Mentoring a nation of nurses

The ageing nurse workforce

Perth Hospital: Magnet® redesignation

Mentoring a nation of nurses
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Carmen Morgan

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Welcome from the President

The Australian College of Nursing (ACN) is pleased to deliver the April edition of NurseClick to you. Our focus this month is the ageing nurse workforce. As the nursing workforce in Australia matures, it is important to recognise the contribution of mature nurses in the workforce and address the issues affecting them. This month we have profiled a range of mature aged nurses and nursing students and asked them to talk about their nursing experience, what keeps them in nursing and what issues they think affect mature aged nurses in Speaking from experience – The ageing nurse workforce. Adjunct Associate Professor Lydia Dennett, Nurse and Midwifery Officer in South Australia, has also reflected on the ageing nurse workforce in Empowering as we grow. Additionally, Anna Groth MACN has written about how utilising a mentor relationship between mature and young nurses can improve the nursing workforce as a whole around Australia.

The Policy team has written two articles for this edition of NurseClick, the first detailing the review of the SA Health's Delivering transforming health – our next steps paper and the second an extract of the ACN White Paper, The significance of nurse leaders within Australia.

May 12 is International Nurses Day and nursing offices around the country will be hosting ACN National Nurses Breakfasts. For more information on how you can register your breakfast, click here.

Carmen Morgan FACN, President of ACN

Our Sydney office is moving

The Sydney office of ACN will be relocating to a new address in July this year. The Sydney office is the site of ACN’s education and corporate support divisions and includes the Katie Zepps nursing library.

Our new details are:

Address: 9 Wentworth Street, Parramatta NSW 2150
Email acn@acn.edu.au
Phone: 1800 265 534 (unchanged)
Fax: 02 9745 7501 (unchanged)

Please contact Judith Meppem at judith.meppem@acn.edu.au if you require any additional information.

www.acn.edu.au
Who are nurses and midwives?

Nurses and midwives tend to be female, with women comprising 89.6% of all employed nurses and midwives in 2013.

Between 2009 and 2013, the average age of employed nurses and midwives remained at about 44, however, the proportion aged 50 and over grew from 36.3% to 39.3%.

Between 2003 and 2013, there were increases in the number of employed nurses and midwives in both the younger (less than 30) (28,506 to 45,382, respectively) and older (50 and over) (66,698 to 116,256, respectively) age groups.

In 2009 and 2013, there were more employed nurses and midwives in the 50–54 year age group (45,518 and 45,512, respectively) than any other age group. In 2003, however, the age group with the most employed nurses and midwives was the 45–49 year age group (43,386).

Of all employed nurses and midwives, 72% (213,491) received their initial nursing and midwifery qualification in Australia, followed by England (13,636 or 5%) and New Zealand (7,030 or 2%). Those employed nurses and midwives who received their initial qualification in Malaysia reported the highest average age (55.1 years) and the highest proportion aged 50 and over (73.4%), while those with initial qualifications from India reported the lowest average age (35.5 years) and the lowest proportion aged 50 and over (5%).

Read more here.

How old are nurses and midwives?

The Nursing and Midwifery Board of Australia Registrant Data report shows the spread of nurses and midwives by their age in Australia.

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<tr>
<th>Age Group</th>
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<td>60-64 years</td>
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<td>65-80+ years</td>
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Read more here.

The latest news from ICN

Survey - Know Your Wellness; Grow Your Wellness

The International Council of Nurses (ICN) wants to include you in their new global survey of nurses - Know Your Wellness;Grow Your Wellness. Undertaken in collaboration with Pfizer, the survey aims to capture data and views on nurses’ personal and workplace health. Results will be revealed and publicised at the ICN Conference in Korea and on the ICN website. Results will also shape the Grow Your Wellness Healthy Nurse campaign, including policy recommendations for addressing health in the nursing workplace and strategies for strengthening personal health.

Please join ICN in this unique research project, by taking five minutes to complete the survey.

Useful ICN links:

- Press release: International Centre on Nurse Migration Launches New Website
- Press release: Nurses Reaching the 3 Million Finding, Treating & Curing Tuberculosis

ACN is the Australian member of ICN.
MEMBER OPPORTUNITY

VIC members: Make your views known – Review of the Victorian Drugs, Poisons and Controlled Substances Regulation 2006

The review of the Victorian Department of Health and Human Services’ (the Department) Drugs, Poisons and Controlled Substances Regulation 2006 (the Regulations) provides an opportunity to advocate for changes to support nurses’ roles in the prescribing and administration of medications. ACN is seeking members’ views on areas such as:

• Do the Regulations impose restrictions on your practice?
• Could your practice be enhanced for the benefit of patients through changes to the Regulations?
• Are there possible changes that could improve access to care by patients?

