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#47 SPRING 2024

KEEPING NURSES

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COVER STORY

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resilience, and advocacy

Rhonda Halabi MACN

What about the nurses  
who were not famous?

Nursing in the north 1910-1925

Sandra Dash MACN

+MORE  
INSIDE

# THE JOYCE EDWARD Collection

*Nursing history and leadership in war and peace*

The Archives are fortunate to have received a collection of material from the estate of Joyce Edwards which has recently been catalogued. Joyce had an interest in the experiences of Australian nurses during and following their service in World War II, including their reintroduction to civilian life, and had conducted interviews with many of these nurses between 1993 and 1997. Subsequently several of these nurses were instrumental in the early years of the forerunners to the Australian College of Nursing.



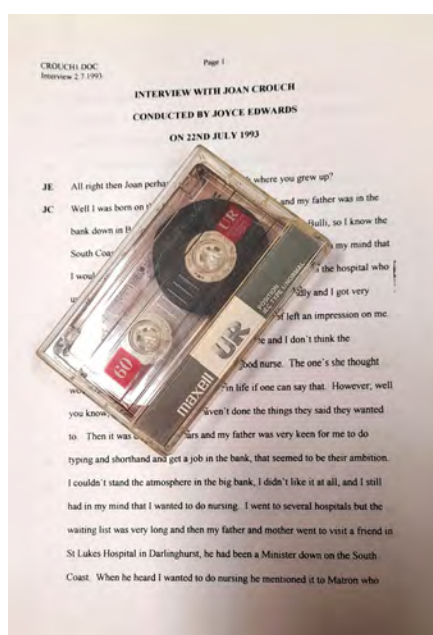
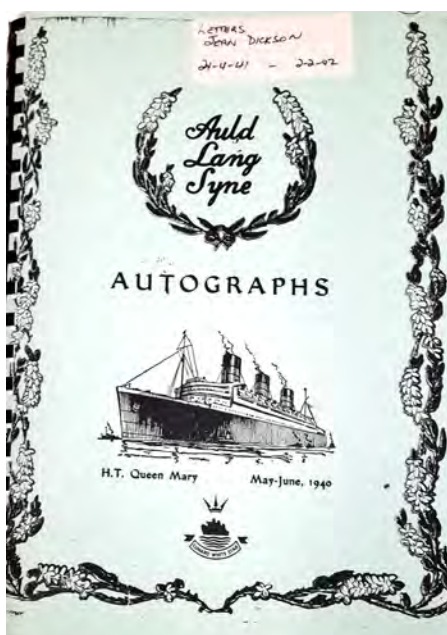
Examples of cassettes with recordings and the transcripts

I started to catalogue the collection in 2023 following its arrival in many boxes. This had been preceded by a visit to Joyce's home with Professor Lynette Russell AO FACN (DLF) in December 2022 on the invitation of Joyce's relatives to view and identify the material that was to come to the College.

This involved going through the boxes and itemising all the material both clearly and less clearly identifiable. A major aspect involved cataloguing the interviews and identifying the printed transcripts Joyce had made of these interviews.

While doing this I felt that it was not enough to just provide a list of names so to assist future research. I decided to include additional information such as the area each nurse served in. This meant that I dipped into each transcript to identify this information as I proceeded with my task. As time went on, I began to become excited about the collection and to appreciate the richness of these sources and the different voices portrayed. These include descriptions of the experience of enlisting, conditions at different field hospitals in Australia and overseas, the unpredictability of events, the stories of nurses who were evacuated successfully from Singapore and those who became Prisoners of War. However, there is also much about how the nurses were treated on return to Australia and how they negotiated their way in a post-war world. In some cases, this material

**This collection is a valuable and substantial resource for those interested in this period of Australian nursing history.**



Left: A selection of letters in the Joyce Edwards Collection

Middle: Transcription of an interview with Joan Crouch who served with the AANS in World War II

Above: Embroidery by one of the AANS Nurses from World War II

is further enhanced by a written account previously published by the interviewee, an interview with the sister of a nurse who was on the Centaur (the Australian Hospital Ship sunk by the Japanese on 14 May 1943), and a transcription of a nurse's war diary by a family member.

The majority of the collection consists of 65 tapes and transcripts of interviews undertaken by Joyce with Australian nurses who served during World War II. The majority of these interviews are with nurses who served as part of the Australian Army Medical Women's Service and were posted to the then Malaya or New Guinea. Of these, some subsequently became Prisoners of War, including Vivian Bullwinkel, while others describe their evacuation from Singapore. Other nurses interviewed served in Australia and other theatres of war such as the Middle East, Greece, the Philippines and in Japan and Korea following the end of World War II.

There are also interviews with six Australian nurses who were in the United Kingdom

or Europe at the start of hostilities and joined the Queen Alexandra's Imperial Military Nursing Service (QAIMNS), which became the Queen Alexandra's Royal Army Nursing Corp in 1949 (QAs). These nurses were mainly posted to Europe and the Middle East.

Additionally, there are three interviews with massage therapists (physiotherapists) who served during World War II as well as interviews with nurses who served post World War II in Korea and Japan and one with a nurse who served in Rwanda in 1989. The collection also contains tapes and transcripts of interviews with Vivian Bullwinkel and Joan Crouch by other interviewers as well as by Joyce.

The collection also contains material provided by interviewees or their families such as articles written by the nurses, photocopies of letters written by two of the nurses, Army newsletters, photo albums and assorted negatives, monographs, reports and drawings. There is also a collection of

books relating to World War II. A separate folder contains what appears to be medical/nursing records of nurses who were POWs.

This collection is a valuable and substantial resource for those interested in this period of Australian nursing history, not only because it provides a description of the experiences of a number of nurses during World War II but also because it includes descriptions of what they faced on their return to Australia and civilian life. These stories need to be told and this resource provides further enrichment of the current knowledge we have about this part of our nursing history. The material is currently situated in the Joyce Edwards Personal Collection in the Australian College of Nursing Archives in the Parramatta offices.



**DR JENNIFER BLUNDELL**  
FACN



Townsville Hospital nurses and doctor 1910

# What about the nurses WHO WERE NOT FAMOUS?

## *Nursing in the north 1910-1925*

Historical reviews of nursing are important to help understand where our profession has come from, provide knowledge on how to learn from past mistakes and support our professional identity in a society in which the nursing image has not always been seen in a professional light (Hunt, 2017). However, when nursing history is thought of, the person that comes to mind is Florence Nightingale, the so-called mother of modern nursing as depicted by authors such as Karimi & Alavi (2015), Dumitrascu et al. (2020), and Matthews et al (2020). Along with Nightingale, Australian nurses such as Vivian Bullwinkel (McAllister 2015) and Elizabeth Kenny (Becker 2017) stand out.

Yet what about the nurses who were not famous? The nurses who worked in rural and remote settings at the beginning of the twentieth century. Will their stories ever be told, or will they be forever lost to history?

In April 2024, I submitted my Master of Philosophy thesis for examination at the culmination of four years of study, including interstate travel for research and a gathering of information highlighting nursing history in the North Kennedy region. So, what was my thesis about? The title of my thesis is *The History of Nursing in the North Kennedy Region 1910-1925* with a research question of 'What factors shaped the development of formalised nursing in the North Kennedy region between 1910 and

1925?'. The North Kennedy region covers the area from north of Cardwell, south to the ranges past Mackay and west to the Great Dividing Range. To provide depth in my thesis I chose a smaller area of the North Kennedy region encompassing the towns of Townsville, Charters Towers, Ayr, Ingham and Home Hill. I have lived and worked in Townsville since 2010 and although not my first rural /regional nursing position, I had never considered the history of nursing in these areas. Rural and regional nursing was certainly not something that was taught in my undergraduate nursing degree.

Using historical methodology and social constructivism I analysed historical nursing documents such as historical



Children's ward Charters Towers Hospital 1910



Nurses Badge of the Australasian Trained Nurses Association received when registering as a nurse

committee meeting records from local hospitals and Australasian Trained Nurses Association (ATNA) documents from nursing organisations in Brisbane. Three themes emerged from my thesis: contexts of care, burgeoning aspects of safety and quality in hospital settings, and formalising education and nursing professionalism in the North Kennedy region.

Nurses in the North Kennedy region worked in a variety of environments including public and private hospitals, private homes, gaols, and orphanages. However, the most common working environment that produced trained registered nurses was public hospitals. Yet hospitals in the North Kennedy region did not have the luxuries of metropolitan hospitals. There was no hot water available in the hospitals, and wards separated from the main buildings did not have telephone connections until the 1920s, unlike Brisbane hospitals such as St Helens which had a telephone connection in 1885 (Love, 1975). Nurses in the North Kennedy region also cared for a multitude of different cultures, which at a time when there was no cultural safety or awareness, may have been difficult. Such cultures included Asian populations from both ships coming into port and the goldfields, South Sea Islanders from surrounding plantations and the First Nations population amongst others.

Formalising nursing education in Australia not only attempted to provide trained nurses for clinical settings but also ensured that nursing education was systematic. However, the tyranny of distance saw the nurses of the North Kennedy region being educated by one doctor and one matron. While there was a curriculum available from the Australasian Trained Nurses Association one needs to

consider whether having a limited supply of educators impacted the knowledge levels of probationary nurses. Wood suggests that surgeons could have focussed particular examination questions on their own surgical practice (Wood 2009). The great divide between Brisbane and rural and remote regions shows itself again when nurses in Brisbane hospitals were recognised as typhoid nurses whereas nurses in Charters Towers, where typhoid was rampant at times due to the mining population were not recognised for their contribution ('Scientific & Useful', 1896). While the previous reference was before the time period my study time covered, typhoid was still prevalent into the 1920s in the North Kennedy region.

Findings from my study showed that there was an awareness of the need for safety and quality regarding health care. This included telephone lines connecting separated buildings mentioned before, the use of the Nightingale ward to promote good lighting and flow of air and the installation of septic tanks instead of cess pits. Unfortunately, it took until the Spanish influenza outbreak in 1918-1919 to encourage the use of masks to prevent infection transmission.

One major factor noted throughout the study was that the nurses of the North Kennedy region worked and were allowed to work often outside their scope of practice or against the nursing policy of the time. Nurses were known to work whilst married and pregnant. Nurses at both Charters Towers and Townsville Hospitals dispensed medication often without medical professional guidance. Medical professionals of both Charters Towers and Townsville Hospitals also utilised staff that they had when filling positions rather than

wait for other nurses to arrive. Nurses at the hospitals would be moved through the ranks of Sister and Staff Nurse as both promotion and also filling the vacant role. One disturbing factor was that ATNA did not perceive the role of rural and remote nurses as important and did not include them or have representatives for them in committee meetings nor did they provide adequate support or visitation to ensure that nursing standards were appropriate.

While this is only a short glimpse of my thesis, this study highlighted the fact that although Brisbane was deemed the city of Queensland, there were nurses in the rural and remote area that the North Kennedy region once was. Nurses dealt with disease, infections, multiculturalism and the tyranny of distance that was not seen in metropolitan areas. These nurses need to be acknowledged for the work that they did, with the sparse equipment and support they had in an area that was a world away from the metropolitan cities and nurses that literature focuses on instead.

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# International Classification of Nursing Practice (ICNP) Research and Development Centre of Australia

## *Implementing Internationally Standardised Nursing Terminology*

Earlier this year, the Australian College of Nursing (ACN), in partnership with Australian Catholic University (ACU) and Monash Health, became the accredited Research and Development Centre for Australia by the International Council of Nurses (ICN). The Centre was launched in June 2024 at ACU with clear objectives to achieve over the next four years.

The International Classification for Nursing Practice (ICNP) is an internationally standardised nursing terminology used to describe nursing phenomena, interventions, and patient outcomes. It provides a framework to compare nursing practices locally, regionally, nationally, and internationally. With the increasing use of electronic medical records (EMRs) in Australia, it is crucial to standardise and code nursing practice data for comparison, clinical decision-making, artificial intelligence, evaluation of nursing care and patient outcomes, resource management, and nursing knowledge generation. It aims to make nursing care more visible, demonstrate nurses' contribution to health care, and enable semantic interoperability between systems.

The Research and Development Centre will analyse data from nursing care plans that are mapped to ICNP, identify gaps in the Australian context, develop a position paper on standardised nursing terminology (SNT), and influence the inclusion of ICNP in the nursing curriculum. This work will inform nursing at a national level and develop a plan to advance the use of SNT in line with other countries.

The ICN Digital Health Transformation and Nursing Practice position paper states that national nursing associations work with their respective governments to:

*“promote the development/adoption of international terminology standards*



L to R, Heather Grain, ACU Associate Professor Stephen Guinea MACN, Honorary Professor (ACU) Evelyn Hovenga OAM FACN, ACN Interim CEO Emeritus Professor Lee Boyd FACN, Janette Gogler MACN, Adjunct Professor Naomi Dobroff FACN

*and ontologies to ensure reliable and prompt capturing, storing and exchanging of nursing data and information across the health ecosystem to allow high levels of interoperability at national and international levels.”*



JANETTE GOGLER MACN

# EMBRACING CHANGE RESPONSIBLY AND *ethically*

*The role of Artificial  
Intelligence in health care*

**The Australian College of Nursing (ACN) Nurse Informatics and Digital Health Faculty released its position statement on Artificial Intelligence (AI) in July 2024.**

**A**l's role in health care will expand exponentially in the coming years. AI is becoming more advanced, accurate, practical, effective, efficient, and economical for nursing care, providing the nursing profession with opportunities while adding pressure to apply AI technology in patient care.

The critical issues for the nursing profession surrounding AI emphasise the delicate balance between its transformative potential to improve patient care and the critical imperatives of data privacy, ethics, managing data bias, and equitable access, all of which must be thoughtfully addressed to ensure it truly advances health care for everyone.

The use of AI in health care is now critical to the knowledge base and skill set of the 21st-century nurse. As such, ACN supports its development as a core curriculum component of undergraduate nursing education. We at ACN recognise the need to identify the evolving specialised digital and informatics

nursing roles critical in developing, governing, using, and assuring patient safety within the current healthcare system.

As a human-centred profession, nursing must match the pace of AI's development and implementation while understanding its use, benefits, limitations, and risks.

#### **KEY RECOMMENDATIONS:**

- Nurses who specialise in informatics should be included in the bodies managing AI in health care within the healthcare system.
- The nursing profession must be committed to staying abreast of healthcare advancements, particularly in AI.
- Nursing informaticians must be integral to all aspects of AI application, adhering to Australian standards and management protocols.

- Nurses must play a central role in designing, implementing, and evaluating AI applications, ensuring that ethical and practical considerations align with nursing requirements.
- Nursing should participate in developing data governance models based on principles of integrity, transparency, auditability, accountability, stewardship, checks and balances, standardisation, and change management.

ACN advocates for AI to be developed within a robust safety framework to implement accreditation to assess AI safety and quality practice standards and integrate the national AI ethical framework to support value-based health care.



**DR CAROLYN STAPLETON**  
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POLICY AND ADVOCACY