provides the evidence base for the nuanced and broad areas encompassing nursing care delivery. All these nursing care practice areas are ethical in nature since they are

all directed towards benefiting; not only patients but also nurses themselves.

In the Western intellectual tradition, ethics is a part of philosophy and so-called nursing ethics has evolved from that same tradition. Nursing philosophy has been described by the nurse and philosopher Steven Edwards as 'the examination of philosophical problems as these bear upon or are raised by nursing theory and practice' (Edwards, 2001, 14). Philosophy as a word is derived from both Latin and Greek and means love of wisdom. For nurses, the wisdom that has been acquired in the practice of their profession this past year has given rise to many profound insights for nurses as individuals and as members of a profession.

Nurses have always acknowledged that patients are the experts in whatever ails them; they 'know' their bodies better than anyone else. Similarly, nurses are experts in the delivery of nursing care, so they are also experts in what needs to change within the health care system as the community faces further ongoing challenges arising from the COVID-19 pandemic. The wisdom gained from reflecting on nursing practice means

that nurses 'know' what matters to the community and what is the 'right' thing to do to provide the best possible care.

The noted Australian philosopher Peter Singer has said, 'Ethics is practical... If it is no good in practice, it is no good in theory either.' (1993, 172). In other words, ethical judgements about what is the 'right' thing to do must also be able to stand up to the scrutiny of those who practice—in this case, those who practice nursing.

The Spring 2020 edition of this column focused on how the community has come to appreciate the value of nurses in a way that has not been seen for a very long time, but also the toll that providing care during the pandemic has taken on those nurses. Nevertheless, as they always do, nurses have shown remarkable resilience and moral courage, in very challenging circumstances and sometimes, at great personal cost. Consequently, every day there are countless examples of nurses' actions demonstrating the profession's ethical mandate to do good.

In partnership with its Fellows and Members, the Australian College of Nursing (ACN) is capturing the wise



“Nurses are experts in the delivery of nursing care, so they are also experts in what needs to change within the health care system.”

insights of these nurses and using them to advocate tirelessly for the profession. For example, ACN's COVID-19 Nurses Support Strategy (2020a) and the successful outcome of ACN's lobbying in the form of funding for Aged Care Transition to Practice Program scholarships (2020b). At face value these might not look like ethical matters but they are and they stand the test of practice because one benefits by supporting nurses directly, and the other benefits the community through the provision of more suitably qualified nurses to work in aged care.

The codes of conduct and of ethics both form an essential element of the professional practice standards for nurses in Australia. The content of both are legally enforceable. Section 7.1 of the code of conduct requires nurses to 'maintain their physical and mental health to practice safely and effectively' (NMBA 2018a), whilst element two of the code of ethics expects that nurses will 'maintain a standard of personal health such that the ability to provide care is not compromised.' (NMBA 2018b). It might seem burdensome to nurses to meet these expectations when they

are already grappling with escalating demands in a challenging environment, but as she has done so often, Florence Nightingale provides a form of guidance.

You may or may not know that Florence Nightingale had a pet owl called Athena. Athena, named after the goddess of wisdom, was rescued by Florence when she visited the Acropolis in Athens, Greece. Athena was bathed in sand every day and liked to sit on Florence's shoulder or in her pocket. She is now preserved as a taxidermy specimen in the Florence Nightingale Museum in London (Florence Nightingale Museum, 2020). Nurses are not immune to COVID-19 induced stressors, and Florence's relationship with Athena reflects the importance of pets in our lives at times of tumult and uncertainty (Ratschen et al. 2020).

There is much wisdom emerging from nursing practice in the face of the pandemic and in stressful times, if the profession is to continue to meet its ethical mandate of benefiting, then the inner champion of a nurse needs to be empowered. Pets are a proven means of doing that as Florence Nightingale

has shown. As we reach the end of a tumultuous year, nurture your pets so they can nurture you, so you can in turn be empowered to face what will no doubt be another challenging year ahead.

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**AUTHOR:
DR LEXIE BRANS FACN**

ACN supports Pacific region critical care nurses

Despite challenges, there is optimism that post-graduate studies will enable Pacific Island nurses to build a solid foundation for clinical leadership, health system improvement and workforce sustainability

Health care systems across the globe have faced an incomparable event of COVID-19. All health care staff, particularly nurses, faced overwhelming tasks of providing clinical care whilst also trying to rapidly up-skill and expand their knowledge. Critical care units faced enormous disruption in managing clinical and human resources and critical care nurses became frontline care providers for the sickest patients with diminishing or inadequate resources. Globally, the pandemic has disproportionately affected critical care staff; with increased workloads, concern for their own health and fear that they could spread the disease to their families and the community. In the Pacific region, many nurses became involved in community activities designed to stop the spread and eliminate the virus (WHO 2020).

The shockwave of the COVID-19 crisis has also reverberated through national and international teaching institutions. Australian borders were closed to most international students by the end of March (McAnulty & Ward, 2020). Many higher education institutions scrambled to develop and implement online learning programs.

Fortunately, the Australian College of Nursing (ACN) was at the forefront of e-learning for almost a decade. ACN courses are predominantly delivered online and postgraduate learning has been the mainstay of education for specialist nurses. The Graduate Certificate in Critical Care Nursing is one in a suite of ACN's graduate certificates. The flexible study options allow nurses to obtain post-graduate qualifications while working in their chosen clinical stream. The course is structured to meet the learning needs of experienced critical care nurses whose professional practice

is based in Intensive Care, Emergency Departments and Critical Care Cardiology.

As part of our education expansion this year, we were very proud to welcome students from the Pacific Island nations. We started with just two students from Fiji who enrolled in the April 2020 term. It was a privilege to support them through the first few tough weeks in the course. However, their efforts have been nothing short of inspiring and their progression in the course truly exemplary. If all goes to plan, they will be awarded their Graduate Certificates at the end of the April 2021 term.

In July, we welcomed a larger cohort from many Pacific Island nations. With a larger group, we faced some teething problems related to technology, communication and the capacity of some students to continue with exacting course work. In many instances, students were negatively impacted by pandemic-related escalating workloads. Students were supported with additional learning resources, extensions for assessment and extensive formative feedback aimed at developing appropriate academic skills.

However, a significant proportion of students could not adequately participate in term one learning and assessment processes due to work and family commitments as well as short term timelines. Both students and ACN staff are committed to deep learning and meaningful course participation. Consequently, it was important for us to offer an alternative pathway for students to continue in the Critical Care Nursing course. Fortunately, ACN policies enabled us to provide equitable management for students who faced significant obstacles in accessing and navigating online teaching and learning activities.

It has been humbling for me to learn something about critical care practices in the Pacific region. Like all nurses everywhere, they too do their very best with the available resources. As well as being indispensable professionals, nurses have family and community responsibilities. It is, therefore, a privilege to support their academic studies and enable them to gain maximum benefit from their great efforts. Next year, we will again face many challenges in our private and professional lives. Hopefully, post-graduate studies will enable Pacific Island nurses to build a solid foundation for clinical leadership, health system improvement and workforce sustainability. I am looking forward to another group of successful graduates completing the course by the end of 2021.

Above all, I hope that our post-graduate students will find time for self-care and that they will gain a new purpose as well as a fresh insight into their own enormous capabilities and resilience. A new term will start on 25 January 2021 and I am sure it will be another exciting and productive year.

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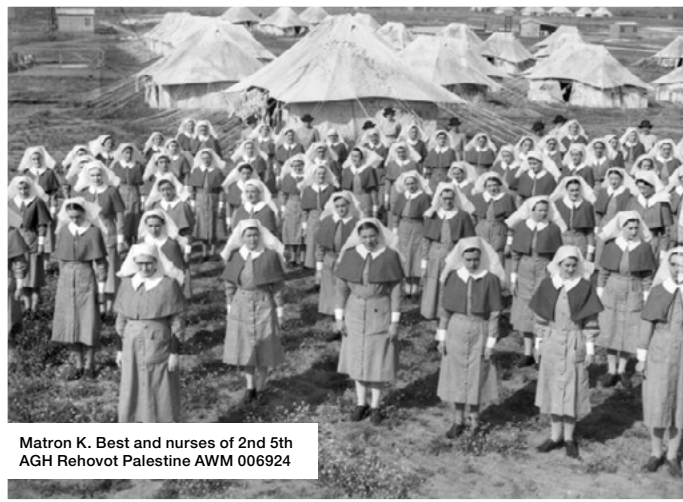


From the Archives

It is not every day that a serendipitous moment happens in the Australian College of Nursing Archives. But they do happen



Matron Iris Inskip
ACN Archive



Matron K. Best and nurses of 2nd 5th
AGH Rehovot Palestine AWM 006924



Capt Inskip Greece April 1941
ACN Archive

Having researched and written about a remarkable nurse leader, Kathleen Best RRC OBE (*The Hive*, Autumn 2020), I was delighted to discover the recollections of Captain Iris Inskip in the personal collections of the College archives. This is a privileged account telling the story of the 2/5 Australian General Hospital (AGH) from a nurse's perspective and by a nurse who lived the experience under the Matronship of Kathleen.

Iris enlisted in 1940 in the Australian Army Nursing Service (AANS) for service in WWII. She was assigned to the 2/5 AGH under the command of Kathleen and Australian Imperial Force (AIF) Commanding Officer, Colonel W. Kay. Iris described Kathleen as an excellent Matron.

In her reflections of her war time nursing experience, Iris provides an insight into the events that overtook the 2/5 AGH. Her account narrates how the 2/5 AGH was transported by ship from its position in Rehovot, Palestine to Greece:

We had not had breakfast, lunch, however tea and sandwiches were soon provided. The ship was a nice little ship but the atmosphere was tense. We slept in our suites, with life belts at our sides for four days.*

Iris recounts the disastrous landing of the AANS nurses of 2/5 AGH in Greece on 12 April 1941 and documents the difficulties in setting up a field hospital with minimal equipment at Ekali, 18 km from Athens. Importantly, she relates how the 2/5 AGH were forced to evacuate due to the German advance and documents the critical, dramatic choice Matron Best gave the nurses. Only 40 nurses were to remain behind to care for the wounded allied soldiers.

The nurses were to choose whether they wished to stay or evacuate. In an anonymous ballot, all the nurses voted to stay, leaving Matron Best with the difficult task of choosing who would remain behind with her. Iris was one of the nurses chosen by Matron Best to remain, but the rapid advance of the enemy army presented increasing danger and these nurses were also evacuated. Iris describes this frightening situation in calm words that resonate with the now acknowledged courage of WWII nurses.

In her memoir, Iris' description of the hardships of wartime conditions experienced by nurses is incredibly matter-of-fact. Yet, she also documents lighter moments of sight-seeing while

stationed at the Casualty Clearance Station (CCS) at Nazareth.

Iris was admitted as a foundation Fellow of the College of Nursing, New South Wales, in 1957. Many AANS nurses on their return to Australia became leaders in the nursing profession. Once discharged from the AANS, Iris became Matron, firstly of Cessnock Hospital and then Gosford Hospital (1961-1972).

Details of Iris' long life – she died aged 97 on 24 July 2005 – are archived in the ACN Archives, Parramatta. These documents could form the basis for biographical research or provide eyewitness evidence of WWII nursing. Iris' reflections are just one of the many gems to be found in the College's archive.

For me, discovering the reflections of a nurse who served with Matron Kathleen Best was indeed a serendipitous moment.

* Miss Iris Inskip, Account of World War 11 Experiences, ACN Archives, Personal Collection, Series 1, Box 5, Folder 1.

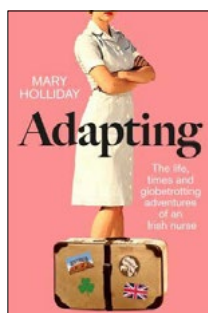


AUTHOR

LESLEY POTTER FACN



Reviews of a good read



ADAPTING

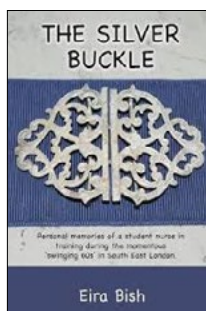
Author: Mary Holliday
Reviewer: Clare Fealey, ACN Affiliation Coordinator

Rambunctious nurse practitioner and midwife Mary Holliday recounts, through a collection of short stories, her intrepid adventures and interactions in this personal memoir – an honest homage to the endless possibilities a career in nursing and midwifery can lead a person to.

Born and raised in Ireland, Mary left home young to pursue a career in nursing, travelling the world and meeting interesting people and encountering all types of dangerous situations along the way. Of note is her time spent living and working in Africa; Zambia, Kenya and South Africa to be precise. Here she experienced firsthand health care in the most remote communities, which had a profound impact on Mary's career and life. Moving to Australia in the 1980s and dealing with restrictions placed on nurses' scope of practice paved way for Mary to innovate and challenge the status quo.

Having grown up in staunch patrilineal inheritance system there is a current theme throughout *Adapting* where Mary finds herself in positions where she must "stick it to the man" and challenge all types of boundaries she faces as a woman and nurse/midwife. At times this is to great success, at other times this results in compromising situations.

If you are looking for a laugh intermixed with moments of earnestness, pick up *Adapting* and follow "the life, times and globetrotting adventures of an Irish nurse" – you are in for a wild ride.



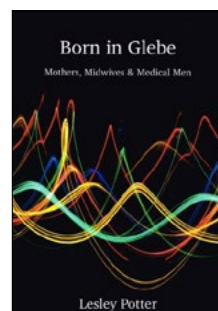
THE SILVER BUCKLE

Author: Eira Bish
Reviewer: Sam Byrne, ACN Marketing and Communications Assistant

Author Eira Bish reflects on her personal experiences as a student nurse during the 1960s in south east London. She paints a vivid picture of her daily life, providing the reader a fascinating insight into her memories and perspectives.

Despite several contextual differences, the author reflects fondly on particular elements of being a student nurse that remain constant in the present day, such as a strong camaraderie forged between fellow students, the uplifting relationships enjoyed with patients, and the discipline, leadership and attention to detail that educators and senior nursing and medical staff are able to pass down to student nurses. Among these were also some sobering constants, such as the ever-present struggle to stay afloat financially, and the exhaustion caused by the horrendously long days and nights training and studying.

This book is an enlightening read for anyone wanting to unlock the time capsule and take a journey through the plentiful high and lows of the experience of a student nurse!



BORN IN GLEBE: MOTHERS, MIDWIVES AND MEDICAL MEN

Author: Dr Lesley Potter FACN
Reviewer: Rory O'Sullivan, ACN Communications Officer

In a fascinating suburban history, Dr Lesley Potter FACN brings to the life the experiences of the mothers, midwives and medical men assisting women to birth in Sydney suburb of Glebe in 1890. Dr Potter — who is a nurse historian and Deputy Chair of ACN's History Community of Interest — begins her historical inquiry seeking to discover the midwives offering their services time-period in Glebe and the nature of their practice. This endeavor takes her on a journey of discovery to highlight these midwives, who were normally untrained and were an integral part of the community identity of the pre-dominantly working-class suburb.

Dr Potter does this historicizing the practice of the midwives within the context of 1890 Glebe where home birthing was preferred over hospital settings, and the women supporting mothers to give birth were well-known members of the suburb. She also notes these women were operating in a changing time period of advancements in medical obstetric advancements.

Dr Potter's research is a unique work of micro-history which ensures the stories of the suburb's midwives are not forgotten and have a deserved place in the local history as the colonial period came to a close.

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

Supporting nurses' safety in a pandemic



Representing the Australian College of Nursing (ACN) on the National COVID-19 Clinical Evidence Taskforce provides Marina Buchanan-Grey MACN an

opportunity to advocate for the nursing profession and directly impact clinical support for nurses to undertake safe, evidence-based work during COVID-19.

Marina Buchanan-Grey MACN recently moved on from the Australian College of Nursing as the Executive Director Professional after just over 2.5 years. She is currently enjoying a career break before embarking on her next professional role. In the meantime, Marina is the current Representative for the Australian Living Evidence Consortium National COVID-19 Clinical Evidence Taskforce, an opportunity she was nominated for in her previous role and as a continuing member of the organisation.

The role of the Taskforce is to support Australia's health care professionals caring for people with COVID-19 by providing continually updated, evidence-based clinical guidelines. The Taskforce is undertaking continuous evidence surveillance to identify and rapidly synthesise emerging research in order to provide national, evidence-based guidelines for the clinical care of people with COVID-19 and cover

the full disease course across mild, moderate, severe and critical illness.

These are 'living' guidelines, updated with new research in near real-time in order to give reliable, up-to-the minute advice to clinicians providing frontline care in this unprecedented global health crisis (National COVID-19 Clinical Evidence Taskforce 2020).

What was the most compelling reason for you to be part of this Taskforce?

It was the ability to be involved in work that would directly impact frontline clinicians, especially our nurses, providing care to COVID-19 patients and ensuring that they have evidence-based guidelines to support their clinical work and keep them safe at the same time. Nurses are with patients 24/7 so it is important that they have reliable evidence in useable guideline documents at their fingertips.

What has the experience been like so far?

We are learning as we go! This pandemic is nothing like anything anyone has experienced before and bringing together some 30+ member associations to undertake this work has been phenomenal. The ability to have 'living' guidelines available to frontline clinicians has been extremely important.

In the early days of the Taskforce, information was changing daily to weekly. Although that has slowed a little now, there is constantly emerging evidence from clinical trials and it's important that there is a body undertaking this critical work to shape clinical guidelines.

What issues or benefits has this had for the nursing profession?

There have been many benefits for the nursing profession, namely providing advice and developing flowcharts on Personal Protection Equipment (PPE) requirements whilst involved in cardiopulmonary resuscitation (CPR) ensuring that critical care can be provided to patients and nurses can stay safe and not risk transmission of COVID-19 whilst performing CPR. This was a large piece of work done in collaboration with the Australian Resuscitation Council.

What was the significance of a nurse representative on this Taskforce?

Nurses are frontline clinicians and the only profession to be with patients 24/7. It is crucial that nursing has strong representation in the work of the Taskforce to support them to undertake safe, evidence-based work in an ever-changing pandemic landscape.

We encourage you to stay continually updated with these evidence-based clinical guidelines and clinical flow charts by visiting:

<https://covid19evidence.net.au/#living-guidelines>

<https://covid19evidence.net.au/#clinical-flowcharts>

REFERENCE

National COVID-19 Clinical Evidence Taskforce (n.d.), *About the Taskforce*, COVID-19 Evidence, accessed 2 Nov 2020



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WITH US**

If you would like to write for *The Hive*, please send in your ideas to publications@acn.edu.au

CROSSWORD ANSWERS

Across

- 2 Skull
- 5 Person centred
- 7 Triage
- 10 Debra Jackson
- 11 Skill
- 12 Mix
- 16 Rosemary Bryant
- 17 Geneva

Down

- 1 EMR
- 3 UHC
- 4 QID
- 5 Paradise Road
- 6 NNF
- 8 Slater
- 9 Lowitja
- 13 Muriel
- 14 Kenny
- 15 Walt

Thank you to all our contributors!



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