



Australian
College of
Nursing

#46 WINTER 2024

the hive

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Redefining healthcare
gender roles

Mitchell Bannah MACN

A rewarding career move

The road to becoming
a Nurse Practitioner

Toni Slotnes-O'Brien MACN

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Editor

Dr Jane Roy

Editorial Team

Chris Rossiter

Editorial Committee

Dr Ruth De Souza FACN
Elizabeth Tollenare FACN

Design

Emma Butz
Nina Vesala

Publisher

Australian College of Nursing
1 Napier Close, Deakin ACT 2600
02 6283 3400
acn@acn.edu.au
ABN: 48 154 924 642

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partnerships@acn.edu.au

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Cover

Professor Dame Anne Marie Rafferty
DBE FRCN

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

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President's welcome

ADJUNCT PROFESSOR DAVID PLUNKETT FACN
AUSTRALIAN COLLEGE OF NURSING PRESIDENT

We are entering an extremely exciting period for the nursing profession. The next Federal election is now less than a year away. But before we go to the polls, we expect to see genuine and meaningful health reforms that will greatly benefit our profession and the people in our care.

The Government has rolled out its Strengthening Medicare Taskforce, the Primary Health Care 10 Year Plan, The Mid-Term Review of the National Health Reform Agreement, Medicare Urgent Care Clinics (incorporating Nurse-led Walk-in Clinics), and the Working Better for Medicare Review.

Of particular interest have been the Nurse Practitioner Workforce Plan and the ongoing work for the National Nursing Workforce Strategy.

But the one we have been keeping the closest eye on is the Unleashing the Potential of our Health Workforce – Scope of Practice Review. We highlighted the potential positive outcomes for nurses and nursing in our pre-Budget Submission. We have since made two responses to the Review's Issues Papers. And we have released our new Position Statement: *Scope of Practice – Registered Nurses in the community setting*.

To maximise our impact in influencing the outcomes of this Review, ACN has been working very closely with the other peak nursing groups on joint policy and advocacy. As a bonus, Health Minister Butler's office has convened regular meetings with the nursing peaks. I encourage you to follow our scope of practice work on the ACN website. The Review is due to issue its final report in October. Stay tuned.

At the heart of our advocacy this year is recruitment and retention of nurses, attracting nurses back to nursing, and creating rewarding life-long careers in the profession. Key to this is promoting a positive image of nursing and highlighting the breadth



David with the Australian Collage of Nursing Board members

of diversity that a nursing career offers. This edition of *The Hive* showcases that diversity.

There are stories about the road to becoming a Nurse Practitioner, nursing and midwifery research and education, the key role of registered nurses in nurse-led health services, a feature on nurse-led ear microsuction at Earworx, the growing numbers of men in nursing, end of life care, aged care, and tips on how to write successful abstracts.

Always proud of our history, there are also articles on the National Nursing Archives of Australia and Imaging training in earlier times.

I have been relishing my role as ACN President. We are going through a period of change at the College, of which we are keeping you informed, and I see us all working together to ensure a bright future for ACN and the work we do for

our profession and for the community.

I recently attended the ICN WHO Global Partners Meeting on Nursing and Midwifery in Geneva. It is no surprise that workforce was a major topic. I also met President Wu from the Chinese Nursing Association, who has asked me to speak at one of their events later this year. I will have more to report on this Meeting in the next edition.

It was heartening to see such a strong celebration of International Nurses Day in May both here and around the world. I will experience similar joy at the ACN Graduation in Sydney and the National Nursing Forum in August.

Happy reading. It is an honour to serve you as President.

Warm regards
ACN President
Adjunct Professor David Plunkett FACN



CEO welcome

EMERITUS PROFESSOR LEANNE BOYD FACN
INTERIM CHIEF EXECUTIVE OFFICER

Dear ACN Members,

The National Nursing Forum (NNF) to be held in Cairns in August is fast approaching and offers a welcome reprieve from winter for those of us in colder parts of Australia. The theme for the forum is “Regenerate, Reinvigorate, Reclaim – Sustainable solutions for our future”. There is a lot of exciting work occurring at a local, state and federal level that aligns with this theme.

A National Nursing Workforce Strategy is being developed in consultation with key stakeholders and a draft will be released for broader consultation soon. The focus of the strategy is workforce sustainability, diversity of the profession, workforce planning, data sharing, the challenges of regional, rural, and remote nursing, and the pathway from novice to expert. Our Commonwealth Chief Nurse and Midwifery Officer (CNMO), Professor Alison MacMillan, MACN will be a keynote speaker at the NNF and will share her valuable insights into the strategy and its implications for nursing. Attendees will also hear from Frances Rice from the CNMO office who will present the workforce supply and demand data that has informed the strategy to date.

The strategy provides the foundation for other key projects that will help keep nurses in nursing, attract more people to nursing and lead to more accessible and affordable quality health care for the Australian community. For example, the recent federal budget committed \$427 million over four years to establish the Commonwealth Prac Payment for tertiary students undertaking mandatory placements as part of their nursing, teaching, or social work studies and \$350 million over four years to expand access to university enabling and preparation programs through FEE-FREE Uni Ready Courses. These measures will make nursing courses more accessible and financially viable.



Leanne with Adjunct Professor Tony McGillion MACN at Expo

The Australian College of Nursing (ACN) has long advocated politically for the removal of the requirement for a Collaborative Arrangement for Nurse Practitioners and Endorsed Midwives. This has recently passed through Parliament so endorsed midwives and nurse practitioners can now use their training, education, and skills to work to their full scope of practice, practice autonomously, and deliver more care to vulnerable communities. This is a sustainable solution to augment the health workforce, particularly in rural and remote parts of Australia.

Further to this is a \$50M investment over four years to fund 1850 Primary Care Nursing and Midwifery Scholarships will see an increase in the number of qualified Nurse Practitioners and Endorsed Midwives in the workforce. This is an investment that will support implementation of the recommendations to come out of the current Scope of Practice review led by Professor Mark Cormack and focussed on equity of access to primary care services, including in rural and remote Australia. Adjunct Professor

Shelley Nowlan will address the conference in her role as Deputy National Rural Health Commissioner to share her insights into the challenges and solutions to improve care in these regions of the Country.

We are delighted to welcome Dame Anne Marie Rafferty DBE FRCN to open this year's forum. Dame Rafferty is a Professor of Nursing Policy and a previous President of the Royal College of Nursing UK and we look forward to hearing her insights into the history of nursing, the challenges we face and what we need to think about to sustain our profession, and health care more broadly, into the future.

Having read the successful NNF abstracts, I look forward to hearing about the wonderful work occurring in your organisations to regenerate, reinvigorate and reclaim nursing while developing sustainable solutions for our future.

Warm regards,
Lee

Share the Dignity drive

Share the Dignity is a women's charity in Australia that assists those in need by collecting hundreds of thousands of period products each year through collection drives and campaigns. Share the Dignity aims to make a real difference in the lives of those experiencing homelessness, fleeing domestic violence, or doing it tough. They distribute period products to women, girls, and anyone who menstruates who needs support.

ACN's Canberra and Sydney offices participated in the March drive, collecting period products throughout the month. These will be distributed directly to partner charities across Australia.



Canberra office collection



Sydney office collection

Lest We Forget



Professor Lee Boyd FACN lays a wreath at the Australian Nurses Memorial Centre, Melbourne

International Nurses Day

Once again nurses across Australia came together to celebrate International Nurses Day on 12 May. ACN sent out 780 kits for its annual National Nurses Breakfast. This was the perfect opportunity to applaud accomplishments, connect with colleagues and simply unwind with a cup of tea in peace.



Celebrating in Hervey Bay



Emergency Department staff at Kununurra Hospital



Nursing and Midwifery team at Bundaberg Hospital



The IND spread at Rockhampton Emergency Department

Upcoming events

ACN organises a range of events and conferences focused on nursing practice, professional aspects and clinical education.

Join us at one of our upcoming events and expand your skills and networks and get involved in shaping and influencing the nursing profession.

NATIONAL NURSING FORUM

The countdown to the National Nursing Forum is on! This is the Australian College of Nursing's (ACN) signature annual leadership and educational event bringing together nurses, students and other health professionals from across Australia and the globe. This year's theme is *Regenerate, Reinvigorate, Reclaim – Sustainable solutions for our future*. Take the opportunity to connect and reconnect with fellow nurses.

Date: Wednesday 14 – 16 August 2024

Location: Cairns Convention Centre

HISTORY FACULTY CONFERENCE

ACN invites you to the 2024 Hybrid History Faculty Conference. Join us as we explore the theme *Moving Forward: Bringing the Past With Us*. This conference is an opportunity to draw on the profound history of nursing to shape a more informed, innovative, and inspired profession. Get ready to be captivated by our keynote speaker, Dame Anne-Marie Rafferty, discover treasures in our nursing museums and learn about where we've been to inspire where we're going.

Date: Tuesday 13 August 2024

Location: Cairns Convention Centre

NEXT GENERATION FACULTY SUMMIT

Join us for an engaging journey into the heart of the future of nursing at *the Next Generation: Making Change Happen Now Summit*. This event is designed for those eager to excel in their early nursing careers and drive meaningful and sustainable change in the profession. Join forces with like-minded professionals in workshops designed to foster innovation and equip you with the tools to lead in the healthcare sector.

Date: Tuesday 13 August 2024

Location: Cairns Convention Centre

2023 Policy Fellows visiting Vivian Bullwinkel's statue at the Australian War Memorial



L to R 2023 Policy Fellows Madeleine Secco MACN, ACN National Director Professional Practice Karen Grace MACN, Sheldon Omwamba MACN, Louise Lommerse MACN, Simone Fitzgerald MACN, Siobhan Hooper MACN, and ACN Director of Policy and Advocacy Dr Carolyn Stapleton FACN

Celebrating the achievements of Members and Fellows

The 2024 NT Nursing and Midwifery Excellence Awards recognise the hard work and dedication of nurses and midwives in the NT.

A gala dinner was held to announce the award winners and recognise all the nurses and midwives in the NT who make such a huge difference to the health and well-being of Territorians. It was hosted by Selena Uibo, MLA, Minister for Health.

We are delighted to share that ACN Board Director Heather Keighly FACN was awarded the NT Administrator's Medal for Lifetime Achievement. This award recognises a nurse or midwife who has made a lasting contribution to the profession.

Heather has more than 40 years of outstanding service working across all regions of the Territory in acute care, health development, primary health care and as a policy officer and chief nurse and midwifery officer. She has lobbied tirelessly for her profession and Aboriginal



ACN Board Director Heather Keighly FACN was awarded the NT Administrator's Medal for Lifetime Achievement

health. Heather has also inspired others to learn about Aboriginal culture and create culturally safe environments.

We congratulate Heather on a well-deserved recognition!

THE MULTIFACTORIAL NATURE OF ADHERENCE



**TOMICA GNJEC
MACN**

Adherence (or compliance) in the health landscape is behaviour that is linked to attendance at appointments, and conforming with medication regimes, and lifestyle recommendations.

It is defined as

‘the extent to which a person’s behaviour such as following a diet, taking medication, and/or executing lifestyle changes, are in agreement with recommendations from a health professional’ (Sabate, 2003).

Adherence is a term used all too frequently in discussions in health clinics and hospital wards. ‘That patient is non-compliant with taking their medication and failed to follow the prescribed treatment’. The non-adherence aspect in care is frequently identified and the label applied, but what is the other side of the story, the reasons that often lead to non-adherence?

Kasahun et al (2022) note that factors such as subjective beliefs, including religious, cultural, and personal, frequently impact

adherence to prescribed treatments. That is, it is a multi-layered behavioural process and involves modifiable risk factors linked to adherence. These include complexity of the treatment, the disease condition, patient demographics, patient understanding of treatment and conditions, and cultural and religious beliefs that may influence the behaviour (Kasahun et al 2022).

Miller’s (2016) meta-analysis of adherence to medical treatment in both acute and chronic illness confirms that adherence is also positively associated with health literacy and therefore understanding. Fernandez-Lazaro et al (2019) support this association of patients’ knowledge and understanding of their health regime and treatment information as strong predictors of adherence.

To avoid future disability, decrease health care costs and improve health outcomes, adherence to treatment is of particular importance especially in chronic disease therapies (Fernandez-Lazaro et al 2019). Tailored strategies to enhance and empower the provider-patient relationship are important considerations, including the involvement of allied health professionals such as pharmacists and nurses (Fernandez-Lazaro

et al 2019; Panahi et al 2022). Panahi et al (2022) suggest this can be encouraged through adequate information and explanation of health conditions including proposed treatments and understanding and acknowledgement of patients’ unique characteristics and circumstances. Ongoing information sharing assists both patients and healthcare professionals in identifying any misconceptions, misunderstandings, or gaps in perceptions (Kasahun et al 2022).

Health care requires participative transactions from all stakeholders. Adherence frequently highlights shortfalls or gaps and can serve as an important guide for individualised health care areas requiring focus, discussion, and guidance.

REFERENCES

Fernandez-Lazro CI et al, ‘Adherence to treatment and related factors among patients with chronic conditions in primary care: a cross-sectional study’, *BMC Family Practice*, vol. 20, no.132.

Kasahun AE et al, 2022, ‘Impact of Personal, Cultural and Religious Beliefs on Medication Adherence among Patients with Chronic Diseases at University Hospital in Northwest Ethiopia’, *Patient Preference Adherence*, vol 16.

Panahi S et al, 2022, ‘Patient Adherence to Health Care Provider Recommendations and Medication among Free Clinic Patients,’ *Journal of Patient Experience*, vol. 9, no. 9.

Sabate E, 2003. ‘Adherence to long term therapies: evidence for action’, *Geneva: World Health Organization*.

HISTORICALLY SPEAKING: MATTERS OF THE HEART



**DR MADONNA
GREHAN MACN**

With cardiac disease the leading cause of death in Australia, Heart Week is held annually in May, a health initiative that encourages people to be aware of their risk of heart disease.

Responses to cardiac disease today are myriad: adopting a healthy lifestyle, dietary modifications, ceasing smoking, exercise, genetic investigations, and surgeries to repair valves and vessels, to regulate electrical impulses with pacemakers, the list goes on.

The existence of cardiac disease was noted in nineteenth-century Australia, going by a case cohort I’m investigating. They were women under the age of fifty who died unexpectedly. When a post-mortem was conducted, findings on the heart were observational: it was not

healthy, a valve was damaged, it was enlarged and the walls of it thin. Heart-associated fat was not uncommon, described as: excessive fat around the heart; fatty matter mixed up in heart; fatty degeneration of the heart; heart’s surface was loaded with fat.

An 1879 case in my cohort was particularly affecting. The attending doctor determined that a post-mortem was not necessary. On the evidence, he concluded that the woman died of ‘syncope of the heart’ brought on by remorse. The young woman was a single mother and witnesses said she had fretted a great deal because her baby was born into the world without a father.

In retrospect, there may be a valid explanation for this young woman’s death. Her deep distress may have provoked ‘broken heart syndrome’ (BHS), a form of cardiomyopathy in the absence of coronary artery disease. BHS manifests following severe stress or emotional shock. One theory is that sudden change in the psychological state generates

an inflammatory “storm”. Research is underway to develop an understanding of these particular cardiac events. It may explain why people at low risk of heart disease can experience something so catastrophic.

Assessing the risk of BHS is difficult of course and people respond to psychological stress differently. Bad news can come out of the blue and some stress can be hard to avoid. Whatever the circumstances, thoughtful and empathetic communication by health professionals, including nurses and midwives, may be key to reducing the likelihood of a cardiac event in people whose heart seems broken.

REFERENCES

<https://www.mayoclinic.org/diseases-conditions/broken-heart-syndrome/symptoms-causes/syc-20354617>

Sethi et al., Broken Heart Syndrome: Evolving Molecular Mechanisms and Principles of Management, *Journal of Clinical Medicine* (2022), <https://www.mdpi.com/2077-0383/12/1/125>

PROV, VPRS24/P0000, 1879/480, Proceedings of Magisterial Inquiry into the death of Emma Webster at Mt Blackwood.

Unleashing the potential of our health workforce

SCOPE OF PRACTICE REVIEW – ISSUE 2

Next Gen's take

Health care is changing rapidly, growing to encompass evidence-based practice and the diverse health needs of the Australian population. The nursing role, particularly in rural and remote settings within Australia, hasn't experienced a trajectory of growth in line with the ever-evolving healthcare system, despite the knowledge and experience of our workforce. The "Unleashing the Potential of our Health Workforce: Scope of Practice Review – Issue Paper 2" has highlighted barriers to aligning the nursing scope of practice with health care needs. This article outlines the ACN Next Generation Faculty commentary on the recommendations and themes detailed in the review, to support the notion of optimising the registered nurse scope of practice in primary healthcare settings for the improved health outcomes of our communities.

Creating and using a skills framework to optimise workforce design, development and planning will align the primary care team with community needs. Understanding team dynamics is vital for next-gen nurses, enabling them to contribute effectively and adapt to diverse roles. This enhances patient care and professional satisfaction. Challenges include ensuring accuracy, obtaining consensus among stakeholders, overcoming resistance to change, and streamlining authorisation processes that require coordination and cooperation. Addressing these challenges is crucial for successful integration and realising the framework's benefits. For early career support, implementing these mechanisms is vital in fostering the professional development of next-gen nurses and ensuring quality patient care. Early career support programs provide essential guidance for our nursing workforce, and later post-qualification education enables nurses to have evidence-based and contemporary

knowledge in their field of practice. Standardising education and training promotes collaboration across disciplines. However, challenges such as securing funding, ensuring mentor availability, and navigating regulatory complexities must be addressed. Despite these hurdles, investing in the next generation's development is imperative for building a skilled and adaptable workforce capable of meeting the diverse needs of patients and communities.

For the next generation of nursing professionals, the proposed solutions for legislation and regulation present both opportunities and challenges. While a risk-based approach to regulation could enhance flexibility and adaptability in addressing high-risk activities, navigating the complexities of implementing such a framework across multiple professions may pose significant challenges. Additionally, expanding the authority of accreditation bodies and harmonising legislation require collaboration and coordination among various stakeholders, which could encounter resistance or bureaucratic hurdles. Moreover, ensuring that guidance for future practice remains current and aligned with best practices presents an ongoing challenge. Despite these obstacles, embracing these solutions is crucial for preparing the next generation to navigate the evolving landscape of healthcare regulation and delivery.

Funding and payment policies focused on streamlining health care and maximising the nursing scope of practice will support positive patient outcomes. Reducing financial barriers to multidisciplinary collaboration will improve the planning, assessment and escalation of care for patients in primary health services, ultimately leading to more efficient and comprehensive care. Similarly, funding direct referral

pathways and technology to promote access to communication will lead to improved access to care for patients and improve the timeliness of clinical care. Importantly, with the improvement in communication pathways and flexibility in the delivery of care, the recognition and optimisation of the scope of practice of the registered nurse is key to the effectiveness of these strategies. Next-gen nurses require continually funded support and education to transform their knowledge and experience into a scope of practice that can evolve with the changing needs of our healthcare system.

The healthcare landscape in Australia is evolving rapidly, but the nursing role, particularly in rural areas, has not progressed at the same pace despite the expertise of the workforce. To address this, the ACN Next Generation Faculty advocates for leveraging a skills framework to align nursing practice with community needs and providing early career support. While legislative reforms such as a risk-based approach offer flexibility, they require careful coordination. Funding policies aimed at reducing barriers to collaboration and supporting direct referral pathways can enhance patient care, however, ongoing education and support are essential for next-gen nurses to adapt and thrive in the changing healthcare environment.



BY
LUCY OSBORN FACN

CAITLYN MOORE MACN

Nursing

AS AN ASSET

*In conversation
with Professor
Dame Anne Marie
Rafferty DBE FRCN*

Dame Anne Marie Rafferty DBE FRCN is a Professor of Nursing Policy and former Dean of the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London. She is a historian, health workforce and policy researcher with a degree in Nursing Studies from Edinburgh University, an MPhil (Surgery) from Nottingham University and a DPhil (Modern History) from Oxford University.

Professor Rafferty will be giving the Opening Address at the National Nursing Forum in Cairns as well as the Keynote speech at the History Conference.

We sat down with Professor Rafferty to talk about her nursing background, her education and research and the challenges (and opportunities) she sees for the nursing profession.

CAN YOU TALK A LITTLE BIT ABOUT YOUR EDUCATIONAL BACKGROUND AND HOW/WHY YOU MOVED INTO THE NURSING PROFESSION?

My mum was a nurse and she inspired me with her stories of nursing POWs during WW2 in Scotland. This encouraged me to study nursing and history. She also took me into hospital to show me how she and her colleagues had nursed challenging patients. This was something she was obviously so good at and proud of. I found it very moving seeing my mum in her professional role and environment – it was very motivating.

In terms of education, I was very fortunate to go to Edinburgh University where they offered a BSc in Nursing Studies. Edinburgh was the first university to offer undergraduate degrees for nurses in Europe and it was a fascinating experience, combining both practical experience and academic study, integrated with other students from the social sciences. We majored in nursing but took classes with other students from the social sciences,

which sparked interdisciplinary conversations and meant you could calibrate the academic level of nursing with other disciplines. We were not burdened with the academic inferiority that has afflicted nursing in the past as we did as well as the best students and nursing was highly regarded in the university.

After graduation I worked as a staff nurse and then deputy sister in the regional vascular unit at the Royal Infirmary of Edinburgh then moved to a clinical academic post in Queen's Medical Centre, Nottingham/University to a new Nursing Research Unit in the Department of Physiology and Pharmacology headed by Pamela Hawthorn. It was a baptism of fire in measurement, and I was fortunate to be supervised by the Professor of Surgery, Jack Hardcastle, who was very supportive, so it was a new experience being in a more scientific/lab and clinical environment. It took quite a bit of getting used to, but we were a nucleus of nurse researchers pushing the boundaries and supporting each other. My study was a randomised clinical trial of a clinical intervention during surgery involved generalised linear modelling – I discovered that quant ' was not my forte but I could do it if necessary.

Through a series of serendipitous developments, I then switched to history, a passion of mine developed during my Edinburgh days. I managed to get a scholarship to complete my doctorate at Oxford University, which was a very different environment compared to the

clinical environment of a hospital. This was quite a strange thing to do as a nurse – it certainly wasn't a conventional choice – and apparently, I was the first nurse to study for a doctorate at Oxford. That was a wonderful experience in the city of dreaming spires. I did a lot of dreaming, though not anything as interesting as in the Aboriginal sense of the word. Again, it took me quite a while to find my bearings in Oxford, hence dreaming, as I was a nurse surrounded by other doctoral students in the arts and humanities. And I didn't have an undergraduate degree in the humanities, so I was different and felt a bit isolated for a while. I even had a bit of, well, survivor guilt because all my friends were slogging it out on the wards while I was dreaming amongst the spires.

Really, Oxford was very accommodating and welcoming in spite of its elitist reputation and I met some extraordinary people and found myself in a very receptive environment in the renowned Wellcome Unit for the History of Medicine. I still have many friends from those Oxford days. But eventually, I knuckled down and produced a thesis, published as 'The politics of nursing knowledge', which I can recommend as a powerful cure for insomnia!

ARE THERE ANY DEFINING MOMENTS IN YOUR EARLY PROFESSIONAL LIFE THAT HAVE STAYED WITH YOU?

As a student, I was bullied on my first ward and nearly left. Had it not been for the support of my tutor, Lesley Hardy, a



We have to deploy the nursing workforce in a manner that optimises the value that nurses of different skill levels bring.

charismatic Canadian nurse, completing her MSc at the university, I am sure I would have flunked out. On a more positive note, I loved my first surgical ward with an amazing role model in the form of Elise Nielson, with whom I am still friends. She set very high standards and that is where I got my first clinical job.

CAN YOU DESCRIBE THE CULTURE OF CARE BAROMETER, HOW IT DEVELOPED AND HOW IT IS USED?

Successive scandals in healthcare have pointed to the importance of a healthy workplace culture and its influence on the capacity of the workforce to do their jobs effectively. Though there are many instruments to measure some of these attributes there are few which combine the two in a composite format. This tool was developed in response to a major healthcare scandal at Mid Staffordshire NHS Foundation Trust where the culture of care and workforce numbers were cut, corroding the quality of care. The barometer seems to have struck a chord with clinicians and has been adopted widely and translated into several languages.

NURSING EDUCATION WAS ORIGINALLY HOSPITAL-BASED TRAINING BUT IS NOW UNIVERSITY-BASED. HOW IMPORTANT WAS THIS CHANGE?

I think it's really important for the elevation of the profession. There was a kind of fear of nursing getting above themselves –

‘too posh to wash’ and ‘too clever to care’, as though somehow you can’t be clever and caring at the same time if you’re a nurse although you can as a doctor, you can as a lawyer, you can as a journalist and so on. Status is important for identity, professional self-esteem, mental health and being respected. At the end of the day, you need to cultivate an environment in which you know there is mutual respect. Education is so important as we know from the patient safety literature, being able to challenge authority is vital to calling out poor practice and taking remedial action. That is what education gives people.

WHAT DO YOU SEE AS THE BIGGEST CHALLENGES FOR NURSING IN THE FUTURE?

Seeing nursing as an asset and not a cost. Without nurses, the health system would fall over. The human resources, and workforce shortages, managing these scarce and diminishing resources in the face of escalating demand means we have to deploy the nursing workforce in a manner that optimises the value that nurses of different skill levels bring. This means designing jobs better and boosting support, including psychological support as well as improving pay and conditions. We are underinvesting in education to grow and develop the workforce and we need to put much more energy into enhancing the health literacy of the population. Large-scale investment is needed in the long term

and this is going to take an economic shift. We’ve had the economic shock, any future proofing in a recovery plan needs to attend to the shift in value creation that nurses offer to society and away from the short-termism that had be-devilled us to date.

A LOT OF YOUR RESEARCH LOOKS AT SUSTAINABILITY IN THE NURSING PROFESSION. WHAT DOES THIS LOOK LIKE IN ITS BROADEST SENSE?

Trying to ensure a sufficient supply of nurses in relation to the demand for care. This is one of the greatest challenges of our time. It is up there with climate change and there are lessons I believe we can learn from climate change and campaigning to protect our planet. We can apply these to the management of some of our scarcest human resources, but you’ll need to tune into my talk to find out!

WHAT ARE YOU LOOKING FORWARD TO IN COMING TO AUSTRALIA AND ATTENDING THE NATIONAL NURSING FORUM IN CAIRNS?

I’m looking forward to updating my knowledge on where things are at and getting a sense from the nurses there of what’s exciting them, what’s concerning or worrying them, what do they want to celebrate, what’s been achieved?

I’m looking forward to learning.

Empowering nurse leaders: THE INSTITUTE OF LEADERSHIP'S MASTERCLASSES

Bound for Sydney: a weeklong journey of transformation



Masterclass delegates

The Institute of Leadership was abuzz with anticipation as we prepared to facilitate our Nurse Director and Nurse Executive Leadership Programs in Sydney. After months of meticulous planning, we eagerly welcomed a new cohort of nurses to join us for transformative weeklong masterclasses from 6 – 10 May 2024.



Jennifer Harland MACN, ACN Director, Institute of Leadership



Masterclass delegates

CALIBRE OF NURSING LEADERS AND CUTTING-EDGE CONCEPTS

Participants had already seen the program and were aware of the calibre of nursing leaders and health sector experts they would encounter. Our carefully selected speakers delivered contemporary topics, exploring cutting-edge concepts ranging from leadership to health policy. These sessions challenged participants' thinking and empowered them to shape future workplaces and transform their leadership mindset.

UNEXPECTED JOURNEYS AND PROFOUND CONNECTIONS

As the week unfolded, we witnessed remarkable transformations. Nurses walked into what they believed was just another leadership program, unaware that they were about to embark on an unexpected journey. Day 1 illuminated their path—the opening address by ACN Interim CEO set the scene. Participants quickly connected, realising they were not alone in their day-to-day struggles. Many

exclaimed, "I found my people!" The bonds formed during the week were profound, leading to personal and professional development and lasting friendships.

PROFESSIONAL PROFILES AND LIFELONG COMMITMENTS

Adding to the excitement, professional headshots were taken by a skilled photographer. Participants eagerly anticipated creating their professional profiles. Our residency programs are intensive, and packed with weeklong learning experiences. As the program drew to a close, a bittersweet sentiment occurred. They didn't want it to end—the masterclasses had been a once-in-a-lifetime experience. Overcoming the sadness, they quickly formed WhatsApp groups, committing to supporting each other's professional journeys.

SETTING THE GOLD STANDARD IN NURSING LEADERSHIP

At the Institute of Leadership, we pride ourselves on setting the gold standard for

nursing leadership development. Guided by an unwavering commitment to excellence, our residency, mentorship, and leadership programs empower nurse leaders to navigate the complexities of modern healthcare with unparalleled skill and foresight.

TAKE THE NEXT STEP

Ready to elevate your leadership journey? Apply for an Institute of Leadership program today and be part of a transformative experience that goes beyond the ordinary.



BY
STEFANIE DOSEN
ACN MANAGER INSTITUTE
OF LEADERSHIP



JENNIFER HARLAND MACN
ACN DIRECTOR INSTITUTE
OF LEADERSHIP



Nurses and midwives needed: How do you feel about your workload?

We are surveying nurses and midwives across Australia to ascertain their perceptions of workloads and the impact of care rationing.

We hope the findings of this study will inform the development of strategies that may assist the nursing and midwifery workforce in the future. This online survey is anonymous and will take approximately 15 minutes to complete.

Please access the survey using the QR code.
We look forward to hearing from you.

Creative thinkers
made here.



The Edith Cowan University Ethics Committee has approved this research. If you have any concerns or complaints about the conduct of the survey, you may contact them on (08) 6304 2170 or via email research.ethics@ecu.edu.au or via Approval No: 2022-03966-DOLEMAN

Scholarships

A TRIBUTE TO ARMY NURSES



L to R – Associate Professor and ACN Foundation President David Plunkett and Army Nursing Officer and 2024 Bullwinkel Scholar Captain Amanda Plant

The Australian College of Nursing Foundation has established the Bullwinkel Scholars Program in tribute to the 21 Australian Army nursing officers who were massacred on Bangka Island and one surviving nurse officer, Lieutenant Colonel Vivian Bullwinkel, in World War II.

The scholarships are named after Lieutenant Colonel Vivian Bullwinkel, who survived being struck by a bullet that passed through her body, missing her internal organs. She feigned death until it was safe to escape but was recaptured after 12 days and held captive until the war ended more than three years later.

Bullwinkel became a prominent leader in Australian nursing and dedicated herself to honouring those killed on Bangka Island. Continuing this legacy, the scholarship program supports current ADF nurses who embody the same spirit of service.

Captain Amanda Plant, a nursing officer from Headquarters 1st Brigade, who received a scholarship this year, began her ADF career in 2004 as an Army geomatic technician and completed her nursing studies in 2013.

Captain Plant believes soldiers make for the best patients in the world.

“Instead of saying ‘how long can I get off work?’, they ask ‘when can I go back?’,” she said.

“They really take responsibility for their health and see their bodies as part of their capability.”

On the flip side, Captain Plant found the most challenging aspect of her role was witnessing soldiers who could no longer fulfill their duties, because of injury or illness, thereby losing a part of their identity and sense of purpose.

“Army’s a lifestyle. Not just a job,” she said.

Captain Plant’s scholarship is dedicated to Sister Florence Carson, one of the Australian Army nurses killed in the massacre, adding an emotional dimension to the honour.

“Many of us don’t understand today that nurses back then had to be unmarried and without children to serve in the military,” Captain Plant said. This meant the nurses killed that day had no immediate family to carry on their legacy.

“I feel that by receiving the scholarship in her name, she’s been reunited with the ADF nursing family, ensuring she is remembered. Next year, another nurse will have the honour of carrying that torch.”

“That’s what really got me, especially at Anzac Day. Nobody has her medals, nobody marches for her, nobody is sitting there on Remembrance Day, remembering Sister Flo in particular,” Captain Plant said.

Valued at \$10,000, the scholarship will enable Captain Plant to take part in a five-day intensive nurse director leadership course that will teach evidence-based research and practice on improving nursing services.

The course participants had the task of selecting an area of nursing within Defence where innovative ideas could be beneficial.

Being part of 1st Brigade, Captain Plant wants to explore how she can make a nursing impact in the littoral environment.

“We’re very interested in how the land-based trauma system can be implemented into small boats in a tropical environment, where we’re often logistically isolated with a small footprint,” she said.

“One of my research projects is focusing on the lessons that we can learn from the health impacts of World War II and understanding the health conditions that were taking people out of the fight.”

Her research aims to improve healthcare outcomes for soldiers by understanding the processes and resources required for prolonged field care in the littoral environment.

Government, military nurses, businesses, and the wider community support and donate to make the Bullwinkel Scholars Program possible.

This article was originally published on the Australian Defence website



Scan here if you would like to donate to the Bullwinkel Scholars Program



BY
SERGEANT MATTHEW
BICKERTON, AUSTRALIAN
DEFENCE FORCE

Our partnership Endometriosis Australia

WITH ENDOMETRIOSIS AUSTRALIA



The Australian College of Nursing (ACN) Foundation is proud to be part of an important partnership with Endometriosis Australia to train Endometriosis Specialty Nurses (Endo Nurses) to provide much-needed care in communities in rural, remote, and regional Australia.

The new scholarship program will fund training for 100 Endo Nurses to provide high-quality care in communities with limited access to the full range of healthcare facilities and services, including specialised endometriosis care and advice, available to other Australians.

The scholarships are valued at \$2,900 each and will be funded by Endometriosis Australia as part of its ongoing Endo Academy campaign.

Applications will open in September 2024, with successful applicants announced in December 2024, with the first intake commencing training in January 2025.

Interim ACN CEO Emeritus Professor Leanne Boyd said nurses provide quality care and support for those with endometriosis. Professor Boyd said nurses care for patients with endometriosis in many settings, including emergency departments, schools,

medical or surgical wards, perioperative care, mental health facilities, and fertility services.

“In many rural areas where there is no GP or local hospital, the nurse is the community’s primary or sole healthcare professional. They are well-placed to assist with early recognition, advice, and treatment for people with endometriosis.

“It is a great honour to work closely with Endometriosis Australia on this important initiative,” Professor Boyd said.

During the 10-week unit of study, nurses will be empowered with the knowledge and essential attributes to be advocates for all individuals experiencing chronic pelvic pain and endometriosis.

This unit of study provides the students with the necessary theoretical knowledge to improve how they assess and manage endometriosis and pelvic pain in the clinical setting.

This is achieved by exploring endometriosis pathophysiology, pain physiology, and contemporary, evidence-based treatment and management within various clinical settings.

A holistic, individual, person-centred approach is core to this unit.

The ACN Foundation looks forward to working with the team at Endometriosis Australia on this fabulous partnership.



Scan here for more information on Endometriosis Australia and to support these scholarships



BY
JOHN FLANNERY
ACN DIRECTOR OF
GOVERNMENT RELATIONS

21 Hearts

Vivian Bullwinkel and the nurses of the Vyner Brooke Production

Wow it was wonderful and very inspiring – there were many nurses (retired and still practising) at every show!

Melanie Robinson FACN



L to R, Sara David, Prof. Fiona Stanley AC, Ruth (a nurse from PNG) and Melanie Robinson MACN



L to R, Rosemary Hogan FACN, Lisa Whitehead FACN, FACN and Gp Capt. Kath Stein FACN

On 13 March 2024, members of the Australian College of Nursing (ACN), Group Captain Kath Stein FACN, Rosemary Hogan FACN and Lisa Whitehead FACN were invited to attend the opening of the play *21 Hearts*.

21 Hearts: Vivian Bullwinkel and the Nurses of the Vyner Brooke, a play written by Jenny Davis, OAM and directed by Stuart Halusz, captures the harrowing yet inspiring tale of Vivian Bullwinkel and her fellow Australian nurses during World War II. The play, set against the sad events of the 1942 Japanese invasion of Singapore, tells the story of the nurses on the ship the SS Vyner Brooke as they attempted to flee the advancing danger, only to be struck down by enemy planes. Stranded on Bangka Island, the nurses faced unspeakable horrors, culminating in the execution of 22 of their number plus one civilian woman; Bullwinkel alone survived to tell the tale.

21 Hearts goes beyond mere historical recount to infuse the Aussie spirit into its narrative, characterised by humour and resilience. It explores not only the depths of despair these women faced but also their courage and camaraderie during subsequent

years in a prison camp and Bullwinkel's efforts to formally recognise their bravery. The play was an event of remembrance.

Through *21 Hearts*, Davis urges audiences to reflect on the undying strength of the human spirit, offering a poignant reminder of the personal sacrifices made during one of history's darkest periods and celebrating these women for their vibrant lives rather than their tragic end.

The production ran for two weeks to a sold-out crowd, including 2024 Vivian Bullwinkel Scholar Melanie Robinson FACN, who was in attendance. All our members said it was an excellent and moving production. A must-see!

Theatre 180 kindly placed an ACN Foundation donation card on each seat throughout the season to support The Bullwinkel Scholars Program. Thank you to Executive Director Rebecca Davis, who has been in contact with the ACN Foundation and has followed our Bullwinkel Project since its inception.

Due to demand, Theatre 180's production of *21 Hearts: Vivian Bullwinkel and the Nurses of the Vyner Brooke* will again be performed from 30 October to 10 November at the Como Theatre Perth.



L to R Melanie Robinson MACN, with Director Rebecca Davis



BY
JULIJANA TRIFUNOVIC
ACN DIRECTOR OF
PHILANTHROPY



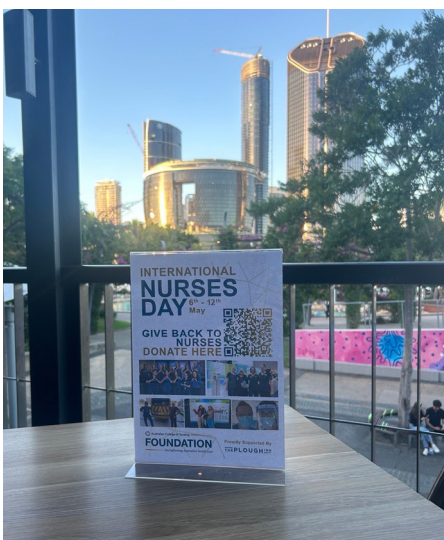
SHELBY CAVANAGH
FUNDRAISING
COORDINATOR

FOUNDATION EVENTS

Plough Inn

To celebrate International Nurses Day, the Plough Inn, a popular Brisbane gastro pub, ran a campaign to raise funds for the ACN Foundation. From 6–12 May, the Plough Inn donated \$1 from every food and drink special sold at their South Bank venue. Despite the rainy weather, the Plough Inn raised \$383 for the ACN Foundation, which will support our scholarship programs directly.

Thanks to the Plough Inn for supporting the nursing community and our Queensland readers. They plan to make this an annual event.



Come and celebrate 75 Years of Nursing Leadership

DIAMOND HIGH TEA

SAVE THE DATE!

On Saturday, 5 October 2024, join the ACN Foundation at Rydges World Square for the inaugural Diamond High Tea. Proudly sponsored by Aware Super, House of Fine Wine and hosted by Rydges Hotels and Resorts, this exclusive event will celebrate 75 years of nursing leadership in Australia. Celebrate and support our nurses while raising much-needed funds for nursing education and scholarships. There will be special guests, lucky door prizes, a silent auction, and raffles, and all proceeds will go to much-needed scholarships and programs supporting nursing excellence in Australia.

This important event honours the contributions of Australian nurses.

It offers a unique opportunity for you to support and celebrate those who have helped us all in our most vulnerable moments.

Ticket sales and more details will be announced soon. We look forward to seeing you there!

To register your interest or host a table of 10 please email us: info@acnfoundation.edu.au – Subject: High Tea



BY
SHELBY CAVANAGH
FUNDRAISING
COORDINATOR



THE LIFE AND LEGACY OF JOHN WILSON FACN (DLF)

A journey from nursing to environmental activism

John Wilson DLF, a figure whose life traverses nursing, academia, and environmental activism, encapsulates the essence of a multifaceted journey marked by dedication, passion, and an unwavering commitment to creating positive change.



Dr John Wilson FACN (DLF)



Collection of Nursing uniforms, books and documents from Dr John's collection

Born in Queensland, Wilson's early years were shaped by familial influences and rural surroundings, instilling a deep-seated appreciation for the environment and a sense of duty towards caring for others. Growing up as the youngest of five siblings, Wilson's upbringing was not without tragedy, with the loss of his brother casting a shadow over his childhood.

Wilson's educational path meandered through the landscapes of rural Queensland, where he attended primary school in Jambin before eventually finding himself in Biloela for his secondary education. Despite facing challenges and uncertainties along the way, including a brief stint at St Lucia College in Brisbane, Wilson's journey took a definitive turn when his Aunt Rose suggested he explore a career in nursing.

Embracing his aunt's advice, Wilson embarked on a transformative journey into the realm of nursing, initially undertaking general nursing training in Rockhampton under the guidance of Matron West. His experiences in Rockhampton and subsequent forays into midwifery and psychiatric nursing provided Wilson with a rich tapestry of experiences that would shape his future endeavours.

Wilson's passion for nursing history soon emerged as a driving force, leading him to become a prolific collector and chronicler of nursing artifacts, documents, and oral histories. His dedication to preserving the heritage of nursing and a keen interest in environmental conservation underscored his multifaceted approach to creating a lasting impact on society.

His involvement in the National Nursing Archival Project and the establishment of the Nursing Museum in Tasmania are highlights of his career. His aim was to preserve the rich history of nursing, ensuring that future generations could learn from and appreciate the evolution of the profession. His efforts have been instrumental in preserving the legacy of nursing, showcasing the significant changes in the profession over the years. John is particularly proud of the Nursing Museum.

Transitioning from a distinguished nursing career to becoming a stalwart in Tasmania's environmental movement, Wilson's advocacy extended to campaigns to preserve Tasmania's natural wonders, including the Tarkine wilderness area.

John has kindly donated his entire nursing collection to the National Nursing Archives of Australia (NNAA). 'The John Wilson Collection' will be the first collection following the launch of the NNAA earlier this year.



Paintings commissioned by Gwen Clarke, A Victorian based artist who was also a Nurse & Midwife

His tireless efforts, which sometimes led to civil disobedience, underscored his unwavering commitment to safeguarding the planet for future generations.

Despite retiring from paid employment in 2000, Wilson's passion for environmental activism and nursing history remained undiminished. His vast collection of artefacts, books, and oral histories is a testament to his lifelong dedication to preserving the past while advocating for a sustainable future.

John has kindly donated his entire nursing collection to the National Nursing Archives of Australia (NNAA). 'The John Wilson Collection' will be the first collection following the launch of the NNAA earlier this year. It will be sent from

his home in Tasmania to the Australian College of Nursing's (ACN) head office in Canberra, where the National Nursing Archives of Australia will be managed.

As Wilson reflects on his journey, he remains hopeful that his collection will continue to inspire future generations to protect the invaluable legacies of nursing and environmental conservation. His life inspires us, reminding us of one individual's impact in shaping the world for the better.

ACN not only thanks John for his wonderful donation of the John Wilson collection and contributions to nursing but also his unwavering dedication to the values of compassion, stewardship, and preservation.

NB: The Australian College of Nursing would also like to thank and acknowledge the following people:

Dr Helen Hamilton FACN (DLF) for her time spent in Devonport interviewing John and cataloguing the collection.

Peter Sims for his time packing, collating and shipping the collection to the Australian College of Nursing.



BY
JULIJANA TRIFUNOVIC
ACN DIRECTOR OF
PHILANTHROPY

POLICY Summit

The Australian College of Nursing (ACN) was proud to present the 7th Policy Summit 2024. The theme of this year's summit was *Our Youth, Our Future*. The event took place at Canberra's Convention Centre on Friday, 15 March. Throughout the summit, the overarching message was that nurses stand at the forefront of healthcare, equipped with the expertise to effect change.



Delegates at the Policy Summit

Vice President Professor Donna Waters FACN provided an excellent opening for the summit, sharing her passion for her work – giving those children and young people without a voice the opportunity to be heard. ACN CEO Adjunct Professor Kylie Ward's call to action urged delegates to drive professional transformation, emphasising nurses' significant influence on policy and practice.

The key speakers continued the theme. Senator Pocock's emphasis on climate change, the vulnerability of children and the goal of intergenerational equity broadened the discourse, highlighting nurses' role in lobbying for change. Professor Higgins presented the findings of the child maltreatment study reminding the audience of nurses' significant role in keeping people safe, learning to identify vulnerabilities and reveal harms. While Dr Suzanne Packer AO challenged the audience, saying that recognising abused children needs us to be able to think like a child.

The 2023 Policy Fellows graduation and the introduction of the 2024 Emerging Policy

Leaders underscored ACN's commitment to nurturing future nursing leaders.

Following the summit, members of ACN faculties will collaborate on projects that aim to shape a better future for Australia's youth. Outcomes will be delivered in a one-to-two-year time frame and include plans for the following projects:

Robyn Quinn: Review and rewrite the toolkit and provide nurses with the essential support to help tackle issues that make children and young people become overweight.

Rheannwynn Sneesby: Develop a position statement: Beyond mandatory reporting – helping nurses help children and young people.

Sonia Martin: Develop a white paper entitled *Socialised Models of Care* by June 2024 to launch at the National Nurses Forum 2024.

Vicki Green: Prepare (1) Guiding principles on trauma-informed care for nurses. (2) An advocacy campaign and an education strategy on trauma-informed

care and the importance of clinical supervision for the wellbeing of nurses.

Karen Grace: Develop a national framework to support the role of nurses in achieving equity of access to appropriate social and emotional care across health systems. The framework will include a Clinicians Toolkit and an Advocacy Strategy.

Louise Wightman: (1) Undertaken an environmental scan of existing strategies, frameworks and programs, identifying gaps in services/programs and identifying and promoting best practice nurse-led programs. (2) Lobby for a National coordinated strategy for the first 2,000 days.

By leveraging the insights revealed during the summit, nurses will contribute to improvements in youth health outcomes across many health specialisations. The 2024 Policy Summit was considered a resounding success, according to attendees.

Senator Pocock's emphasis on climate change, the vulnerability of children and the goal of intergenerational equity broadened the discourse, highlighting nurses' role in lobbying for change.



ACN National Director Professional Practice Karen Grace MACN addresses the delegates



Senator David Pocock



2024 Policy Leaders. From left to right, Dr Nilufeur McKay MACN, Dr Nancy Zhang MACN, Christine Smith FACN (DLF), Emma Kelly, Sonia Martin MACN and Nicole Hibbert MACN



Professor Donna Waters FACN



BY
SIOBHAN HOOPER MACN



PETA HARBOUR MACN



DR PENNY WILSON



DR CAROLYN STAPLETON
FACN



Australian YMCA Lounge, the Strand, London

THE NATIONAL NURSING ARCHIVES OF AUSTRALIA

Keeping nursing history alive

This year, as part of the celebration of 75 years of nursing leadership, the Australian College of Nursing (ACN), is launching the National Nursing Archives of Australia (NNAA). But what is the NNAA, what items does it hold and who donated them?

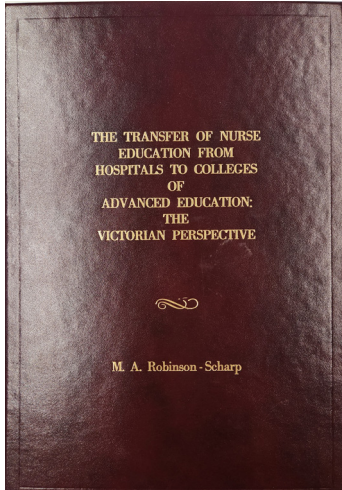
WHAT ARE THE NATIONAL NURSING ARCHIVES OF AUSTRALIA?

Modern nursing came to Australia in 1868 when Florence Nightingale sent out Lucy Osburn in response to an appeal by Henry Parkes for trained nurses. Since that time, there have been countless stories of dedication, compassion, and resilience. The NNAA was founded to illuminate these stories and ensure they are never forgotten.

Before the unification of the College of Nursing, Australia (NSW) and the Royal College of Nursing Australia, (VIC) there were two archive collections. The Royal College of Nursing Collection, known as the Helen Hamilton Archives, is housed in Canberra. The College of Nursing Collection was established in 1989 and is housed in both Canberra and Parramatta. It is known as the Judith A. Cornell AM Archives in

recognition of her work in establishing this section of the archives. When ACN was formed in 2012, the Australian College of Nursing Archives were also established and housed. While these collections form the basis of the NNAA, moving forward it will house material from across the country.

The NNAA is committed to creating a sustainable sanctuary for these invaluable artefacts. These archives are an invaluable



A new era for nursing education



Examples of badges from the collection



Muriel Knox Doherty's RRC Service Medal 1st Class, 1945

and unique collection of historically relevant material in an Australian context. The archives also contain a number of associated collections including a badge, certificate and medal collection and a historic doll collection.

NNAA's mission is to preserve artefacts, stories and memories from nurses Australia-wide; to educate and provide an accessible platform for educators, students, professionals and history enthusiasts; and to engage and foster a sense of community among present and future generations of nurses.

EARLY DONORS

Muriel Knox Doherty RRC 1st Class, FN (NSW) was one of the founding members of the NSW College of Nursing. During a distinguished career, Doherty made many contributions to the profession as a nurse, teacher and administrator. She also served with the Australian Army Nursing Service (AANS) during WWII including working with the United Nations Relief and Rehabilitation Administration Organisation (UNRRAO) as Chief Nurse and Principal Matron of the liberated Bergen-Belsen Concentration Camp. She was a tireless advocate for the nursing profession and kept detailed records of her experiences and collected documents and nursing memorabilia. On her death, the majority of her collection was bequeathed to the NSW College of Nursing – more than 60 boxes of material.

The NNAA is committed to creating a sustainable sanctuary for these invaluable artefacts.

Vera Margaret Jackson RCNA was one of the founding members of the Royal College of Nursing. She also had a long and distinguished career and, while she did not enlist in the AANS like Doherty, she joined the UNRRAO working with displaced persons in France, the Netherlands and Germany, and spent three months at the Glen Hughes Hospital, Belsen, before moving to Fallingsbostal, a camp with 26,000 Polish people.

And like Doherty, Jackson bequeathed her nursing memorabilia which formed a part of the foundation collection in the National Nursing Archive. Yet, they are not the only contributors.

WHAT DO THE ARCHIVES CONTAIN?

The NNAA contains a diverse and growing collection. They come from the founding members, individuals, families of nurses and institutions such as colleges and hospitals. It includes:

- historical artefacts from textbooks and photographs to military coats; from badges commemorating registration and employment to a historic doll collection from the NSW Midwives Association including one of Lucy

Osburn and five nurses of the Sydney Hospital from 1788 to 1923.

- written archives such as journals, letters, lecture notes, certificates and newspaper clippings which show the day-to-day experiences of the nursing community
- audio-visual exhibits with interviews and visual narratives to capture the voices and stories of nurses.

Australia's nursing history is an embodiment of the dedication and compassion of nurses. The NNAA is a unique collection and resource for those interested in or undertaking research into the history of the nursing profession as well as the wider healthcare sector. It is a living testament to the journey of nursing in Australia and aims to foster a sense of community, allowing nurses to connect to and draw inspiration from their professional roots.



BY
DR JANE ROY
ACN PUBLICATIONS
MANAGER

WHEN JACI WAS A student nurse

Imagine training at a different time

It's your inaugural year of nursing. Aged 18, picture yourself relocating to the hospital nurses' quarters, a stipulation being that you must remain single. Each morning, clad in a pristine coloured uniform with a white apron and veil, freshly laundered for you, you commence your hospital shift. Upon entering your ward, deference is shown to the senior nurses, and you quietly heed the doctors' directives, executing them without question or complaint.



Jaci O'Brien, 1984

Jacqueline Moya O'Brien (10/5/1926 - 22/10/2020) was a determined young woman pursuing a career in health who went on to receive an Order of Australia Medal for her contribution to nursing and education in Darwin. With an initial desire to become a physiotherapist derailed by academic setbacks in French and Latin, (prerequisites at the time), Jaci's life took a different turn when she joined the Women's Land Army in 1944 at a time when women were conscripted into various roles to support the war effort. After a failed attempt to be part of a canning team at the IXL factory in Newtown, she pursued nursing training at the Royal Prince Alfred Hospital (RPA) in Sydney.

Jaci (as she preferred) underwent four years of nursing training, joining a cohort of 35

trainee nurses in a period when trainees were provided with financial support, meals, board, and uniforms. All trainees were to be female and single and to leave nursing due to marriage or pregnancy meant no chance of returning to complete studies. It was not until 1969 that RPA enrolled its first male nursing student (NSW Government 2021).

Jaci's nursing training at RPA was rigorous, requiring trainees to attend lectures in their own time on subjects from elementary nursing and anatomy to nursing insane, delirious and nervous patients, invalid cookery and preparing special meals for the convalescent (NSW Government 2021). Between their nursing work commitments, they were required to attend training blocks where they commonly practised skills on each other such as sponging patients, applying splints, syringing ears, and bandaging. They then had to pass a written and practical exam before proceeding to the wards in their mandatory stiff collars and aprons with their year level differentiated by the number of stars they had on their uniform cap. As with studies today, the level of skills and knowledge aligned with patient acuity increased with each year level.

Jaci recalled being a hospital-trained student nurse as full of challenges but also as a time of pride and a place where women could gain professional respect. Nurse trainees in the 1940s would start their morning patient rounds and then break for a provided breakfast, which included allocated time to change into clean aprons. As they resided on site, they had all their washing done and

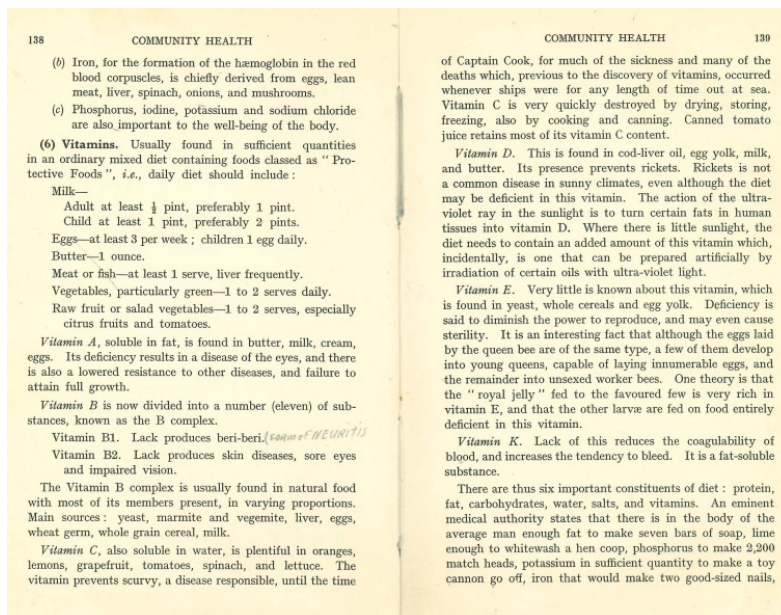
meals provided but did have their wages docked for rent. If they didn't complete their duties, they remained back until these were done, with no overtime, and if they left the ward before completing tasks up to the expected standard, such as cleaning the pan room, they were summoned back to the ward to finish. Such a loss of autonomy over one's situation would not be tolerated today, yet there is still an expectation that today's student nurses will be on time, always look clean and presentable, and conduct all activities professionally and selflessly.

In Australia, nurse training remained hospital-based until 1984 when it began to transition to universities supported through funding from federal and state governments (Lowe 2020). This was a time when computer systems were just being introduced to the healthcare system, a change that has seen nursing education also merge into the online environment. Qualifications have gone from Certificates to Diplomas to Degrees, with nurses actively completing postgraduate qualifications and PhDs. Nursing can be described as a tactile profession, and this often fuels the debate of which is better, nursing training in hospitals or via the university system. If you asked Jaci, despite the challenges that went with that era of nursing, she would argue for the hospital system.

For Jaci, senior nurses and doctors were highly respected, and incidents of workplace bullying were usually hierarchical in nature. Jaci recollected in her first year, the Charge Sister would inspect the trainee's ward area



Radium Clinic at Prince Alfred Hospital, Sydney, ca. 1930s
 Reference: Fairfax Corporation, 1930, *Radium Clinic at Prince Alfred Hospital*, Sydney, ca. 1930s, viewed 24 March 2024 <http://nla.gov.au/nla.obj-158033823>



Excerpt from a Nursing Lectures book first published in 1935
 Reference: Burnbridge, GN, 1954, *Lectures for Nurses*, Australasian Medical Publishing Company Limited, NSW.

to ensure all the patients were neat and tidy, the bed quilts were exactly 14 inches off the floor (an infection prevention and control approach) and all the wheels of the bed were facing the same direction, “*Whether the bandages had fallen off the patients didn’t matter she only looked at the surroundings and if it wasn’t right you were sent back until you did do it right*” (Sheedy 2023, p. 94). Junior trainees were expected to open doors for senior staff and unquestionably carry out all their instructions. Today we are training our students to be vocal patient and self-advocates and to critically reflect on their actions and the actions of others.

Jaci’s training involved significant responsibilities. She recounted caring for polio patients in iron lungs, a practice made obsolete by the polio vaccine’s success. She once cared for a pregnant polio patient, fearing the woman might go into labor unnoticed due to polio’s paralysis. When this occurred, Jaci and a fellow student, neither with midwifery training, wheeled the patient through the rain to the neighboring midwifery hospital, terrified the woman would begin to deliver. Additionally, she worked in a radium clinic, preparing radium rods for patient treatment, where they were advised to drink orange juice daily to counter potential exposure. The lack of understanding of the significance of protective measures and thus Jaci, young and inexperienced at the time, did not fully grasp the health consequences of cutting corners in practice until later.

The final year of Jaci’s training included state registration exams where trainees

sat invigilated written exams and demonstrated practical skills which were assessed by doctors and senior nurses. Their results were put in the newspaper, which Jaci recollected made many very anxious as all their friends and family would see if they had passed or failed.

Jaci completed her training in 1948 with the original group down to 15 nurse graduates. This proud moment for Jaci was slightly marred by the Matron who declared to the new group of registered nurses that they were “*wartime commodities and that if there had not been a war on they would never have been permitted to train at Royal Prince Alfred Hospital*” (Sheedy 2023, p. 100), reminding them they were conscripted into this profession.

Despite the challenges in her early training, Jaci went on to complete further studies in midwifery and spent her early nursing career at Darwin Hospital, before travelling overseas. In 1953 Jaci returned to Sydney and worked at the Repatriation General Hospital Concord as a Ward Sister and Educator. Her role involved overseeing the education of general and enrolled nurses and providing skills training for the Medical Officers Education Program. She also joined the Citizen Military Forces (Army) as a Lieutenant, eventually becoming a Captain, where she was involved in educating cadets.

In 1964, Jaci returned to Darwin and played a key role in developing the nursing program at Darwin Hospital. She served on the NT Nursing Registration Board and

helped establish the Northern Territory Chapter of the Royal College of Nursing. Jaci represented the Northern Territory in the Australian Nursing Federation and worked with the Office of Women’s Affairs in Canberra. Her contributions to nursing earned her the Medal of the Order of Australia (OAM) in 1984 and even after retiring, she continued to contribute her knowledge to the CDU Nursing Museum for over 20 years.

REFERENCES

- Burnbridge, GN, 1954, *Lectures for Nurses*, Australasian Medical Publishing Company Limited, NSW.
- Lowe, T, 2020, *Nurse education in Australia: Part 8*, Australian College of Nursing, <https://www.acn.edu.au/nurseclick/nurse-education-in-australia-part-8>
- New South Wales (NSW) Government, Health, 2021, *Nurse Training from pre-PTS to Uni*, Nursing History, RPA Museum & Archives, <https://www.slhd.nsw.gov.au/rpa/museum/ntraining.html>
- Sheedy, A., 2023. Jacqueline Moya O’Brien’s early nursing career: A narrative inquiry. *Northern Territory Historical Studies*, (34), pp.88-109. <https://search.informit.org/doi/abs/10.3316/informit.388821490462301>



Scan here to take a poll on whether you would prefer a paid nurse hospital training model or the current university model



BY
ANGELA SHEEDY MACN

A rewarding career move

The road to becoming a Nurse Practitioner

WHY WOULD YOU CHOOSE THE NURSE PRACTITIONER PATHWAY?

Have you ever wanted to advance your career in nursing and enhance person-centred care but remain at the point of care? Have you had a career in one or two specialty areas and would like to further your knowledge, experience, and opportunities in evidence-based practice? The nurse practitioner pathway may be for you.

WHAT IS A NURSE PRACTITIONER?

Although Australia has had nurse practitioners for over 20 years, the role is often misunderstood by members of the public, medical professionals, and, at times, by our nursing profession.

Nurse practitioners are registered nurses endorsed by the Nursing and Midwifery Board of Australia (NMBA) to practise independently and collaboratively at an advanced level in expanded clinical roles within professional, legislative, and regulatory frameworks (SA Health 2022).

Nurse practitioners combine advanced nursing knowledge and skills with advanced diagnostic reasoning and therapeutic knowledge to provide person-centred care. They can diagnose and manage health consumers with common and complex health conditions (ACNP 2019). They have the skills and training in advanced assessment, diagnosis, prescribing, ordering, and interpreting pathology, x-ray and sonography, and referrals to specialists and ultimately enhance health care.

The title of nurse practitioner can only be used by a registered nurse with endorsement by the Nursing and Midwifery Board.

STUDYING THE MASTER OF NURSING (NURSE PRACTITIONER) PROGRAM

Entry requirements for the Master of Nursing (Nurse Practitioner) program:

- holding current general registration as a registered nurse with the Nursing and Midwifery Board of Australia
- holding a postgraduate qualification from a recognised higher education institution in a relevant clinical field.

Documentation is usually required including:

- a CV demonstrating a minimum of four years full-time equivalent experience as a Registered Nurse, including two years full-time equivalent as a registered nurse in a clinical field and two years full-time equivalent at an advanced practice level in the same clinical field.
- evidence of a suitably qualified Clinical Support Team that will assist applicants in the development and extension of their specialist practice which may include nurse practitioners and/ or medical officers.
- evidence that the applicant's employer is willing to facilitate the extended clinical practice components of the program within their workplace or related agencies (UniSA 2024).

UNDERSTANDING THE ROLE AND EVERYDAY EXAMPLES OF THE PATHWAY TO NURSE PRACTITIONER

Perhaps the reason the role is misunderstood is that each role is varied depending on the experience, education, specialty area, and at times, the healthcare context. There are nurse practitioners who work as specialists in diabetes, chronic illness, mental health,

Each role is varied depending on the experience, education, specialty area and at times, the healthcare context.

palliative care, aged care, renal management, paediatrics, emergency departments and surgical nursing to name a few.

Example 1: Jarod graduated with a Bachelor of Nursing eight years ago. For the past four years, he has been employed as a registered nurse in a residential facility. He completed a Graduate Certificate in Health and Ageing at the University of South Australia and had the support and encouragement to study in the Master of Nursing (Nurse Practitioner) program. He sought supervision support from a general practitioner visiting the facility regularly and a virtual offsite nurse practitioner interstate who was also working in a residential facility. He remained in full-time employment while studying the course and completed 300 hours of placement as work-integrated learning. Upon completion of the course, he applied to the Australian Health Practitioner Regulation Agency (AHPRA) to become an endorsed nurse practitioner and remain employed in his current workplace. He also has the option to apply for a Medicare provider number and prescriber number as a self-employed nurse practitioner visiting various residential facilities.

Example 2: Sally is a credentialed diabetes educator who completed the Graduate Certificate in Diabetes Education and Management after working as a registered nurse in a general practice for six years. She entered the Master of Nursing (Nurse Practitioner) course with two supervisors. One was a diabetes educator working in a different general practice and the other supervisor was an endocrinologist. Sally completed the course part-time while working full-time and applied for endorsement



as a nurse practitioner. She now works in private practice with her own provider number and prescriber number in two general practices while visiting residential facilities to provide diabetes education.

Example 3: Mark has worked in an emergency department for 10 years and has a Graduate Diploma in Emergency Nursing and a Master’s in research. He received recognition for prior learning for the research topics in the Master of Nursing (Nurse Practitioner) program. He has two nurse practitioner supervisors who work in the same emergency department and has a nurse practitioner candidate position.

The nurse practitioner pathway is a rewarding career step in the nursing career and the Department of Health and Aged Care has developed the Nurse Practitioner Workforce Plan to increase Nurse Practitioner services across the country (Department of Health and Aged Care 2023).

Currently, there are 13 universities across Australia offering the Master of Nursing (Nurse Practitioner) program. Most course coordinators are experienced endorsed nurse practitioners who can answer questions regarding the courses offered. It can be a fulfilling move in your nursing career.

MY PATHWAY TO NURSE PRACTITIONER

I graduated with a Bachelor of Nursing from the University of South Australia in 1992 and completed a Graduate Nurse Program at the Royal Adelaide Hospital. I went on to complete a Graduate Certificate in Diabetes Education and Management in 2008. Having a keen desire to enhance diabetes education in primary care, I embarked on a Master of

Nurse Practitioner course in 2000. I have thoroughly enjoyed the nurse practitioner pathway; however, I was keen to enhance my scope of practice to provide health care for transgender and gender-diverse people. During my employment at the University of South Australia as a Senior Lecturer with two days a week clinical practice, I undertook the University of Melbourne course in Primary Care for Transgender and Gender Diverse Health Care and commenced a placement with supervision partnership with the Modbury Gender clinic. The main reasons for enhancing my scope of practice to an alternate specialty area were the lack of healthcare services in the community and the fact that transgender and gender-diverse people have the highest rates of suicidal ideation and are usually from low socioeconomic situations (Slotnes-O'Brien, 2023). Access to timely health care is particularly important to alleviate mental health and with a 2-3 year wait list for public services and few general practitioners in primary care willing to work in this area, there was a dire need to improve services.

A clinic was developed at the University of South Australia City West Clinic and within two months the clinic was finalist for the Health Minister’s Award for Nursing Trailblazers. In 2024 the clinic was finalist for the South Australian Nursing and Midwifery Excellence Awards. Consumer feedback has been favorable with the clinic sustaining its operations with Medicare benefit NP billings. There are now links to public and community services to enhance consumer care. All in all, it’s been a thoroughly worthwhile and rewarding experience.

REFERENCES

ACNP (2019), *ACNP Position statement: Nurse Practitioner Scope of Practice*. Available at: https://www.acnp.org.au/client_images/2159748.pdf. Accessed 17 March 2024

Department of Health and Aged Care (2023), *Nurse Practitioner Workforce Plan*. Available at: <https://www.health.gov.au/sites/default/files/2023-05/nurse-practitioner-workforce-plan.pdf>. Accessed 17 March 2024

SA Health (2022), *SA Health Nurse Practitioner Guide*. Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/d2ed403b-f197-4404-8f0d-378d46a1d146/22046.5+Nurse+Practitioner+Guide-v4+updated.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-d2ed403b-f197-4404-8f0d-378d46a1d146-oiXqDJT>. Accessed 17 March 2024

Slotnes-O'Brien, T Peters, M. (2023). Nurse Practitioners and Gender affirming primary care clinics for Transgender and Gender diverse People. *ANMJ*. <https://anmj.org.au/nurse-practitioners-and-gender-affirming-primary-care-clinics-for-transgender-and-gender-diverse-people/>

University of South Australia (2023), *Master of Nursing (Nurse Practitioner) program page*. Available at: https://study.unisa.edu.au/degrees/master-of-nursing-nurse-practitioner?utm_source=google&utm_medium=cpc&utm_campaign=CMK-PG&utm_content=nursing&gad_source=1&gclid=EALalQobChMlsWWqP75hAMVVKImAh08WgkWEAAAYASAAEgIDTfD_BwE. Accessed 17 March 2024.



Scan here to find out more about the Trailblazers Award

Toni Slotnes-O’Brien is a Senior Lecturer University of South Australia and endorsed nurse practitioner at UniSA City West Health Clinic. She was a finalist in the 2023 Health Minister’s Award for Nursing Trailblazers.



BY
TONI SLOTNES-O'BRIEN
MACN

Supporting NURSING AND MIDWIFERY RESEARCH AND EDUCATION

My role as a Board Member for the Victorian Nurses and Midwives Trust

The Victorian Nurses and Midwives Trust (VNMT) has provided over \$3M across 250 grants for research and education since it has been in existence. Previously known as the Nurses Board of Victoria Legacy Trust, it came into existence when the Nurses Board of Victoria ceased to exist in 2010 and the National Regulation and Accreditation Scheme commenced. The Nurses Board of Victoria owned two buildings within the Melbourne CBD which were sold before the National scheme commenced and the Victorian State Government enabled \$6M to be put in trust to support nurses and midwives to undertake research and education in perpetuity (Sheedy, 2011). I want to tell you why I am passionate about nursing and the opportunities for nurses and midwives to apply to the Trust for grants.

As I was a Board member of the Nurses Board of Victoria who transitioned to the Victorian Board of the Nurses and Midwifery Board of Australia, I was offered the opportunity to join the Board overseeing the Trust. I felt very honoured and humbled to have this opportunity and I have enjoyed being a member of this Board ever since.

Supporting nursing and midwifery research and education has always been an important aspect in my role as a registered nurse. I still remember the first Quality Assurance (QA) project I led with a clinical nurse specialist when I was in my graduate year. This QA project reviewed the way nursing handover was undertaken on a medical ward at a large tertiary hospital in Melbourne and we reviewed current processes and implemented a change to nursing handover. We reviewed the literature, collected nurses' opinions and the quality of handover information

Nurses and midwives often aren't encouraged to solve a clinical problem using research methodology.

before and after the change. This experience had an impact not only on me and my handover style but also changed the way all the nurses gave handovers on the ward at the time. It improved the information provided at handover and streamlined the handover processes. This quality project launched my passion for nursing-lead research, no matter how big or small. I have also always been keen to develop nurses' and midwives' passion for postgraduate education, always thinking and asking what we can learn next.

My career and education in nursing and health care have been very varied and I have brought this experience with me as a Board member of the Victorian Nurses and Midwives Trust. I have nursed within four of our Victorian public health services over my career as well as undertaken casual work at a handful of other private and public hospitals. I have also worked in a variety of clinical and administrative leadership roles, and I am currently the longest-serving Chief Nursing and Midwifery Information Officer in Australia, working at Monash Health. I am an adjunct associate professor with the Deakin University School of Nursing and Midwifery and have a master's degree in public health. I am also an active Fellow of the Australian College of Nursing, chairing the Chief Nursing Information Officer Faculty.

Being involved in, and advocating for, research since my graduate year. I also recently supervised my first PhD student.

This was an amazing experience supporting a registered nurse to undertake their research in an area of interest to them. I have found nurses and midwives often aren't encouraged to solve a clinical problem using research methodology and are instead expected to find an immediate solution. This is why I love being able to work with the other Board members and application reviewers to enable more nursing and midwifery-led research in Victoria as well as enabling the next generation of nurses and midwives to undertake further study in their chosen field.

If you are a Victorian resident, please consider applying for a grant.

REFERENCE

Sheedy, Katherine (2011) The Act of Nursing: A history of nursing regulation in Australia. Nurses Board of Victoria Legacy Limited



Scan here for more information about grants at via VNMT



**BY
ADJUNCT ASSOCIATE
PROFESSOR
NAOMI DOBROFF FACN**

BEING PART OF the solution

An opportunity to represent ACN

My representation experience was a great opportunity to be on a panel with an interesting and diverse group of professionals.

Elizabeth Fry is a Director of Nursing with 13 years of experience in the private health facility sector. She commissioned and operated three facilities, two of which were Day Surgeries. Elizabeth is an ACN representative in the ACHS Day Patient Clinical Indicator Working Group.



Elizabeth Fry MACN in uniform

WHAT IS YOUR CURRENT ROLE AND WHERE ARE YOU WORKING?

I am currently working as a consultant in the operating theatres and sterilisation departments of two hospitals located in Lautoka and Ba in Fiji. I am working with Healthcare Fiji and Aspen Medical to support these two facilities reach and maintain international accreditation with Joint Commission International.

CAN YOU TELL US A LITTLE ABOUT THE AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS (ACHS) DAY PATIENT CLINICAL INDICATOR WORKING GROUP AND YOUR ROLE WITH IT?

The ACHS Day Patient Clinical Indicator working group was formed to review a Clinical Indicator set and its relevance in the day surgery setting. Current Clinical Indicators and the setting up of new indicators were under review. As a

representative, I helped the working party highlight the usability and value of the Clinical Indicators in Day Surgery settings.

WHAT MOTIVATED YOU TO AVAIL YOURSELF OF THIS REPRESENTATION OPPORTUNITY?

Participating in this representation opportunity was important to me because I am passionate about helping day surgeries run smoothly, efficiently and safely. Having 15 years of experience in the day surgery sector as a Director of Nursing where I was responsible for the collection of this data, I felt I could offer a user perspective on the ease or difficulty in collecting this data and which of the clinical indicators had a valuable outcome for improvement and change.

TELL US ABOUT YOUR REPRESENTATION EXPERIENCE.

My representation experience was a great opportunity to be on a panel with an interesting and diverse group of professionals and to listen to the thoughts behind their comments on each Clinical Indicator that was reviewed. The group was diverse and incorporated consumers which gave a great perspective other than purely clinical.

WHAT DOES YOUR REPRESENTATION IN THIS GROUP MEAN FOR ACN?

My representation in this group enhances the ACN profile and engagement in this specific category of day surgery settings. Day surgery is a growing model of care as surgeries become less complex and are able to be performed by interventional or laparoscopic techniques as day-only

cases. As day surgery facilities increase across Australia so do the opportunities for the nursing workforce. Day Hospitals Australia, the peak body representing private day surgeries nationally is working with these day surgeries to link them with universities to engage nursing students for clinical placements in an acute setting and to employ graduates into a graduate program upon completion of their degree.

WHAT ARE THE BENEFITS FOR THE PROFESSION WITH THE WORK OF THIS GROUP?

ACHS supports the safety and quality of all health facilities which has an impact on all nursing staff working across Australia. Capturing clinical indicators assists facilities in benchmarking against each other and driving improvements for both patients and staff.



Elizabeth Fry MACN (R) with nursing colleague and friend Judith McColl on a visit to the War Memorial to see the bronze of Vivian Bullwinkel which ACN played a huge role in making happen.

THE INTEGRAL ROLE OF REGISTERED NURSES IN accessibility and equity in healthcare

Perspectives of a nurse-led service advocating for autonomy and funding through innovation

Accessibility remains a cornerstone of equitable healthcare service delivery in Australia, representing the very foundation upon which Medicare was built. Registered nurses (RNs) stand as frontline advocates to provide accessible and equitable health care. However, the extent of their impact hinges greatly on the support and funding of the Medicare Benefits Schedule (MBS).

Amidst this pursuit, RNs stand as pillars of support, advocating for patients' rights and striving to bridge the gap between communities and healthcare systems. However, the journey towards accessible health care isn't without its challenges.

Innovative companies like Earworx, play a pivotal role in shaping a more inclusive healthcare landscape for all Australians.

Earworx is an award-winning, nurse-led service that provides earwax removal using microsuction technology. Earworx's mission is to provide safe and gentle microsuction services to as many Australians as possible.

Understanding and working to the maximum of our scope, Earworx's team of registered nurses around Australia receive extensive practical training in this delicate procedure. The nursing team works seamlessly with patients' general practitioners (GPs), ENTs and audiologists to the benefit of the patient. The team is pivotal in bridging the gap between individuals and healthcare systems. However, despite these critical

contributions, there exists a disparity between the regulatory environment, the autonomy granted to nurses and the necessary support from funding bodies to fully leverage our capabilities

THE POLICY LOOP

Financial barriers to health care access can have a profound effect on patients' well-being and treatment choices. The patients who attend this service do not receive a Medicare rebate following attendance and have minimal access to private health rebates because RNs cannot gain a Medicare Provider Number. The Government currently does not support RNs having access to a Medicare Provider Number. This is a frustrating policy loop limiting accessibility to the service for patients and demonstrates discrimination against RNs by the funding bodies. Often in our clinics, we treat patients who either do not tolerate dated methods of wax removal by water syringing/irrigation, or the procedure is contraindicated for them.

The policy loop is evident each day in our clinics across the country.

EXAMPLE 1: A patient with a government pension card seeking ear wax removal

Despite preferring the microsuction procedure due to past negative experiences with water syringing, they are unable to afford the out-of-pocket cost even with the 26 per cent discount that Earworx provides for pensioners. Consequently, they undergo a procedure that they do not tolerate

well at their general practice or endure a prolonged wait of around six months to see their ENT specialist for the same procedure. This situation underscores the importance of addressing socioeconomic disparities in health care access and highlights the need for innovative solutions to ensure equitable care for all individuals, regardless of their financial circumstances.

EXAMPLE 2: A GP recommends Earworx to their Department of Veteran Affairs (DVA) patient because they trust in the service being provided and water syringing is contraindicated in this patient due to having a preexisting medical condition.

The GP diligently completes the necessary paperwork, providing clinical justification for the referral, and the patient submits a request for financial approval to the DVA. However, the DVA rejects the application, citing the lack of access to the MBS for RNs. Consequently, the patient is left paying for the Earworx procedure out-of-pocket or settling for a subsidised but less suitable procedure, such as water syringing, which poses risks due to the patient's health condition. This situation highlights the complexities and frustrations patients face when navigating healthcare systems, underscoring the importance of addressing bureaucratic barriers to ensure patients receive appropriate and timely care.

Registered nurses having access to Medicare would help to ease the burden on emergency departments and GP clinics and would reduce the financial



Kate Dawson MACN with a young patient



Lisa Hellwege MACN performing the microsuction method on a patient

burden on the government and tax payer. By empowering nurses to make timely, educated and informed decisions within their scope, health care delivery becomes more efficient, especially in settings where access to doctors may be limited.

AUTONOMY: EMPOWERING NURSES TO LEAD

Registered nurses, equipped with advanced education and training, possess the expertise to autonomously examine, assess and treat patients within their scope of practice. This autonomy is not only beneficial for nurses in terms of professional growth and career satisfaction, but also plays a significant role in enhancing patient outcomes.

Australians should be able to opt to have a RN as their chosen clinician and be able to receive a Medicare or Private Health insurance rebate.

BRIDGING THE GAP: REGULATORY PROGRESS AND FUNDING ALIGNMENT

Regulatory bodies, recognising the evolving role of nurses, have increasingly granted RNs greater autonomy.

Nurse practitioners, for instance, are authorised to diagnose, prescribe medications, and initiate treatments independently in many jurisdictions. Such regulatory frameworks acknowledge the capacity of nurses to deliver high-quality care autonomously, particularly in underserved communities where

To foster positive change in the Australian healthcare system, innovation and adaptation are imperative.

physician shortages are prevalent. Whilst the rhetoric across the country is changing in terms of supporting the autonomy of nurses, funding mechanisms are lagging behind community expectations.

Since the establishment of Medicare by the Whitlam government in the 1970s, healthcare funding has typically followed traditional models based around physician-led care, overlooking the potential for cost-effective and accessible healthcare delivery through nurse-led initiatives which are available now but were not 50-plus years ago. This misalignment hinders nurse-led interventions and perpetuates barriers to accessing quality care, especially for marginalised populations.

WHAT IS THE SOLUTION?

To fully harness the potential of RNs in delivering accessible health care, there must be a concerted effort to align funding mechanisms (MBS and Private Health) with the regulatory framework. This entails advocating for policies that recognise and support nurse-led initiatives financially. By investing in services that leverage the expertise of nurses, healthcare systems can optimise resources, improve patient outcomes, and enhance overall accessibility to care. This empowerment through

autonomy is not only beneficial in enhancing patient outcomes but also plays a significant role in nursing professional growth and satisfaction; we need more happy nurses who are willing to stay in the profession.

To foster positive change in the Australian healthcare system, innovation and adaptation are imperative. With backing from funding bodies, pioneering enterprises like Earworx and various nurse-led services nationwide could play a pivotal role in shaping a more inclusive healthcare landscape for all Australians.

This progression would help to lessen overcrowding in GP clinics and reduce lengthy wait times in emergency departments across the country. Embracing innovation and empowering nurse-led initiatives are pivotal steps towards cultivating a healthcare system that is not only more accessible but more equitable for all Australians – this is an outcome that we can all be happy about.



**BY
KATE DAWSON MACN**
DEPUTY CLINICAL DIRECTOR
OF EARWORX

Implementing ALLERGY HEALTH CARE

A new approach



Dr Deryn Thompson
MACN

WHAT IS YOUR CURRENT ROLE AND WHERE ARE YOU WORKING?

I am a clinician and academic at the University of South Australia. I work in a private allergy clinic. Working within a dermatology

practice, their model of care integrates my facilitation of patients/families to master their skin care. Through patient education, people develop thinking reasoning and problem-solving skills to understand and implement care for their eczema and dermatological conditions. This approach was an outcome of my PhD research (Thompson 2021). I also teach the postgraduate Professional Certificate in Allergy Nursing, attracting students from Singapore, South Africa, NZ, Hong Kong, and Australia.

CAN YOU TELL US A LITTLE ABOUT THE NATIONAL ALLERGY COUNCIL AND YOUR ROLE IN IT?

Nearly five million people in Australia have at least one allergy; some have more than one!! Allergies can be multi-faceted and complex, and some allergies are still not well understood. Diagnosis, management, treatment and patient/family education by health practitioners with additional knowledge and skills in allergy are vital. People with allergies also experience significant psychosocial stress from living with the constant threat of an allergic reaction (Dierick et al. 2020). Nurses should play a key role in patient care, support,

and education surrounding allergies, but care must be informed by their knowledge and skills about allergies and guided by the best evidence-based best practice recommendations. Not all nurses choose to undertake the Masters level study to become a Nurse Practitioner (NP). My contribution, as the ACN representative, was to emphasise and explain in the workshop the vital role that nurses, who are not NPs, play in the overall shared-care management of people with allergies. I explained to these nurses about educational opportunities for them to upskill and strengthen the quality of care delivered, especially in remote/regional areas of Australia.

After years of lobbying, in 2022 the government awarded \$26.9 million to enable the professional allergy body, the Australasian Society of Clinical Immunology & Allergy (ASCIA), and the key health consumer support organisation, Allergy and Anaphylaxis Australia (A&AA), to form a partnership (Parliament of Australia 2020).

The National Allergy Centre of Excellence (NACE) was created and focuses on high-quality allergy and clinical immunology research. The National Allergy Council (NAC) was created to implement the National Allergy Strategy recommendations and the parliamentary response. People with allergies in rural/regional Australia currently need to travel hundreds of kilometres to see an allergy specialist. NAC (2023) states that allergy health care needs to be available to people at the right time, in the right place, by the right health professional, and provide the right care (NAC 2024). Currently, these are not addressed equitably.

WHAT MOTIVATED YOU TO AVAIL YOURSELF OF THIS REPRESENTATION OPPORTUNITY?

I have worked in allergy for over 35 years. I have seen the rise in allergies, additional challenges allergies create in people who migrate to Australia, and the need for patients to be cared for by health professionals with additional evidence-based knowledge and understanding of allergies. ASCIA and A&AA have multiple high-quality evidence-based online and e-training resources, but the general health professional community and many patients/families still struggle to locate them.

My motivation to be the ACN representative was to identify how the NAC plans to address the above-mentioned challenges. The workshop collected vital information from the perspectives of various industry experts, health consumers and professional allergy bodies. Nurses are important players in this 'orchestra', and ACN needed to know how the role of nurses featured in their plans. ACN responded to the National Allergy Strategy and the parliamentary response, by supporting greater involvement of nurses, encouraging greater clarity around their scope of practice and for nurses to have additional knowledge and skills in allergy care/management aligning with evidence-based best practice.

TELL US ABOUT YOUR REPRESENTATION EXPERIENCE.

My representational experience comprised two days. The very valuable sessions, attended by allergy and clinical immunology specialists, other specialists with an interest

in allergy, GPs, nurse practitioners, nurses, dietitians, psychologists, professional body representatives, and health consumers with allergies. Dr Norman Swan convened, promoting lively discussion and debate. Many discussion details are still confidential but broad topics were education and training, expanding access to care, business models (private and public), Medicare remuneration, and interdisciplinary and multidisciplinary communications and care models for allergy. Data are undergoing analysis and subsequent reports will be published by NAC.

I contributed information about nurses' practice and opportunities for further evidence-based best practice high-quality postgraduate training. Nurses completing a university-based postgraduate certificate allergy course are equipped with advanced allergy knowledge and skills for professional/highly skilled work and ongoing professional development capabilities. These nurses also know where to source evidence-based reliable patient and health professional-focused resources for patient and peer health professional support.

WHAT DOES YOUR REPRESENTATION IN THIS GROUP MEAN FOR ACN?

I was able to report to ACN that their submission to the Australian government in support of ASCIA and A&AA was valuable and achieving results. I also highlighted that allergy-focused professional development opportunities for nurses are available across all levels of health care. Various free online e-learning modules are available on ASCIA's website, but these are usually generalised, rather than linked to each profession's regulatory requirements. I highlighted that the Professional Certificate of Allergy Nursing (2024), as a 13-week online course, is easily accessible for all nurses in rural/regional areas. Nurses' allergy professional development must not only focus on building nurses' high-quality knowledge, skills but also critical thinking capabilities on allergy best practice and procedures. The course activities help nurses to optimise patient safety, by strengthening their awareness and alignment of allergy practice with their nursing regulations and responsibilities, scope-of-practice, clinical decision-making frameworks, practice standards and medico-legal-ethical requirements (Nursing & Midwifery Board of Australia 2024). As an ACN representative, I advocated that rural/regional nurses would benefit

from scholarship incentives to undertake allergy professional development.

WHAT ARE THE BENEFITS FOR THE PROFESSION FROM THE WORK OF THIS GROUP?

Allergies are incurable and are not declining. Early intervention in infants and children can improve outcomes (NAC 2024). In Australia, seven of the top 10 chronic conditions in children are linked to allergies or the effects of living with allergies (AIHW 2022). Secondary and tertiary care levels of health care cannot sustain allergy management. At primary healthcare level, health professionals should be able to manage/care for people who have 'more straightforward' allergies. However, these practitioners are currently under-prepared with knowledge and understanding of allergic conditions, their diagnosis, testing and best-practice management. The National Allergy Council (2024) is working on strategies to address this in general practitioners. Significant ongoing research by NAC since early 2023 has identified the various gaps by gathering evidence from HP, health consumer and industry perspectives. The NAC 'roadmap' is one outcome of this research.

Nurses are key health professionals who can work towards optimising patient/family care, providing allergy patient/family education in line with best practice and the best evidence. To do so, these nurses need to be upskilled and supported to undertake professional development in Allergy Nursing. My participation in the Shared Care for Allergy Workshop as an ACN representative, enabled NAC to recognise that nurses, who are not nurse practitioners, can also make important contributions to shared care and support patients/families with their allergy management and allergy prevention within the Australian healthcare system.

REFERENCES

- Allergy and Anaphylaxis Australia (A&AA). *About us* (2022). Available from: <https://allergyfacts.org.au/about>. 15. National Allergy Strategy. National Allergy Strategy website; 2022, www.nationalallergystrategy.org.au/about-us/funding, accessed online 22.04.2024
- Australian College of Nursing (2019). *ACN Response to The Parliamentary Inquiry into Allergies and Anaphylaxis*, <https://www.acn.edu.au/wp-content/uploads/20191023-ACN-response-house-reps-parliamentary-inquiry-allergies-anaphylaxis.pdf>. Accessed online 22.04.2024
- Australian Institute of Health and Welfare (AIHW). *Australia's Children; 2022* Cat. no. CWS 69, Canberra: AIHW. Available from: <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/the-health-of-australias-children>, accessed online 20.04.2024
- Australasian Society of Clinical Immunology and Allergy (ASCIA). *Resources for health professionals* (2023). Available

Nurses should play a key role in patient care, support and education surrounding allergies.

from: <https://www.allergy.org.au/hp/papers>. 20. Australasian Society of Clinical Immunology and Allergy (ASCIA). *Information for patients, carers and community; 2022*. Available from: <https://www.allergy.org.au/patients>, accessed online 10.04.2024

Australasian Society of Clinical Immunology and Allergy (ASCIA). *Educational projects* (2023). Available from: <https://www.allergy.org.au/about-ascia/education-projects>, accessed online 10.04.2024

Dierick B, van der Molen T, Flokstra-de Blok B, Muraro A, Postma M, Kocks J, et al. Burden and socioeconomics of asthma, allergic rhinitis, atopic dermatitis and food allergy. *Expert Rev Pharmacoecon Outcomes Res* 2020;20(5):437-453. doi:10.1080/14737167.2020.1819793.

National Allergy Strategy. *National Allergy Strategy website 2022*, www.nationalallergystrategy.org.au/about-us/funding, accessed online 10.04.2024.

National Allergy Centre of Excellence (NACE), 2022, <https://www.nace.org.au/>, accessed online 17.4.2024

Nursing & Midwifery Board of Australia. (2024). *Regulating Australia's nurses and midwives*, Nursing and Midwifery Board of Australia - Home (nursingmidwiferyboard.gov.au), accessed online, 20.04.2024.

Parliament of Australia (2020). *Walking the allergy tightrope Addressing the rise of allergies and anaphylaxis in Australia*, ISBN 978-1-76092-094-4, *Walking the allergy tightrope* - Parliament of Australia (aph.gov.au), accessed online 10.04.2024.

Thompson, D L (2021). *'I do it without knowing it' perceptions and use of learning principles in nurses' parent education practice : an action research study*. Thesis (PhD(Nursing))--University of South Australia, 2021.

University of South Australia. 2024. *Professional Certificate of Allergy Nursing*, <https://study.unisa.edu.au/short-courses/professional-certificate-in-allergy-nursing/>, accessed online 20.4.2024,



Scan here to find out more about NAC.



Scan here for the NAC implementation roadmap.



Scan here for information on the Certificate in Allergy Nursing course.

Men in nursing

Redefining healthcare gender roles

Early in 2024, while helping my stepdaughter with her recently commenced Enrolled Nursing studies, we began to talk about the current state of nursing in Australia, and what it is like to be a nurse in a tertiary hospital. During this conversation, she asked me a question I had not been asked before: **“Do patients ever ask you if you are a doctor?”**

Whilst the answer to this question was “Yes, frequently”, I had never really taken the time to reflect on why I, an early career nurse, am asked this. As a male nurse, patients ask me several times a day whether I am a doctor, or when am I starting my medical studies. Although I am always quick to inform my patients that I am the Registered

Nurse looking after them, I have noted that my female colleagues are rarely asked these same questions. Put simply, patients assume that if you are a male wearing scrubs in a healthcare setting you are a doctor, or studying to become one, whereas if you are a female wearing scrubs in a healthcare setting you are accepted to be the nurse. The primary concern around this is the prevalence of gender stereotyping, and the apparent devaluation of nursing as ‘less than’ in terms of occupation, as compared to medicine. A report by Terry et al. (2022) examined how male nurses reported feeling this devaluation of their decision to become a nurse causing them a sense of inferiority, and feeling as though their career choice to be a nurse is not enough.

REDEFINING GENDER ROLES IN HEALTHCARE

Traditionally, nursing has been depicted as a field dominated by women, with the image of the caring, empathetic female nurse deeply entrenched in societal perceptions. In popular culture, television series such as *Grey’s Anatomy* and *Scrubs* have made minimal contributions to challenge societal stereotypes by showcasing male nurses. While female doctors are somewhat represented in these shows, the predominant portrayal still features male actors cast as doctors and surgeons, rather than nurses. However, this portrayal is being challenged as an increasing number of men pursue nursing as a career. Between 2015 and 2020, the number of

Encouraging and supporting male nurses to pursue leadership roles can foster a more balanced and diverse nursing profession overall.

male nurses increased by 6,792 compared to an increase of 28,689 female nurses over the same period (Figure 1, Australian Institute of Health and Welfare, 2022).

The Australian Institute of Health and Welfare (2022) stated that in 2020 “The FTE rate of females was 6.8 times that of males for nurses and midwives”. Although there is an increasing ratio of female to male nurses, the number of men taking up a career in nursing overall continues to rise, as per Figure 1.

CHALLENGES CONFRONTING MALE NURSES

Despite the growing presence of male nurses, they still encounter hurdles in their careers within the healthcare sector. A significant obstacle revolves around combating the sociocultural stigma associated with being a man in a historically female-dominated profession. Male nurses are frequently challenged with stereotypes, misconceptions, and in some instances discrimination from patients, colleagues, and society at large. Terry et al. (2020) examine such challenges as facing the stereotype that male nurses are homosexual and effeminate, their patient care being perceived as deviant or sexualised, and being assigned physically heavy, aggressive, or violent patients. Overcoming these challenges demands resilience and a firm commitment to dismantling gender biases.

PERSPECTIVES OF MALE NURSES

Male nurses bring a unique perspective and skill set to the profession, challenging the idea that gender dictates one’s ability to deliver exceptional care. Male nurses can offer a unique viewpoint regarding patient care, complementing their female counterparts. Research indicates that patients benefit from a diverse nursing workforce, leading to enhanced communication, better outcomes, and increased healthcare satisfaction (Brody

Figure 1: Total FTE of nurses by gender from 2015-2020

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---------------|---------|---------|---------|---------|---------|---------|
| FEMALE | 237,996 | 243,640 | 249,293 | 257,354 | 265,561 | 266,685 |
| MALE | 32,372 | 33,723 | 34,826 | 36,354 | 38,157 | 39,164 |

Australian Institute of Health and Welfare (2022)

et al., 2017). The presence of male nurses enriches healthcare teams and elevates the overall quality of patient care, as examined by Colby (2012).

Despite ongoing progress, gender parity in nursing leadership remains elusive, with women predominantly occupying leadership roles. To challenge gender barriers, the active not passive promotion of equal opportunities for men to assume leadership positions in the nursing profession is required. Encouraging and supporting male nurses to pursue leadership roles can foster a more balanced and diverse nursing profession overall (Smith et al., 2021).

Despite the demonstrable benefits of male nurses in health care, there exists a need for targeted recruitment and retention initiatives to bolster their presence in the profession. Drawing parallels to efforts aimed at increasing female participation in male-dominated industries, such initiatives should encompass multifaceted strategies, including recruitment campaigns, mentorship programs, and cultural competency training. By fostering supportive and inclusive work environments, healthcare institutions can attract and retain male nurses, thereby fortifying the resilience, sustainability, and equality of the nursing workforce.

CONCLUSION

The emergence of male nurses in health care reflects evolving psychosocial gender roles, the dismantling of stereotypes and a more accurate health care representation of the populations they care for. Men bring valuable perspectives, skills, and

contributions to nursing, strengthening the diversity and effectiveness of the profession. By advocating gender equality and fostering inclusivity, nursing can continue to attract individuals from diverse backgrounds. Embracing the future of nursing means embracing the talents and dedication of both men and women in professional nursing.

REFERENCES

- Brody, A.A., Farley, J.E., Gillespie, G.L., et al., 2017. Diversity dynamics: the experience of male Robert Wood Johnson Foundation nurse faculty scholars. *Nurse. Outlook* 65, 278–288. <https://doi.org/10.1016/j.outlook.2017.02.004>
- Colby, N. (2012). Caring from the Male Perspective: A Gender Neutral Concept. *International Journal for Human Caring*, 16(4), 36–41
- Smith, B. W., Rojo, J., Everett, B., Montayre, J., Sierra, J., & Salamonson, Y. (2021). Professional success of men in the nursing workforce: An integrative review. *Journal of Nursing Management*, 29(8), 2470-2488. <https://doi.org/10.1111/jonm.13445>
- Terry, D., Peck, B., Carden, C., Perkins, A. J., & Smith, A. (2020). Traversing the Funambulist’s fine line between nursing and male identity: a systematic review of the factors that influence men as they seek to navigate the nursing profession. *European Journal of Investigation in Health, Psychology and Education*, 10(3), 691-703. <http://dx.doi.org/10.3390/ejihpe10030051>



Scan here to find out more about the ENL Program



BY MITCHELL BANNAH MACN

Mitchell Bannah is in his third year of ACN’s Emerging Nurse Leader Program

PREPARING EMERGENCY NURSES FOR A UNIQUELY DEMANDING ROLE

The second edition of the Emergency Triage Education Kit

It's midnight, you already have a full emergency waiting room, you're new to the triage room and the law of 'everyone arrives at once' kicks in. It was with this type of pressure and responsibility in mind that the team developed the newly released Emergency Triage Education Kit, second edition (ETEK).

Having been in the shoes of a new triage nurse, and now having been a triage nurse educator for many years, I knew we needed an updated, clear and practical resource that works for both audiences. The ETEK does this in an engaging way by combining evidence-based clinical information with the collective wisdom of experts.

The content focuses on how to apply the Australasian Triage Scale (ATS, ACEM 2023) and on the knowledge, communication and decision-making skills that underpin this process. We have integrated the principles of person-centred care throughout the content, to promote a positive experience for patients, their support people and triage nurses. The ETEK includes self-directed learning content, guidance for triage nurse educators leading group sessions, and a set of hypothetical triage scenarios for learners to practise assigning a triage category.

BUILDING ON THE FIRST EDITION

The second edition builds on the original ETEK, published in 2007. A set of validated triage scenarios was added in 2009 for consolidation and self-test (Gertz et al, 2008). In 2022, the Commonwealth Department of Health and Aged Care engaged the Australian Commission on Safety and Quality in Health Care (the Commission) to review and update the ETEK.

We were fortunate to have the help of many of the original authors when we were producing the second edition. We also had invaluable engagement with representatives from the College of Emergency Nursing Australasia, the Australian College of Emergency Nursing,

CRANaplus and the Australasian College for Emergency Medicine. Involvement of triage nurses and policymakers from each state and territory from the start ensured we would create a product that meets the needs of their education systems.

WHAT ARE THE PRIORITIES FOR TODAY'S ED?

With the previous edition now 17 years old, the team needed to update the content to prepare learners for the current emergency environment and patient presentations. We started with a needs analysis that incorporated:

- academic and grey literature
- direct consultation with state and territory triage nurses and policy representatives
- consumer feedback
- semi-structured interviews with emergency department educators and subject matter experts from remote, rural, regional and metropolitan sites across Australia
- two surveys of stakeholders, with 1,230 responses received for the larger second survey.

Topics that emerged from the needs analysis as priorities included:

- communication, such as the importance of showing compassion, explaining the process of triage and understanding reasons for patient and carer anxiety or aggression
- assessment, including risk factors for clinical deterioration, early recognition of sepsis (particularly in children) and taking a focused history

- specific clinical areas, such as paediatrics, obstetrics, trauma and aged care
- medicolegal issues at triage, including documentation and responsibilities to patients who want to leave before being seen.

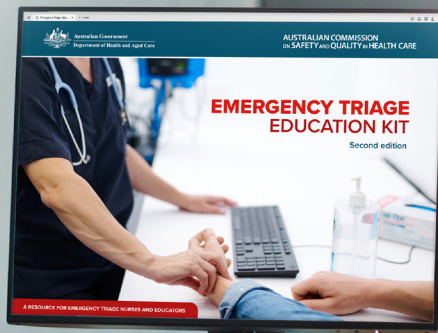
Strategies for decision-making under pressure, and in a noisy, interruption-laden environment, were also seen as an important element of triage education. A new chapter about decision-making provides advice on how to keep calm and make decisions under difficult circumstances that often involve uncertainty.

GETTING THE CONTENT RIGHT

To create the scaffold for each chapter, we wrote a plan that included learning objectives and an outline of the topics to be covered. After a wide review of these chapter plans, the draft content was created by in-house writers and, in some cases, nurses with specialised expertise in the relevant area. Over 100 experts provided reviews of chapter content. These reviewers included practising emergency clinicians to ensure the ETEK's currency; topic experts and academics to reference best practice and the evidence base; and consumers to incorporate their needs and experiences at triage.

Educator resources

Educator-led group sessions complement the self-directed content for learners in the ETEK. Group discussions should allow learners to raise their questions and practise applying the principles contained in the ETEK in a safe, reflective and supported way.



Often, it's the personal stories that really bring a teaching point home.

Each chapter includes new case studies that educators can use to prompt discussion about how to handle the more complex presentations. In some cases, there is no right answer, and considering the different circumstances that might influence a triage nurse's actions is a valuable learning exercise. Each chapter also contains a list of local considerations educators should explain to learners, such as local policies, escalation if your site does not have the necessary services, referral pathways and clinical pathways. Learners working in areas without educator support are encouraged to discuss the concepts and case studies with more senior colleagues to develop their knowledge and thinking processes.

Triage scenarios for self-test

The ETEK contains a set of over 100 hypothetical triage scenarios that learners can use to practise assigning a triage category. Answers and reasoning for the correct triage category are provided also. Professor Marie Gerdtz, Head of Department of Nursing at The University of Melbourne, developed and validated the triage scenarios for inter-rater reliability. Professor Gerdtz was one of the original ETEK authors and prepared the original scenarios for the first edition.

CONSUMER INPUT

Two experienced consumer advocates, representing the Consumers Health Forum, provided guidance throughout the project, and additional consumer reviewers were also consulted about content. Often, it's the personal stories that really bring a teaching point home, and we incorporated consumers' experiences in their own words in many

places. One such quote shows how excellent clinical skills coupled with kindness made a major impact on a patient's experience in ED – and on his long-term recovery:

'The triage nurse had a calming nature about her, offering my father, my cousin and I lots of hope that I was in the right place and that things will be better soon. Just the caring frame of mind – and constantly offering us to approach her at any time and continually making sure we were OK – made the entire ED experience a delightful one. One that I will never forget. The care shown to us by the triage nurse made a huge impact on my recovery in the long run.'

– Evan Bichara, mental health patient advocate

WORDS OF WISDOM

Quotes from experienced triage nurses have also brought to life many teaching points in the ETEK. For example:

- Take your time to get it right. You will get quicker.
- Ask yourself: 'Have I justified my triage category?'

For the less experienced learners, we wanted to emphasise that it's okay to ask for help – and actually, the right thing to do if you aren't sure:

'Often the triage nurse can feel quite isolated at the front. It's challenging when it's so overcrowded. But remember we work in a team. Speak to the senior nurses to get assistance.'

– Professor Margaret Fry, Professor of Emergency and Critical Care, Northern Sydney Local Health District and Faculty

of Health, School of Nursing and Midwifery, University of Technology Sydney

PUTTING KNOWLEDGE INTO PRACTICE

Completion of the ETEK should be part of a suite of activities to prepare learners for the role of triage. Supported clinical time allows triage nurses to apply their new skills and knowledge in the clinical environment with the benefit of feedback in real time. Regular audit of triage is another important opportunity for individuals to learn, and for the team to identify system gaps and opportunities to enhance quality and consistency.

The Commission would like to thank the many reviewers and collaborators who have helped to create this resource.

REFERENCES

- Australasian College for Emergency Medicine (ACEM, 2023), 'Guidelines on the implementation of the Australasian Triage Scale in emergency departments', viewed 30 January 2024, [acem.org.au/getmedia/51dc74f7-9ff0-42ce872a-0437f3db640a/G24_04_Guidelines_on_Implementation_of_ATS_Jul16.aspx](https://www.acem.org.au/getmedia/51dc74f7-9ff0-42ce872a-0437f3db640a/G24_04_Guidelines_on_Implementation_of_ATS_Jul16.aspx).
- Gerdtz, MF, Collins, M, Chu, M, Grant, A, Tchernomoroff, R, Pollard, C, Harris, J and Wassertheil, J (2008), 'Optimizing triage consistency in Australian emergency departments: The Emergency Triage Education Kit', *Emergency Medicine Australasia*, vol. 20 pp. 250-259. <https://doi.org/10.1111/j.1742-6723.2008.01089.x>



Scan here for more information on the ETEK



BY
KATE RUPERTO

Formerly Senior Project Officer at the Commission on Safety and Quality in Health Care

Top tips for writing

A SUCCESSFUL ABSTRACT FOR A CONFERENCE, SEMINAR OR FORUM

And what to do when you're accepted

Presenting at a conference, seminar or forum is a great platform for nurses to share innovative ideas and groundbreaking research. It also provides an opportunity to build your profile and showcase your visionary work. Whether you are an undergraduate, registered nurse, or even retired, these events give nurses the chance to share their learnings, insights, and stories by submitting an abstract for consideration as an oral or poster presentation.

In this article, we share tips on structuring your abstract in a way that not only meets the submission criteria but also showcases the significance and impact of your work.

1. GIVE YOURSELF PLENTY OF TIME

Try not to leave it to the last minute. Give yourself plenty of time to read the submission instructions, gather your thoughts, and draft your abstract.

2. REVIEW THE GUIDELINES

Adhere strictly to the abstract guidelines, including structure, format, and submission procedures.

3. EXAMINE PAST ABSTRACTS

Review successful abstracts from previous forums and conferences. This can give you a sense of what resonates with the committee and audience, helping to shape your own submission.

4. ALIGN WITH A KEY STREAM

Make your abstract relevant to the event by ensuring it relates to one of the conference's key streams.

5. SELECT THE TITLE

The title should be no more than 10 words in length and clearly reflect the content of your abstract.

6. PLAN THE STRUCTURE

Research-based papers should be structured to include an introduction/purpose, methods, results, and conclusions. All other papers should be structured to include an introduction, main body, and conclusion.

7. KEEP IT CONCISE

An abstract is a snapshot of your complete work. Stick to a maximum of 300 words and ensure each word serves a purpose.

8. REVIEW AND REVISE

Edit meticulously for coherence, grammar, and accuracy. Remember, a polished abstract mirrors your professionalism!

9. SEEK FEEDBACK

Have your abstract reviewed by a peer or mentor for constructive criticism. Fresh eyes can spot areas of improvement that you might miss.

An effective abstract is your ticket to sharing and discussing your valuable insights with your peers. Incorporating these tips will not only polish your abstract but will also enhance its impact, ensuring your voice is heard in the nursing community.



Alison Jeffers at the 2023 NNF in Adelaide

YOU'RE ABSTRACT HAS BEEN ACCEPTED – WHAT NEXT?

Congratulations! You have received notification that your abstract has been accepted – now what? It is time to start planning how you will best showcase your work through an engaging presentation. Here are some tips to get you started:

1. Know your audience

At a nursing conference, there is a strong chance most of the audience will be health professionals. However, they may not be familiar with your specialty area, so make sure you explain key points and avoid using acronyms.

2. Be creative with your slides

We have all heard the phrase 'death by PowerPoint' and you do not want any casualties in your audience! Keep each slide focused on a single idea, concept or data point. Avoid overcrowding with excessive text and use engaging and relevant graphics. Remember the old adage 'a picture paints a thousand words'. A good general rule is one slide per minute. Therefore, if your presentation is 20 minutes, there should be no more than 18-20 slides.

3. Powerful opening

Begin with impact to grab the attention of the audience and set the tone for your presentation. I once did a conference presentation on 'Finding your Tribe' and I started by reciting the opening lines from the song Africa by Toto. The audience was not sure what was happening; I certainly had their attention.

4. Engage strategically

Use appropriate strategies to keep your audience interested. Ask questions, share anecdotes, or use props to enhance engagement. Never just read the slides. Make an effort to connect with audience members through meaningful eye contact. Use humour with caution, you do not want to risk offending anyone.

5. Memorable ending

Conclude with a key takeaway or a thought-provoking statement. This will help leave a lasting impression. After a keynote presentation I once gave on 'Ethical Issues in Nursing' I posed an ethical dilemma on the last slide and did not offer an answer or solution. I had people coming up to me for days (sometimes in the bathroom!) sharing their thoughts and opinions.

6. Practise, Practise, Practise

Rehearse your presentation multiple times and time it. Familiarise yourself with the content, slides, and any technology you will be using. No matter how thoroughly I know the content, I always handwrite what I am going to say. It helps overcome thought blocking and helps consolidate the narrative.



Dr Alexis Harerimana MACN at the NNF in Adelaide

7. Relax and have fun

This is your time to shine. Getting nervous and anxious is normal, so channel that nervous energy into enthusiasm and passion. Remember, the audience wants you to succeed, and they are there to support you.

8. Reflect

After your presentation take time to reflect on your experience. Ask a colleague for feedback. What went well? What could be an area to focus and improve on next time. Because, no doubt, there will be a next time!



BY
JENNIFER HARLAND MACN
ACN DIRECTOR INSTITUTE
OF LEADERSHIP



Growing

FROM STRENGTH TO STRENGTH

End of Life Care Faculty

ABOUT THE END OF LIFE CARE FACULTY

The End of Life Care Faculty recognises that nurses across all settings are critical to ensuring quality care for those approaching the end of life. Nurses play a vital role in end-of-life care, as the health professionals best placed to provide compassionate presence, care, and relief from symptoms. On that basis, the faculty aims to lead and enhance nurses' contribution to end-of-life care by building knowledge, skills, and resources across all aspects of palliative and end-of-life care. Facilitating a network of like-minded Fellows and Members with a shared interest in these activities, this faculty also provides opportunities to collaborate and engage with broader networks across the Australian College of Nursing (ACN) to promote the importance of high-quality palliative and end-of-life care for all. This enables members of the faculty to enhance their knowledge and stay up-to-date with current news, research findings and other professional, legal, and ethical issues relevant to end-of-life care.

LOOKING BACK TO LOOK FORWARD

Tracing its origins from the (former) Palliative Care National Network, established by the Royal College of Nursing Australia (prior to the formation of ACN), the current End of Life Care Faculty emerged from the End of Life Care Policy Chapter—one of the four inaugural ACN policy chapters launched in 2018. Much was achieved through this initial policy work, under the leadership of Chair, Professor Patsy Yates FAcN and Deputy Chair, Professor Melissa Bloomer FAcN, including the ACN White Paper *Achieving Quality Palliative Care for All: The Essential Role of Nurses* and its Position Statement on Voluntary Assisted Dying.

After transitioning from a policy chapter to a new structure as the End of Life Care Faculty, that momentum continued through increased promotion, contribution, and advocacy to both end-of-life care and voluntary assisted dying conversations and legislation. This involved collaborations

with the Nursing Regulation and Legal and Ethical Issues Faculties.

In our roles as incoming Chair and Deputy Chair, we are excited to continue and build on this foundation to grow the faculty and raise its contribution and impact to the next level. We acknowledge that 'standing on the shoulders of giants' is a tried and tested pathway to ongoing progress and continuous improvement. In forming a new leadership team, our vision for the faculty is one of growth—growing from strength to strength—in terms of our reach and our impact in collaborating to promote health and quality of life through holistic care across the lifespan, as people in our communities live with dying. We are also delighted to have the fantastic support of Aroha Lucas MACN and Ashka Jolly MACN in their Leadership Support roles. Together they bring a wealth of expertise and insights from residential aged care and paediatric palliative care settings.



A key priority is an expansion in collaborations with other faculties where synergies and shared interests exist.

(Boschen, Phelan & Lawn, 2022), spiritual care (Mills, 2024) and care partnerships with compassionate communities (Mills & Rosenberg, 2019). Further exploration of the evidence base and interface between voluntary assisted dying and palliative care in Australia is also vital (Javanparast, Phelan & Allcroft, 2024).

To ensure a broader impact outside the faculty, it will work on the development of two Guiding Principles resources. The first will focus on understanding and enabling health promotion in palliative and end-of-life care, blending both upstream and downstream nursing interventions (Mills, Rosenberg & McInerney, 2015). Arising from our participation in the 2024 National Policy Summit, the second Guiding Principles resource – in partnership with the Mental Health Nursing Faculty – will focus on trauma-informed care in nursing. Together, these areas recognise the centrality of person-centred care and prioritise collaboration to recognise and empower community and social networks as equal partners in end-of-life care. Importantly, they also consider the health and wellbeing of nurses, as care providers, with implications for self-care, self-compassion, and resilience (Garcia et al., 2022). To that end, the End of Life Care Faculty will be offering a workshop on self-compassion and self-care at the 2024 National Nursing Forum in Cairns. As an opportunity to regenerate and reclaim truly holistic care, this contemplative workshop will provide a supportive space for participants to practice self-compassion and develop their own self-care plan.

CALL TO ACTION – JOIN AND PARTICIPATE!

For those not yet signed up as a member of the End of Life Care Faculty, we invite you to join and engage in our community. Being a member offers many benefits, such as access to resources, networking opportunities, and continuing professional

development. As a faculty member, you will receive updates on the latest in end-of-life care and have opportunities to contribute.

For current members, we encourage active participation in faculty events, discussions, and collaborations. Your involvement is crucial for promoting quality palliative and end-of-life care for all.

REFERENCES

- Boschen, K., Phelan, C., Lawn, S. 2022. NDIS Participants with Psychosocial Disabilities and Life-Limiting Diagnoses: A Scoping Review. *Int J Environ Res Public Health*, 16;19(16):10144. doi: 10.3390/ijerph191610144.
- Devery, K., Yin, H. & Rawlings, D. 2022. End-of-Life Essentials education modules: a quality and safety initiative to improve health professionals end-of-life care knowledge, skills, attitude and confidence. *BMJ Open Quality*, 11, e001925. doi:10.1136/bmjopen-2022-001925
- Garcia, A. C. M., Ferreira, A. C. G., Silva, L. S. R., Da Conceicao, V. M., Nogueira, D. A. & Mills, J. 2022. Mindful Self-Care, Self-Compassion, and Resilience Among Palliative Care Providers During the COVID-19 Pandemic. *Journal of Pain and Symptom Management*, 64, 49-57.
- Javanparast, S., Phelan, C. & Allcroft, P. 2024. Interface between voluntary assisted dying and palliative care in Australia: what evidence do we need to inform policy and practice? *Internal Medicine Journal*, 54, 192-193. <https://doi.org/10.1111/imj.16310>
- Mills, J. 2024. On spiritual health and spiritual care: Care of the spirit as everyone's business. *Progress in Palliative Care*, 32, 73-73. doi: 10.1080/09699260.2024.2320451
- Mills, J. and Rosenberg, J.P., 2019. Compassionate communities. *International Journal of Palliative Nursing*, 25(3), pp.107-107.
- Mills, J., Rosenberg, J. P. & McInerney, F. 2015. Building community capacity for end of life: an investigation of community capacity and its implications for health-promoting palliative care in the Australian Capital Territory. *Critical Public Health*, 25, 218-230.
- Montayre, J. & Mills, J. 2022. Caring for older people. *Collegian*, 29, 807-808. doi: 10.1016/j.colegn.2022.10.003

CURRENT AREAS OF FOCUS FOR IMPACT

A key priority is an expansion in collaborations with other faculties where synergies and shared interests exist, as there are palliative and end-of-life care needs across the lifespan, from neonate and paediatrics to adult and older person populations, spanning innovative care for chronic conditions in the community and higher acuity inpatient care (Montayre & Mills, 2022; Mills & Rosenberg, 2019). Another priority is to continue and broaden meaningful engagement with national projects and resources funded through the National Palliative Care Strategy. For example, planning for educational and professional development webinars is currently underway with the *End of Life Essentials* national project (Devery, Yin & Rawlings, 2022). Potential webinar topics include practice implications for nursing across diverse needs and contexts such as the National Disability Insurance Scheme



BY
ASSOCIATE PROFESSOR
JASON MILLS FACN
CHAIR, END OF LIFE CARE
FACULTY



DR CAROLINE PHELAN
MACN
DEPUTY CHAIR, END OF
LIFE CARE FACULTY



Celebrating

CONNECTIONS AND GROWTH AT THE 2024 NURSING AND HEALTH EXPO

On 20 April, the Melbourne Convention Centre buzzed with energy and enthusiasm as more than 3600 attendees from diverse backgrounds gathered for this year's landmark ACN Nursing and Health Expo, proudly sponsored by HESTA. This vibrant event was a beacon for nursing professionals, educators, and industry leaders, showcasing a broad spectrum of opportunities that catered to participants at every stage of their nursing careers.

Professor Leanne Boyd FACN, ACN's Interim CEO, kicked off the day with a seminar

on *CVs and Interview Skills*, blending her vast academic and clinical experience to guide attendees on crafting compelling CVs and mastering interviews. Professor Boyd's practical advice and expert tips provided invaluable tools for securing dream jobs in the competitive healthcare sector. This seminar was particularly timely, as the profession faces increased demands making standout CVs and interview skills more crucial than ever.

Following the empowering start, I was privileged to co-present *Education as Career Fuel* with my colleague, ACN Nurse

Educator Jenat Sakayanathan. Together, we explored the transformative power of continuous education in nursing careers, highlighting how ongoing learning not only enriches professional knowledge but also fuels career advancement and personal growth. This emphasis on education aligns with the nursing profession's evolving requirements and the need for continuous adaptation and growth. The enthusiastic engagement from the audience underscored the value nurses place on education.

Lucas Chan, the HESTA Superannuation Adviser, focused on the often overlooked



yet crucial topic of financial planning and superannuation. Particularly vital for early-career nurses, his seminar emphasised the importance of establishing a solid financial foundation to ensure long-term financial health. It is especially crucial for securing a stable and prosperous future in the unpredictable economic landscape, ensuring financial resilience amidst the unique challenges of healthcare careers.

While these seminars unfolded, the Expo floor was simultaneously bustling. With 94 diverse organisations participating – including healthcare providers, academic institutions, Ahpra, unions and associations, banks, superannuation providers, and nurse and midwife support organisations – the Expo flourished as a vibrant networking hub, offering extensive resources and opportunities tailored to all career phases.

As attendees navigated between the seminar room and exhibition spaces, the dynamic of the event expanded significantly. The various exhibitors not only provided information but also initiated discussions on career options, areas of expertise, and opportunities for personal development. This provided a lively exchange of ideas

The Nursing and Health Expo flourished as a vibrant networking hub.

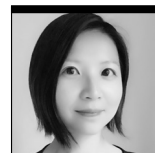
that enriched participants' professional and personal lives. On a memorable note, a first-year nurse connected with a senior clinical educator who provided valuable insights into specialised continuing education opportunities that could influence her career path.

The feedback from the event was overwhelmingly positive, underscoring the comprehensive blend of practical advice, inspirational content, and dynamic networking opportunities. The event not only showcased career pathways but also fostered a sense of community among nurses, reinforcing the supportive and collaborative nature of our profession.

We also want to express our sincere gratitude to the volunteers from the ACN Emerging Nurse Leader (ENL) program, whose dedication and enthusiasm were key to the success of the Expo. Thank you for your invaluable support!

As we reflect on the success of the 2024 Expo and look forward to next year's event, we are committed to continuing to provide a platform that celebrates and supports the nursing community in all its diversity and vitality. We extended our heartfelt thanks to everyone who participated, making this year's Nursing and Health Expo a truly exceptional experience.

Subscribe to our newsletter for detailed updates and exclusive content. Don't forget to follow us on our social media channels for ongoing insights, community stories, and live interactions that keep the spirit of the Expo alive all year long.



BY
EVA LIU
ACN NURSE EDUCATOR

A VEHICLE FOR TRANSLATING REGULATION INTO IMPROVED CLINICAL PRACTICES HAS STRENGTHENED QUALITY

Implementing the standards for Australian aged care providers

There is a fundamental shift unfolding within Australian health care, specifically within aged care, that holds the promise of profoundly improving the health and lives of older people. This isn't about the advent of a groundbreaking drug or research breakthrough; it's about the implementation of a new, robust set of national Quality Standards for Australian Aged Care Providers (Department of Health and Aged Care, 2024). Given that most healthcare organisations, outside specialised fields like midwifery or paediatrics, will engage with older people, the significance of these changes touches us all. They resonate not just professionally but personally, as we all hold a vested interest in the well-being of older Australians whom we know, love, and care for.

ately, I have been reflecting on just how significant an impact regulation has on an organisation. Firstly, organisations cannot operate unless they're compliant, therefore, a budget is allocated to making sure they are. Secondly, regulation is one of the biggest drivers or inputs into a training schedule for any healthcare organisation, regardless of the sector. Regulation commonly generates a need that education can fill. Whilst other non-educational initiatives are also necessary, education is a powerful vehicle. Planning and carefully using education to drive a new regulatory framework into tangible practice offers a genuine opportunity to improve care.

When we reflect on the ability of education to translate regulation into practice, it becomes apparent that the desired result of education on the new Standards is not mere conformance. Completing a checklist and box-ticking that training has been assigned is not the goal; improving care is. Now is the time to use education (wisely) if we wish to translate the new Aged Care Quality Standards into tangible improvements in care (Department of Health and Aged Care, 2024).

What is the background to the new Standards? Let's rewind. What is the background to the implementation of a new set of Aged Care Quality Standards? To understand genuinely why we need to use education to translate regulation into better care, it's critical to reflect on

why the regulation has changed. Whilst all sets of quality standards undergo regular review, often every five years, the catalyst for significant aged care reform is traced back to the Final Report into Aged Care (Royal Commission into Aged Care Quality and Safety, 2021). The Royal Commission identified several areas of focus for the urgent review, including governance, diversity, dementia, food and nutrition, and clinical care.

Since the Final Report was released and the Government confirmed its responses to each recommendation, a considerable number of changes have been made to the aged care sector. This rate of change is far greater than anything I have ever seen in the acute care sector. Changes have been made across so many areas, ranging from governance, clinical care, the sector's regulatory model, staffing requirements, and financial stewardship to quality reporting. For anyone working in the aged care sector, it has probably felt like a fast-moving train, regularly stopping but never for long—lots of changes to continually embrace, swiftly followed by another round of changes.

Each change to be embraced is described as a reform. A reform means an amendment to an existing regulation or the introduction of a new regulation. The main piece of legislation that houses this regulation and all subsequent reforms is the Aged Care Act (1997). The current Act has had minor

amendments to accommodate these recent reforms. A new Aged Care Act is one of the final pieces of the puzzle in response to the Final Report, tabled in the Australian Parliament on 1 March 2021 (Department of Health and Aged Care, 2023). The Revision of the Aged Care Act 1997 was Recommendation number 1 of the Royal Commission Final Report. The first line of the Government's response to the Final Report was that 'The Aged Care Act 1997 (Cth) should be replaced with a new Act to come into force by no later than 1 July 2023'. The strengthened Aged Care Quality Standards are slated for release on 1 July 2024, with the passing of the new Aged Care Act through the parliamentary passage. It now appears that there may be a delay in the passing of this crucial legislation. Much commentary is occurring around the pros and cons of this.

Regardless of the go-live date, as is the case with any set of national quality standards, all aged care providers will be impacted by the new Aged Care Act and strengthened Aged Care Quality Standards. The changes inherent in the new Standards will affect all aspects of a provider's operations and business. This means that all Australian aged care providers must prepare their organisations, service environments and workforce for the rollout of the strengthened Aged Care Quality Standards.

For anyone with an acute care background, the structure of each standard may seem



Each change to be embraced is described as a reform.

familiar, and there are many commonalities with the NSQHS Standards (second edition) (Australian Commission on Safety and Quality in Health Care, 2021). Interestingly, the background to this also stems from the Final Report, in which there were several recommendations relating to an urgent review of the Aged Care Quality Standards and the Australian Commission for Safety and Quality in Healthcare (ACSQHC) taking responsibility for standard-setting. Not all recommendations were accepted, but embedding high-quality aged care was a clear focus and has brightly shone through. A recommendation for the Aged Care Quality Standards to be replaced by a new set of standards developed by the Australian Commission on Safety and Quality in Health and Aged Care (note, title change) was rejected. However, Standard 5: Clinical Care was developed by the Australian Commission on Quality and Safety in Healthcare (Australian Commission on Safety and Quality in Health Care, 2023).

The transfer of responsibility to the ACSQHC to develop Standard 5 on clinical care came with a direct focus on protecting older people from harm and improving their clinical care. Standard 5 is the largest of any of the strengthened standards. There are seven outcomes for Standard 5 – Clinical Care including clinical governance, preventing and controlling infection, comprehensive care, and clinical safety. Attached to the seven outcomes are 35 extensively written

actions. This translates to over eight pages of requirements relating to clinical care that aged care providers must implement to conform with the new Standards. As part of Ausmed's internal gap analysis, we identified 75 specific training requirements relating to Standard 5. Clinical care education has never been more relevant to the aged care sector.

The new Aged Care Quality Standards are more than just a document. Particularly when it comes to Standard 5 - Clinical Care, they aim to establish a common framework of expectations within aged care. This new regulation is setting a clear signal and expectation to improve the clinical care of older people genuinely. Ausmed is proudly supporting providers with this important task. Education is our vehicle for translating this change into everyday practice. Our metric for doing a good job is the improvement in the health and lives of older Australians.

References

- Aged Care Act 1997* (Cth).
Ausmed. (2024). *Strengthened Aged Care Quality Standards*. <https://providers.ausmed.com.au/standards>
- Australian Commission on Safety and Quality in Health Care. (2021). *NSQHS Standards*. Australian Government. <https://www.safetyandquality.gov.au/standards/nsqhs-standards>
- Australian Commission on Safety and Quality in Health Care. (2023). *Aged Care Quality Standards: Standard 5 - Clinical Care*. Australian Government. <https://www.safetyandquality.gov.au/standards/aged-care-quality-standards-standard-5-clinical-care>
- Department of Health and Aged Care. (2024, March 8). *Exposure Draft: Aged Care Bill 2023*. Australian Government.

<https://www.health.gov.au/resources/publications/exposure-draft-aged-care-bill-2023?language=en>

Department of Health and Aged Care. (2023, December 19). *The Strengthened Aged Care Quality Standards: Final Draft*. Australian Government. <https://www.health.gov.au/resources/publications/the-strengthened-aged-care-quality-standards-final-draft?language=en>

Royal Commission into Aged Care Quality and Safety. (2021, March 1). *Final Report*. Australian Government. <https://www.royalcommission.gov.au/aged-care/final-report>

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Scan here to read the final draft of the quality Standards.



Scan here to read the Royal Commission's Final Report.



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BY
ZOE YOUL
HEAD OF COMMUNITY
AUSMED EDUCATION

HEALTHY AND DELICIOUS recipes

If you have any favourite recipes or health and wellbeing tips you would like to share, send them to hive@acn.edu.au



RICE PAPER ROLLS

WITH GREEN GODDESS DIPPING SAUCE

KID FRIENDLY

GLUTEN FREE

SERVES 5

SERVES OF VEGETABLES: 3 PER SERVE

You can get the kids involved in making these rice paper rolls. They can help prepare the ingredients and build their own rolls.

Recipe courtesy of Health and Wellbeing Queensland and produced in conjunction with Nutrition Australia Qld. Recipe created by chef Matt Golinski.

INGREDIENTS

- 5 x 15cm rice papers
- 400gm chicken breast, cooked and shredded
- 1 carrot, shredded
- 1 stick celery, finely sliced
- 1 avocado, cut into strips
- 1/2 red capsicum, cut into batons
- 1 Lebanese cucumber, or 1/2 continental cucumber cut into batons
- 1 cup mixed herbs (basil, mint, coriander)

GREEN GODDESS DIPPING SAUCE

- 1 ripe avocado
- 1/2 cup natural Greek yoghurt
- 1 tbs lemon juice
- 1/2 cup mixed herbs
- 1 clove garlic
- Salt and pepper to taste

METHOD

1. To make the dipping sauce—Place all ingredients in a food processor and blend until combined. Thin out with cold water to make a dipping sauce consistency. Refrigerate until needed.
2. For the rice paper rolls—drop each rice paper one at a time into a bowl of lukewarm water for 10 – 15 seconds, then remove and allow any excess water to drip off before laying flat on a plate.
3. Place whatever ingredients you like on the front third of the rice paper, fold in the sides, then roll up tightly to form a cylinder.
4. Eat immediately.

JAR SALADS

Jar salads are a way of preparing, storing, and carrying your salad all in one, but in a way that keeps it fresh. Ingredients are layered so that those that are wet are on the bottom, and those that you don't want to eat soggy are on the top.

Recipe idea supplied by Dr Jacinta Kelly, ACN Director of Academic Studies.

INGREDIENTS

From bottom to top, the layers can be:

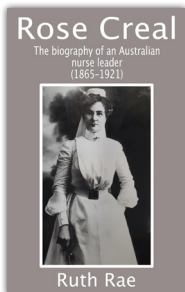
1. Dressing
2. Vegetables that pickle well (tomatoes, cucumbers, carrots, beetroot)
3. Vegetables that can be a little wet (roasted vegetables)
4. Proteins or soft cheeses (feta, salmon, chicken)
5. Lentils, rice or noodles (chickpeas, soba)
6. Leaves (lettuce, baby spinach, rocket)
7. Nuts

METHOD

Fill the jar with the “bottom” ingredients first and work your way to the top.

When the jar is turned upside-down into a bowl, the dressing and the juices pour out all over the salad and it's ready to eat!

Reviews of a good read



ROSE CREAL: THE BIOGRAPHY OF AN AUSTRALIAN NURSE LEADER (1865-1921)

Author: Ruth Rae | Review by: Emeritus Professor Noeline Kyle AM

Matron Rose Creal's extraordinary reach as a woman of notable achievements ensured that a full military funeral with hundreds lining Sydney streets from St James Anglican

Church to where she was buried at Waverley Cemetery a worthy conclusion to her nursing career. Creal's war service together with her long decades as Matron of Sydney Hospital add up to a remarkable life as a nurse leader and a consummate professional. As Rae notes, it was the ordinary people of Sydney, the returned soldiers, the army nursing sisters who worked under and for her, and nursing staff from Sydney Hospital who lined those streets and who, over the decades, had been the recipients of her support, her consideration, her care and her respect.

Ruth Rae takes the reader on the life journey of Creal beginning with her first days as a 16-year-old in the wards of her local Parkes Hospital. Here, at the very beginning of her nursing career, the matron was to describe Rose Creal as a 'diamond of the first order.' But it was after Creal arrived at Sydney Hospital in 1888 where recognition of her competency and her character was to shine.

Rose Creal became Matron of Sydney Hospital in 1898. She had been Acting Matron from 1897 under Matron Ellen Julia 'Nellie' Gould for some years having helped steer Sydney Hospital through the ravages of the Bubonic Plague. Creal's superiors had been impressed and the support and admiration of her peers and her superiors was to continue.

Rose Creal's time at Sydney Hospital was very much at the beginning of how hospitals would operate in a modernising health system for which she would be an integral part of this change. In 1899 Creal's title was changed to Matron and Head of the School of Nursing at Sydney Hospital. And, from

this time Rae records the emergence of the educationalist and reformer Matron who forged a significant professional nursing role as Matron of Sydney Hospital.

Rose Creal was an active member of the newly formed Australasian Trained Nurses Association¹ (ATNA 1899-1924) and remained so throughout the rest of her career. ATNA and nurse reformers developed a practical and theoretical curriculum for nurse training that would bring together the many disparate training programs then in the growing number of Sydney hospitals.

Matron Rose Creal interviewed and mentored many nurses during her term at Sydney Hospital including the writer Miles Franklin who spent three short weeks as a probationer before deciding this was not the career for her. She interviewed many of her nurses as they prepared to become military nurses during WW1. She had already seen many Sydney Hospital nurses depart for the South African War in 1899. Creal enlisted in the Australian Army Nursing Service (AANS) in 1916 when she was asked to establish 14 AGH (an Australian General Hospital) in Cairo. She was given the rank of Captain and Matron.

Rae writes that Creal's war service and that of the nurses under her charge were given high praise by General Sir Henry George Chauvel, GCMG, KCB who was the senior officer of the AIF. Chauvel wrote:

'...no words which to tell of the service of the splendid band of Australian nursing sisters who under the inspiration of ... Rose Creal, matron of the No.14 General Hospital, greeted the battered men from the front as they reached hospital and nursed them back to strength, or softened the close of their soldier life' (Rae, p. 77).

Never one to rest on her laurels, Creal received a Royal Red Cross (1st class), while waiting to return to Australia after

the war. On her return to Sydney she faced the influenza pandemic then sweeping the world. Rae writes that the death toll on nurses, including Australian nurses working in London hospitals, was high as 'they were in no fit state to fight the virus after four years of war and heavy work.'

Creal then took up her duties again as matron of Sydney Hospital. She returned to a hospital where grief enveloped everything. From January 1919 the hospital had nursed 840 influenza patients with 114 deaths. Two of the staff who died were nurses.

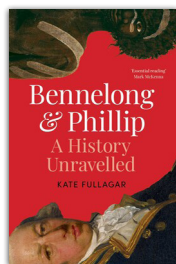
When matron Rose Creal died on 7 August 1921, aged only 56, Ruth Rae writes her refusal to have an appendectomy (which may have saved her life) was 'difficult to understand'. Rose Creal was an independent woman with considerable knowledge and experience of nursing and medical matters. She had been lauded as a first-class theatre nurse during her career. She had seen the horror of working in field hospitals during WW1. We cannot know why Rose Creal made her own health decision at that time of her life but given the widespread and heartfelt mourning at her funeral we can say that she truly was memorialised and remembered as an extraordinary nurse and nursing leader.

Ruth Rae provides a family tree, a very useful timeline, a list of abbreviations and substantial endnotes to her biography of Matron Rose Creal. This biography of Matron Rose Creal adds another important layer to the histories of the many women who entered nursing and then worked together to ensure change, meeting the challenges along the way with leadership, strength and professionalism.

1. Australasian Trained Nurses Association 1899-1924. The NSW Nurses Registration Board, (NSW Government) assumed control of nurse training and a register of nurses from 1924.

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BENNELONG & PHILLIP: A HISTORY UNRAVELLED

Author: Kate Fullagar | Publisher: Scribner, Simon & Schuster | Review by: Dr Lesley Potter FACN

This book is a must read for anyone interested in the foundation story of Australia, especially as it pertains to New South Wales. The conjunction of the lives of Bennelong and Phillip at a critical period of Australian history is the book's focus. As Fullagar insightfully writes, there is so much more to understand in the lives of these two men than the accepted narratives. Fullagar thoroughly researches the documentary evidence to uncover the depths of meaning not only of Bennelong and Phillip's lives but the background history of British empire building

and colonisation and of the colonised. In *Bennelong & Phillip*, Fullagar unpicks the myths that surround both men, presenting a perspective that shows how they 'now share an equally unfamiliar framing'.¹

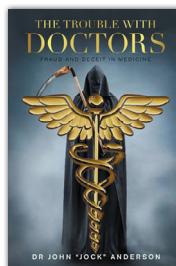
Disassociating herself from the typical Western way of writing about the past that privileges the coloniser over the colonised — the European over the Indigenous — Fullagar challenges assumptions that have been made by many historians about our founding narratives.

Fullagar's methodology approach is unusual as she starts with the deaths of Bennelong and Phillip then proceeds backwards in

chronological order to their births. The chapter *London: Journal of a Metropolitan Year, 1794 – 1795* is an example. The r for writing in this fashion, of reversing history of these two men are revealed Fullagar's concluding chapter. Here she explains that this way of retelling their lives and the foundation narrative exposes a new story about her two protagonists and of British occupation of Indigenous lands.

I found this book enthralling to read and recommend it as essential reading in aiding our understanding of early Australian history.

1. Kate Fullagar, *Bennelong & Phillip* (Sydney: Scribner, Simon & Schuster, 2023) p. 8.



THE TROUBLE WITH DOCTORS: FRAUD AND DECEIT IN MEDICINE

Author: Dr John "Jock" Anderson and Helen Weinel | Publisher: Xlibris US | Review by: Julie Tucker MACN

Whilst the late Jock Anderson had knowledge of a small number of doctors who were not behaving in a professional or proper manner, as he read about them, he found that he was increasingly astounded at the extent of some offenders.

The Trouble with Doctors tells true stories of doctors and scientists around the world, many of whom had various character

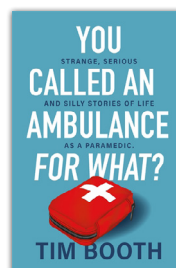
flaws that led them to act in a fraudulent and deceitful manner for money or academic fame. Many of the subjects are household names and Anderson's colourful descriptions of their lives paint intriguing pictures of some notorious characters.

Anderson himself was a decorated Sydney-based physician specialising in obstetrics and gynecology and this shows in the extent of detail in each chapter and the end-noted research which is impressive. Drawing on internet publications, law case records, newspaper reports, medical

journals, and personal observation, it is a valuable reference piece.

The book draws on its featured case studies to highlight blatant system failures and offer practical suggestions for healthcare improvements, including a celebration of the brave whistleblower and a compelling argument for their protection.

Some of the events chronicled in this book, for better or worse, have led to lasting changes in medical practice and legislation and are still playing out today.



YOU CALLED AN AMBULANCE FOR WHAT? STRANGE, SERIOUS AND SILLY STORIES OF LIFE AS A PARAMEDIC

Author: Tim Booth | Publisher: Pan Macmillan | Review by: Jane Nicol MACN

You Called an Ambulance for What? by Tim Booth offers readers a gripping and humorous glimpse into the life of an Australian intensive care paramedic. Through a lens of dark yet compelling humour, Booth recounts his experiences, transitioning from a novice paramedic to a seasoned professional. The book vividly portrays the intricacies of his daily encounters while maintaining an unvarnished authenticity that captivates the reader.

Booth's storytelling is marked by its raw honesty and unwavering respect for the individuals he encounters. The narrative not only sheds light on the challenges

faced by paramedics but also underscores the immense dedication and resilience required in this demanding profession. As a nurse recovering from psychosocial harm and burnout, Booth's anecdotes resonated deeply, evoking laughter, tears, and profound reflections.

The author's portrayal of colleagues and patients is rich in detail, endowing them with authenticity and familiarity. Through Booth's vivid descriptions, one develops a profound connection with the characters, immersing oneself in their stories and triumphs.

For those in the medical field, *You Called an Ambulance for What?* serves as a poignant reminder of the remarkable work done by paramedics. Booth's adept use of humour infuses the narrative with levity,

making it a compelling read for individuals facing challenging situations at work. The book's candid and refreshing narrative style provides solace and inspiration, offering a unique perspective on the trials and triumphs of frontline responders.

In conclusion, Tim Booth's debut is a testament to the resilience and valour of paramedics, presented through a lens of humour and authenticity. I wholeheartedly recommend this book to medical professionals seeking solace and inspiration, as well as to anyone captivated by the extraordinary tales of everyday heroes. Booth's storytelling prowess leaves readers eagerly anticipating his next literary endeavour, as he continues to share his remarkable journey with the world.

Vale

BERNADETTE KEANE FACN

1940 – 2024



It is with deep sorrow that we announce the passing of Bernadette Keane, a dedicated and compassionate registered nurse who devoted several decades to medical, surgical, midwifery, and psychiatric care both in Australia and overseas. Her career was marked by her unwavering commitment to improving healthcare and her significant contributions to the nursing profession.

Bernadette's work included four years in India, where she met Mother Theresa whilst serving as an Australian Volunteer Abroad for two years and then with the Ryder Cheshire Foundation for another two years. In recognition of her exemplary service, she was confirmed as a Fellow of the Royal College of Nursing Australia in 1980. Her dedication to mental health nursing and education was evident during her eight years as a nurse educator at the Metropolitan and

Eastern School of Psychiatric Nursing at Royal Park Hospital, Melbourne; and her participation in the establishment of the now Australian College of Mental Health Nurses. In 1983 she was honoured with a W.K. Kellogg Nursing Fellowship, enabling her to study adult psychiatric nursing at the University of California, San Francisco in their Master of Nurse Practitioner Program.

In May 1986, Bernadette began her work as a nurse consultant and educator in private practice with her own business, "Continuing Education Consultation." She focused on nursing education and career counselling, providing sessions on psychiatric aspects of care, interpersonal relationships in the workplace, job search skills, and business preparations for setting up a private practice. She also offered individual résumé and career counselling services for nurses – and this work caused many nurses to find good employment. Over 8 years during the 1980s she played a key role in a Regional Gerontological Nursing Program for Registered Nurses in North-east Victoria.

During the 1980s and 1990s, Bernadette was a prolific writer, regularly publishing journal articles and textbook chapters on healthcare and professional issues. In 1992, she co-authored "Mum and Me and T.L.C" with Rhonda Goodwin and Jennifer Richmond, and in 1996, she co-authored "Caring for People with Problem Behaviours" with Carolyn Dixon, a highly popular textbook that saw a second edition published in 1999.

In 1992 Bernadette was a Founding Member of the Victorian Association, Nurses in Independent Practice and from December 1992 to January 1998, she served as President. She played a key role in preparing for the national confederation Nurses and Midwives in Private Practice Australia (NAMIPPA). She edited the NAMIPPA newsletter for two years, contributing to

the growth of this professional association, which was later renamed "Nurses in Business" by the Royal College of Nursing Australia. Bernadette was also engaged in the history of nursing contributing to the establishment of a National Nursing Archive Project in the same decade.

From 1996 until her retirement in October 2011, Bernadette worked for Ausmed Education, a nurse-owned company that included a publishing house and which organised nursing conferences. During her work at Ausmed, she created 1000s of educational events which often showed her characteristic humour. One that readily comes to mind was 'Dramas in Pyjamas' – a conference she designed for night nurses! From February 2001 to September 2003, she served as the Ausmed Book Publishing Coordinator, managing the commissioning of nursing textbooks.

Concurrently, she volunteered one day per week for eight years in the archives at her *alma mater*, St Vincent's Hospital, Melbourne.

Bernadette was extremely well known in the mental health community, with a significant network of professionals who admired her dedication, expertise, and character. Those close to her will remember her sharp wit, good humour and positive view of life. She will be dearly missed by all who knew her.

Our heartfelt condolences go out to her family, friends, and colleagues. Her legacy will live on in the countless lives she touched and the profound impact she has had on the nursing profession.

Bernadette Keane, was born in Melbourne in 1940 and died from failing health on 27 May 2024, aged 84.

COMPILED BY
SUE RONALDSON MACN
MARILYN GENDEK MACN
CYNTHIA WELLINGS

THANK YOU TO ALL OUR CONTRIBUTORS!



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DR MADONNA GREHAN MACN



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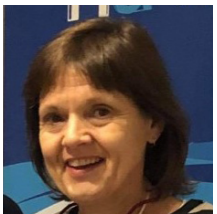
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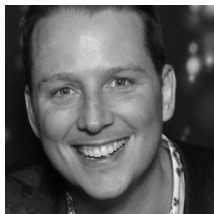
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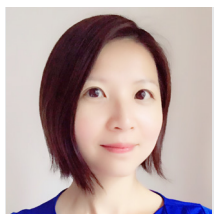
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KEYNOTE SPEAKERS ANNOUNCED

CAIRNS CONVENTION CENTRE 14-16 AUGUST 2024

WEDNESDAY 14 AUGUST 2024

Professor Dame **Anne Marie Rafferty** CBE FACN (Hon)

Professor **Alison McMillan** MACN

THURSDAY 16 AUGUST 2024

Adjunct Professor **Shelley Nowlan** FACN

Frances Rice MACN

Professor **Brendan McCormack** MACN

Sarah Brown

FRIDAY 16 AUGUST 2024

Senator the Hon. **Anne Ruston**

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