If your nursing practice could be further supported by changes to the Regulations please let us know by responding to this short survey no later than Monday 11 May 2015. ACN will prepare a response to the Department and values your contribution.

Important information for Guild Insurance customers affected by flood and storms

Recent storms across NSW have caused significant impact to many people, businesses, homes and cars. Guild Insurance is committed to working with you to process your claims and start the road to recovery, as quickly as possible.

What to do if you’re affected...

To get your claim underway Guild Insurance advises:

• Contact 1800 810 213 to report the damage or to arrange emergency accommodation.
• To prevent further damage you can make emergency repairs, just keep receipts/records.
• Take photos of damage to the property or possessions.
• Prepare a detailed list of losses, including personal property.
• Dispose of damaged/wet carpet, just keep a one metre sample and take photos of the damage.
• For assistance with temporary protection of your property call SES on 132 500.
• If you have concerns about asbestos, please contact your Local Council or Workplace Health and Safety.

Find more information here.

International Day of the Midwife - Tuesday 5 May 2015

Established by the International Confederation of Midwives, the International Day of the Midwife (IDM) is an occasion for every individual midwife to think about the many others in the profession, to make new contacts within and outside midwifery, and to widen the knowledge of what midwives do for the world.

To help celebrate IDM 2015, the Australian College of Midwives is organising a Walk With Midwives on 5 May 2015.

Registrations and donations for the walk will raise money for the Rhodanthe Lipsett Indigenous Midwifery Trust. By registering through the website, you will receive a t-shirt and a drink bottle.

Find more information here.
South Australia’s *Delivering transforming health – our next steps*

By ACN Policy team

SA Health issued the paper *Delivering transforming health – Our next steps*. Staff information in March 2015. ACN reviewed this paper, identified some of the principles SA Health chose to underpin the reforms, and examined how SA Health plans to translate the principles into changes to the clinical setting.

According to SA Health’s document *What transforming health means for: nurses and midwives* the transformation may open opportunities for nurses and midwives in areas such as:

- Nursing-and midwifery-led services;
- Nurse-led management of patients with chronic diseases;
- Direct admission for nursing and midwifery-led care;
- Advanced and extended practice roles including procedural roles in areas such as endoscopy (p.56); and
- Being credentialed to make direct referrals to specialists.

SA Health’s *What transforming health means for: nurses and midwives* can be found here.

Below are some of the conceptual underpinnings which will drive the transformation:

**Key principle**

The key principle guiding the Transforming Health project is: Everybody should receive the right care, in the right place, at the right time. Nobody should have to stay longer in hospital than they need to.

**A shift from provider focus to a system-wide approach to service configuration and delivery.**

SA Health plans to implement state-wide governance for some specialty services such as neonatal care, adopt evidence-based care pathways (p.5), and embed a consistent standard of quality of care and practice across the system (p.7). State-wide specialty teams will be an important feature of the future health service.

**Delineation of services first and foremost in response to patient needs and the ability to deliver the highest quality care.**

In 2015/16 SA Health plans to start the process of employing senior doctors and nurses after hours to better meet the needs of patients admitted after hours. For example, the highest proportion of high acuity patients arrive in the emergency department over night, when no consultant staff are rostered on site.

**Models of care will evolve to better meet the needs of SA Health’s consumers.**

SA Health envisages the introduction of state-wide networks to lead the implementation of evidence-based models of care and to create new models of care (p.60), for example in mental health.

**The substitution of clinical roles will be considered an opportunity to design new models of care.**

This structure offers nurses many new, expanded roles. The substitution of clinical roles alluded to here may involve assistant workforce roles although the consideration of these roles is presented as an issue to be addressed in the future.

**Questions**

Some questions remain for ACN after reading *Delivering transforming health – our next steps*.

- How will the 284 standards (for which no evidence base is given) integrate with the evidence-based care pathways that SA Health plans to adopt to form a coherent quality of care framework?
- Data presented in Appendix 7 Gallery Walks (p.89) have a strong organisational focus, providing metrics for organisational performance on patient throughput, levels of service utilisation etc. These metrics measure more SA Health’s performance in meeting the population demand for care than actual quality of care. Will SA introduce metrics such as Nurse Sensitive Indicators that reflect the quality of care delivered?
- *Delivering transforming Health* plans to introduce extended roles for nurses but this may involve trade-offs as assistive staff take up some tasks and/or roles previously fulfilled by nurses. What tasks and/or roles can be dropped without functions being given up that represent the essence of professional nursing care?

The version of *Delivering transforming health – Our next steps - Staff information* which includes the seven appendices showing the performance data that informed Transforming Health can be found here. The appendices make interesting reading and start on page 64.
The significance of nurse leaders in Australia

Contents

Policy

The following article is an extract from ACN’s Nurse Leadership White Paper

Australia’s health care system faces a number of complex and interconnected challenges in providing high-quality, innovative and cost-effective care into the future. These include an ageing population increasingly affected by chronic disease, rising health care costs, technological change and the need to improve the equity and accessibility of the health care system, including for Aboriginal and Torres Strait Islander people. The need to maintain and, in some cases, improve safety and quality will be an ongoing priority. These issues are likely to play out within a context of economic uncertainty and nursing workforce challenges, as health care organisations and governments seek ways to contain the costs of care delivery, improve productivity, and recruit and retain skilled staff. This will require change in the way health care is delivered, models of care and the role of all members of the health workforce.

Nurses’ role in health care

Nurses1 will be a key contributor to Australia’s ability to meet the challenges described above. The nursing and midwifery workforce represents more than half of all registered health practitioners (HWA 2014; AIHW 2014) and accounts for a significant proportion of health services’ expenditure. Nurses work across all sectors and settings of the health care system and are integral to the delivery of a range of health services, from community based primary health care to inpatient care in the tertiary sector. Nursing is a diverse discipline which encompasses a range of overlapping roles, including:

- delivering clinical care
- patient care coordination
- driving safety and quality improvements
- health service development and systems management
- research and education.

As a profession, nurses take a holistic, patient-centred approach to care. Nurses assess and monitor changes in patients’ health status, develop care plans, deliver clinical nursing interventions, support patients’ self-care and evaluate patient outcomes. Nurses are often the front-line of health care delivery. As a result, they play a critical role in identifying and responding to changes in patients’ health status, preventing adverse events and supporting patients throughout their care journey.

Nurse leadership

Nurse leadership will be needed to inform the strategic direction of Australia’s health system and help drive the necessary changes within organisations. Nursing leaders are found at all levels of the health care system, from clinical leaders on the ward to nurses who hold government posts or executive positions within health care organisations. They are informed by the patient centred care philosophy of nursing, an understanding of the complex challenges facing the nursing profession and a strong knowledge of the broader health system. These leaders are able to make connections between challenges at the local level and the broader political, economic and social context. They understand the factors that have shaped the current health system and are able to look beyond day-to-day challenges to develop long-term strategies to drive improvements in patient and population health outcomes.

Nurse leadership will be vital to retaining and developing Australia’s nurse workforce. Nurse leaders also have a key contribution to make in shaping the design and delivery of new models of care, as well as driving the changes that will be required for their implementation. As members of Australia’s largest and most widely distributed registered health profession, nurse leaders will be vital to ensuring that the health system is accessible, responsive and able to meet the needs of all Australians.

ACN’s role in supporting nurse leaders

ACN aims to support and encourage nurses to develop as nurse leaders who understand the

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1 Nurses in Australia includes both registered nurses who complete an undergraduate degree and enrolled nurses who complete a diploma.
health care system and health care delivery from a system perspective and are able to contribute to policy. ACN supports nurse leaders through an initiative called Leadership@ACN, designed to foster leadership capabilities within the nursing workforce. Leadership@ACN is comprised of a series of workshops, seminars and courses designed to help nurses develop their skills, confidence and ability to take a leadership role in health care. This evidence-based, practical program is tailored specifically to be relevant and useful at all stages of a nurse’s career.

Leadership@ACN is comprised of four programs:

1. **Leadership FIRST series** - this series helps early to mid-career nurses develop, inspire and lead effectively by expanding their capability and building their confidence. The series begins with an interactive two day seminar that gives nurses insights into leadership styles and the realities of being a leader in a health care environment. The series helps nurses develop a leadership portfolio, a set of fundamental strategies and an action plan to help apply these strategies in their current role. The two day seminar forms the foundation for the future programs in the Leadership FIRST series.

2. **ASTUTE Management series** – this series will commence in late 2015, and will complement and build on the knowledge gained by early and mid-career nurses who complete the Leadership First program. The ASTUTE Management series will design and develop the skills nurses need to effectively manage a ward. It focuses on areas such as negotiating politics and managing resources, staff, budgets and outcomes.

3. **Leadership MASTER series** – this series was developed for nurse executives and nurses who aspire to an executive level role. In addition to learning adaptive leadership skills, participants in the Leadership MASTER series will learn how to influence policy outcomes, leverage technology in order to be a better leader and have the opportunity to develop a professional peer-support network. The Leadership MASTER series commences with a one day session led by David Bartlett, the former Premier of Tasmania, who will share key learnings on adaptive leadership and inspire you to think critically about health care leadership, find your ‘strategic voice’ and think differently about your working environment.

4. **ACN's graduate certificate in leadership and management** – this graduate certificate was designed for registered nurses and midwives aspiring to management positions within the contemporary health care landscape. Those already holding management positions, but would like to enhance their professional practice through formal study, should also enrol. The course aims to develop knowledge, skills and attitudes relevant to clinical leadership and management incorporating human resource management, financial management and quality processes. Course intakes will commence in February and July.

**Resources:**

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**Leadership MASTER seminar for senior nurses and midwives**
- 26 May, Perth
- 16 June, Adelaide
- 18 June, Darwin

**Leadership FIRST workshop for early/midcareer nurses and midwives**
- 5-6 May, Adelaide
- 26-29 May, Canberra
- 16-17 June, Brisbane
- 23-24 June, Hobart
- 1-2 July, Melbourne
- 23-24 July, Perth

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**Know someone in nursing who deserves an award?**
Recognise their outstanding leadership and innovation by nominating them.

Nominate now!
Speaking from experience – The ageing nurse workforce

ACN is proud to hold a member base that is full of experienced nurses who provide invaluable knowledge and support to the health care system in Australia. Mature aged nurses and mature aged nursing students bring a wealth of wisdom and experience to their younger counterparts that cannot be undervalued. We asked some of ACN’s mature aged nurses and nursing students to reflect on what led them to nursing, why they continued their nursing career, what issues face mature aged nurses today and advice they’d give nurses or anyone looking to enter the profession later in life.

Kay Richards FACN, National Policy Manager

Interestingly, I did not have the vocational desire to be a nurse as so many others recall. I’d been travelling overseas for some years and had been working with the disabled. On return to Australia I needed to re-enter the workforce and the local hospital was recruiting for their next intake of students. Of course now after nearly 40 years, what keeps me in the profession is the gratitude I owe the nursing profession, the wonderful career it has provided, the diversity of how a nurse can practice and the people you care for or advocate on behalf of. I am more proud today to be a nurse than I have ever been.

Nursing has taken me in so many different directions, career paths, and yet I feel I have stayed loyal to the professional drive that has been with me for so long.

Kate Kunzelmann MACN, Vocational Placement Manager

Nursing came to me at a time in my life when I sought structure and security. I was intrigued by the idea of being of service. Also, I thought nursing would be so interesting: a high level of interest and change has always been a career priority. The degree of change is enormous, including increasing regulation and professionalisation. The fact that the learning is open-ended keeps me interested.

My favourite thing about nursing is the idea of belonging to something greater than myself: the concept of this great workforce doing great things, in an environment where we are constantly challenged to be better educated, better regulated and achieve great things.

“…what keeps me in the profession is the gratitude I owe the nursing profession, the wonderful career it has provided, the diversity of how a nurse can practice, the people you care for or advocate on behalf of. I am more proud today to be a nurse than I have ever been.”

Yvette Hannan MACN, newly registered RN

It wasn’t until I had my first child nearly 21 years ago that nursing was introduced as being more than just a ‘babysitter’ in hospital.

I am an RN with a health facility in regional Victoria, having graduated in 2013 I originally missed out on computer match for a position. I found one several months into 2014 and commenced August that year, so have been nursing regularly for 8 months now.

My personal experience (as a mature aged graduate) is that educators expect more of us than the younger ones. We are almost expected to perform as experienced nursing staff, and brought to task when we admit to not knowing everything and asking for help.

What I would say to someone looking to enter the nursing profession as a mature aged student? Go for it - you never know what you will discover about yourself! Make sure you have a thick skin though, as nursings’ ