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#48 SUMMER 2024/25

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

FREE EDITION

NO journey FORWARD IS LINEAR

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Adjunct Professor Kathryn Zeitz PhD FACN

The importance
of perseverance

How ACN advocates for nurses
and healthcare reform to shape
Australia's health system

Dr Carolyn Stapleton FACN,
Matt Williams and Dr Penny Wilson

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Dr Sonja Dawson MACN

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INSIDE



A GLOBAL partnership

ACN and ICN collaborate with Ugandan nurses to enhance maternal care

The Australian College of Nursing (ACN) is proud to embark on a collaboration with the International Council of Nurses (ICN), as part of the ODENNA Africa Project. This groundbreaking initiative spans 23 African nations, aiming to support nursing associations by increasing their influence, sustainability, and advocacy in local and global health systems. As part of this ambitious project, ACN has joined forces with the Uganda Nurses and Midwives Union (UNMU) to mentor a research project on improving pre- and post-operative care for mothers undergoing caesarean sections (C-sections).

At the heart of this research are two remarkable Ugandan nurses, Alice and Agatha, who have dedicated over two decades of their careers to maternal health. Their commitment to improving care for mothers and babies in Uganda stems not only from their professional experiences but also from personal experiences. Both Alice and Agatha have witnessed firsthand the devastating consequences of inadequate post-operative care for mothers – experiences that have had a lasting impact and driven them toward advocacy and research.

Alice has been a nurse for over 21 years, while Agatha has served for 20 years, both in various capacities across Uganda’s healthcare system. They have worked in challenging environments, often with limited resources and overwhelming patient volumes. In their years of service, they have seen countless mothers undergo C-sections, often in conditions that make recovery difficult. Australian mothers are discharged with strict recovery instructions mostly after day 5; Ugandan mothers are discharged after day 3 unless the mother has complications.

Agatha’s journey with maternal health became deeply personal when her

cousin, a 28-year-old mother of two, died after complications from post-operative gynaecological surgery, leaving behind two young children, aged three and five. Similarly, Alice had a deeply moving experience when a para 2 mother, who had developed sepsis after a C-section, was readmitted to the hospital with a post-operative infection. The mother, gravely ill, arrived with her 2-year-old child and newborn baby. Despite efforts to stabilise her, she was too weak to withstand anaesthesia for surgery. As the mother was being resuscitated, her 2-year-old repeatedly said, “Let’s go home,” but she was too weak to respond. Alice recalls the moment vividly, “I was deeply touched, but later, the mother’s condition worsened, and she passed away, leaving behind her children. I cried then, and even as I write this now, my tears still fall.” This tragic incident reaffirmed for Alice the urgency of improving post-operative care. “I knew we had to do more for these mothers, and that’s why this project is so important.”

For both women, the losses and close calls have underscored the critical gaps in maternal health care in Uganda. In many cases, mothers travel long distances if there are complications following C-sections, often at great expense, including the funds to cover an ambulance’s fuel, to reach national referral hospitals. Once there, the journey is far from over, as they often have to pay for antibiotics out-of-pocket when stock is unavailable, a cost that many families simply cannot afford. These challenges are compounded by the failure to consistently follow WHO pre- and post-operative antibiotic guidelines, resulting in a high rate of post-operative infections. Currently, in Uganda, there is no protocol for C-section that reflects these guidelines. Out of 200 mothers who undergo C-sections each month, an average of 10 are readmitted with severe infections, some requiring surgical washouts to address the complications.



Agatha Arie Kot Ebessu and another staff member conducting a pre-op abdominal palpation

The research project spearheaded is designed to tackle these critical issues head-on and aims to assess and improve the quality of care provided to mothers, with the aim of reducing post-operative infections and maternal mortality. The research has three primary objectives:

1. **Assessing Care Quality:** Evaluating the current state of pre- and post-operative care for mothers undergoing C-sections.
2. **Evaluating Health Workers’ Knowledge:** Determining the level of understanding among health workers regarding best practices for C-section care.
3. **Developing Improvement Strategies:** Implementing strategies to enhance maternal care, including the creation of educational resources for health workers.

The project will adopt a comprehensive data collection process, involving both qualitative and quantitative methods. The data will be collected from 24 health workers directly involved in C-section care at a specific hospital, providing a snapshot of current practices. This data will cover the period before and three months after

**For Alice and Agatha,
this project is not just a
professional endeavour –
it's a personal mission.**



the implementation of new interventions, allowing for a comparative analysis of outcomes. At the time of discharge, data will also be collected from 313 post-C-section mothers, offering valuable insights into patient experiences and outcomes.

**MENTORSHIP AND EMPOWERMENT:
ACN'S ROLE IN UGANDA'S NURSING
FUTURE**

ACN's role is focused on mentorship and the development of resources to deliver education based on the research project outcomes to support Ugandan nurses in building a sustainable framework for improving maternal care. Crucially, this project is about empowerment. Alice and Agatha, along with their fellow nurses, will lead and conduct the research and from there, work with ACN staff to design education packages that can be shared with health workers across Uganda. This knowledge transfer is key to creating lasting change. Both women are hopeful that this project will mark the beginning of a broader shift in how maternal care is approached in Uganda, ensuring that mothers receive the care they need to thrive.



Alice Collete Alum and Agatha Arieokot Ebessu counselling a mother for theatre

“This research gives us hope,” Agatha reflects. “For years, we’ve seen mothers suffer, and we’ve felt helpless. But now, with this research, we will have the data and support to make real, meaningful changes.”

**A GLOBAL EFFORT FOR
MATERNAL HEALTH**

The collaboration between ICN, ACN, and UNMU is a powerful example of how international partnerships can drive improvements in health care, particularly in resource-limited settings. By combining the expertise of Australian and Ugandan nurses, this project aims to create a sustainable impact that will benefit mothers and their families for years to come.

For Alice and Agatha, this project is not just a professional endeavour – it's a

personal mission to honour the mothers they've lost and to ensure that no more families are impacted by preventable complications. Through their tireless efforts and ACN's mentorship, they are leading the way in transforming maternal care in Uganda, one life at a time.



PETA HARBOUR MACN
ACN SENIOR NURSE
ADVISOR



SIOBHAN HOOPER MACN
ACN SENIOR NURSE
ADVISOR

NATURE CONTACT IN *nursing*

Is it important?

A large body of evidence exists surrounding the restorative and healing effects of physical contact and visual association with nature in patients, their families, and other general populations such as office workers (Kaplan, 1995; Ulrich, 1984; Ulrich et al., 2020; Sop Shin, 2007). A growing body of research indicates that contact with nature is health-promoting, with several studies connecting nature exposure to positive health outcomes, for example, decreased blood pressure, reduced stress, lower levels of anxiety, decreased loneliness, and increased self-esteem and mood (Bryer et al., 2024; La Puma, 2019; Astell-Burt et al., 2022; Franco, 2021; Vos et al., 2022; Patwary et al., 2024). An inability to access green spaces regularly due to shift work and often not being able to leave, or even glimpse, outside the healthcare facility for up to 16 hours at a time heightens stress, anxiety, and psychological impact. This has been demonstrated to be higher in women (James et al., 2016), which is concerning since 88 per cent of nurses worldwide are women (AIHW, 2024). Therefore, as nurses, how we engage in and with nature is of growing interest in relation to our health and wellbeing.

Some research to date has considered the restorative and stress-relieving effects of nature contact – both physical access and visual access through windows (Pati et al., 2008; Nejati et al., 2016; Cordoza et al., 2018). As nurses in the current healthcare environment, this is particularly relevant where many nurses are contemplating leaving the profession due to high stress, demanding conditions, and burnout. Nurses' workloads create stress that has an impact physiologically (e.g. fatigue, insomnia) (Ma et al., 2021) and psychologically (e.g. psychological burden, decreased coping strategies, information overload) (Middleton et al., 2021). Over recent years, an increase in strategies and interventions such as mindfulness, meditation, yoga, resilience training and others have been implemented. Whilst these are tested strategies that do indeed reduce cortisol levels over time, thereby reducing anxiety,

The physical workspace and place are critical for nurses' wellbeing.

stress and burnout (Lin et al., 2024; van der Riet, Levett-Jones & Aquino-Russell, 2018), it is often difficult to remove staff from the clinical environment to be involved and to find time to engage in these activities.

For nurses with stressful workloads, interactions with natural environments such as outdoor break areas and green balconies can provide opportunities for stress reduction, attention restoration, and social recreation. Evidence of the impact of nature and the potential benefits of human-nature contact in the working context is limited. From the work that has been done, it seems that nature, or green space, creates better environments and outcomes for nurses. Even a simple plant in a room can have a significant impact on reducing stress and anxiety (Lee et al., 2015; Dzhambov et al., 2021; Han & Ruan, 2019). Taking brief outdoor breaks, or even just having a view of nature, can significantly reduce stress levels. Research indicates that such measures in workplaces can improve productivity, decrease clinical errors (Karanikola et al., 2020), and reduce sick leave (Moran et al., 2021). Exposure to nature helps improve emotional wellbeing and supports mental health (Vos et al., 2022). This serves to foster calmness and decrease stress levels, thereby producing happiness (Barton & Rogerson, 2017). Combined, these provide greater satisfaction with provision and quality of care (Nguyen et al., 2021).

Given the enormous impact on health and wellbeing, it is imperative to consider how to enable nurses to spend more time in green spaces during breaks amidst workload and environmental systems. To make this a feasible option, healthcare organisations need to provide support systems to counter the sense of being overwhelmed and halted with responsibility that so many nurses report. Healthcare systems must invest in green spaces and ensure the

workforce is able to use green spaces regularly. This, coupled with growing interest and prioritisation in greening healthcare facilities from bodies such as the World Health Organization, should spur healthcare organisations to consider overt and practical ways to ensure nurses and other healthcare providers are exposed to nature to contribute towards healthier environments.

The physical workspace and place are critical for nurses' wellbeing, with restorative break areas with higher levels of nature contact positively distracting from the clinical environment, which may subsequently lessen the negative effects of the stressful healthcare environment. These areas could potentially be a low-cost preventative intervention for stress and burnout. When possible, nurses can also spend their breaks or lunch hours outdoors. Being outside for just twenty minutes daily boosts vitality levels, allowing nurses to rejuvenate and recharge before returning to their shift with a clear head. Where this is not possible, a simple view from a window can improve wellbeing in the built environment, enhancing visual connection with nature and providing a sense of time and weather (Mihandoust et al., 2021). Nature representations such as artwork, photos, or virtual windows can also reduce stress (Beukeboom, Langeveld & Tanja-Diskstrom, 2012; Karnick, Printz & Finkel, 2014; Ulrich, Lundén & Eltinge, 1993). Living walls, also known as vertical gardens or green walls, aid relaxation and improve mental health in people who live indoors, therefore making them another effective way to expose nurses to nature while also adding a beautiful architectural element to the healthcare facility. So, ensuring nature contact in healthcare settings can lead to more welcoming clinical spaces that promote enhanced communication, fostering calm, private conversations that are focused on improving patient care (Piil et al., 2024).

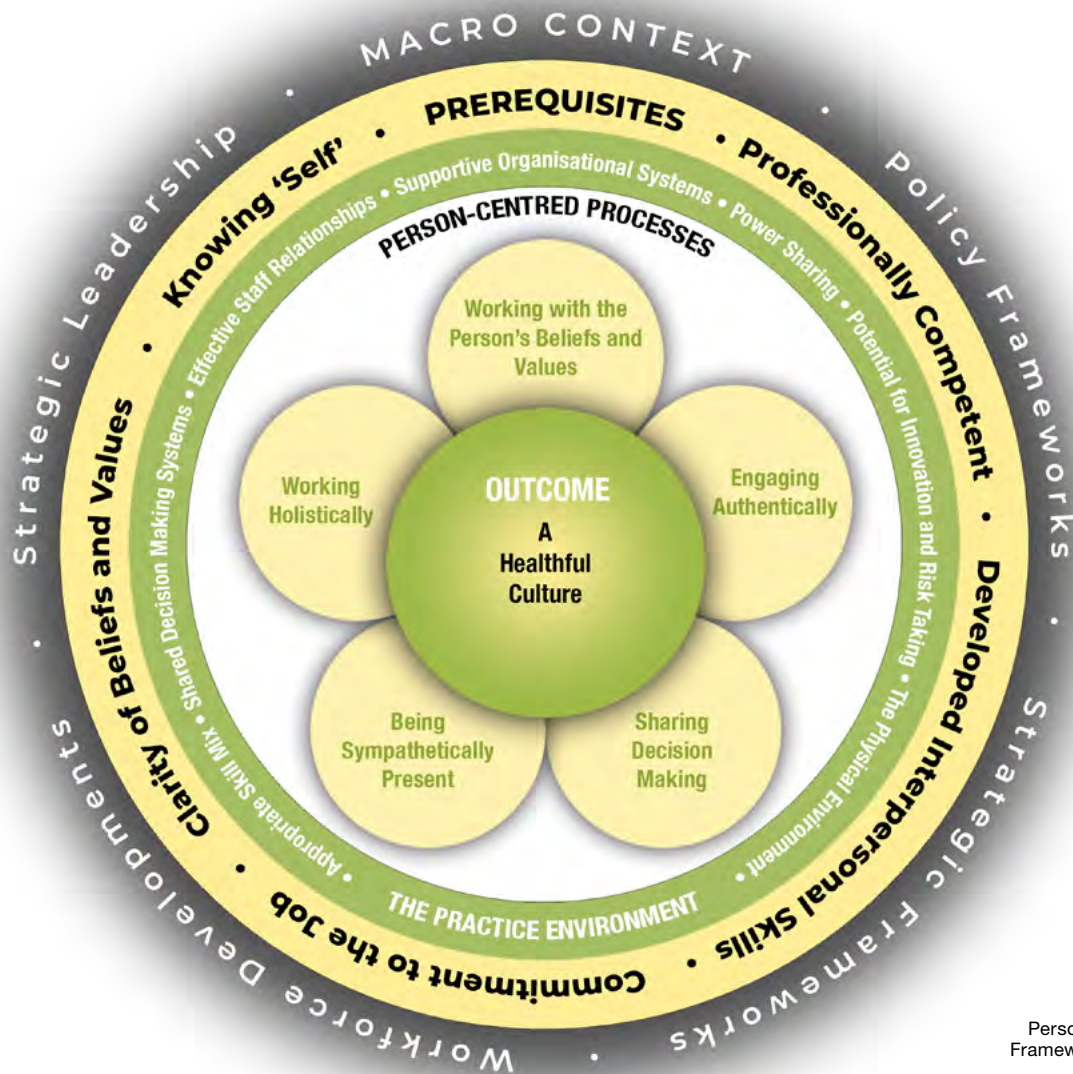


Figure 1:
Person-centred Practice
Framework (McCormack &
McCance, 2021)

Plants can induce a wide-reaching sense of ‘restoration’, renewing positive emotions and increasing productivity, creativity and attention capacity (Gritzka et al., 2020; Korpela, De Bloom & Kinnunen, 2013). These strategies of incorporating meaningful green spaces present us with a very real means to address workplace burnout.

In a healthcare system that espouses person-centred practices and approaches, these considerations are crucial to the practice environment that McCormack and McCance (2021) outline in the Person-centred Practice Framework (see Figure 1). The practice environment domain reflects the multifaceted healthcare context. From what we have seen so far, *the physical*

environment, supportive organisational systems, and potential for innovation and risk-taking need careful consideration in relation to greenspace for nurses. Person-centred practice applies across all people, and so the care environment is necessary in providing effective care through the care processes. In Australia, there are many person-centred strategies and activities informing and shaping care for patients (McCormack et al., 2015). When it comes to nurses, however, there appear to be limited person-centred initiatives, particularly around the care environment. By truly caring for our nurses’ wellbeing through incorporating nature contact into healthcare environments, it is feasible that physical

and mental health improves, burnout is reduced, and healthful cultures are possible. And that would be a great place to work.



Scan here for references



**ASSOCIATE PROFESSOR
REBEKKAH MIDDLETON**
MACN, UNIVERSITY OF
WOLLONGONG

STUCK IN A TREATMENT maze

*How nurses can show
eczema patients a way out*



Eczema is a common condition affecting 1 in 10 Australians. Often viewed as a minor condition or allergy that is easily diagnosed and easily treated – the reality for many people living with eczema is somewhat different and more complex, and many health professionals are unaware of the realities of life for those affected.

THE REALITY OF THE PATIENT EXPERIENCE

For patients, parents and carers, consistency and simplification of information to help them treat a flare and manage eczema over the longer term is key. Unfortunately, treatment inconsistency and complexity are commonplace.

For a start, they are presented with an overwhelming range of treatment options, including moisturisers, creams, lotions, ointments, corticosteroids, with different brand names, strengths, and potencies.

And if this wasn't confusing enough, instructions from dermatologists, GPs, nurses, pharmacists and medicine information leaflets often contradict each other, leaving consumers even more confused.

For the same topical corticosteroid treatment, a consumer could be told to apply it liberally, apply it sparingly, by fingertip amounts or tubes. And/or to apply

it once a day, twice a day, or after showers for one week, two weeks, until it starts to clear, and similar phrases add to the subjectivity and ambiguity of treatments.

Increasingly and in desperation, many turn to social media for advice which is awash with conspiracies about the safety of topical corticosteroids and exaggerating the risk of harm, such as skin atrophy and withdrawal symptoms. This in turn can lead to the use of alternative and questionable remedies which don't live up to expectations and can cost patients a fortune.

It leaves many patients in a state of confusion, and distress. And for sleep-deprived parents seeing their children suffering, the distress is unspeakable.

NURSES ARE IDEALLY PLACED TO PROVIDE SUPPORT

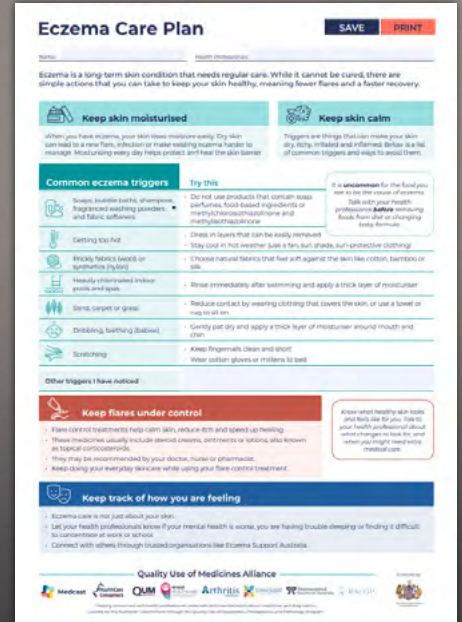
Nurses often serve as the first and most consistent point of contact for patients navigating the complexities of eczema.

Our role goes far beyond administering treatments; we are educators, advocates, and supporters who help patients understand their condition and manage it effectively. The therapeutic relationship we build with patients is rooted in trust, empathy, and open communication – all of which are essential for successful eczema management.

But given the complexities, contradictions and confusion faced by many consumers living with eczema, this has also been a difficult ask for nurses. That's why having access to evidence-based resources and practical tools is so important.

AN ECZEMA CARE PLAN: A TOOL FOR ENHANCING PATIENT CARE

The availability of a new evidence-based eczema care plan is a significant enhancement in the management of eczema and provides valuable resources nurses can use to help patients out of the treatment maze.



Our role goes far beyond administering treatments.

Co-designed with patients and health professionals, including nurses, this resource is patient-friendly and suitable for use in all primary care settings. The care plan supports conversations between all health professionals and patients, enhancing patient confidence to manage their eczema effectively. And it's not just a list of tasks; it is a comprehensive resource that supports patients at every step of their journey. The plan helps to demystify eczema, helping patients understand what they are dealing with and how they can take control of their health.

One of the strengths of the Eczema Care Plan is its adaptability to each patient's unique needs. Nurses can work with patients to tailor the plan to their specific triggers, treatment preferences, and lifestyle factors. This personalised approach ensures that the care plan is not only relevant but also practical and achievable for the patient. When patients see that their individual

circumstances are taken into account, it reinforces their trust in their nurse and strengthens the therapeutic relationship.

As nurses, we can use plans like this to guide discussions about symptom management, treatment options, and lifestyle modifications. It structures communication to ensure that both the nurse and patient are on the same page, creating a shared understanding of the patient's condition and care plan. By involving patients in these conversations, we can empower them to take an active role in their care, boosting their confidence and commitment to the treatment plan.

For patients living with eczema, the treatment maze is all too real. But helping them to find a way out is now an easy win for nurses.

The Eczema Care Plan has been developed with funding from the Australian Government.



Scan here to download the Eczema Care Plan



Scan here for information from education provider Medcast



PETA HARBOUR MACN
ACN SENIOR NURSE
ADVISOR

SUE BROWN
DIRECTOR QUM CONNECT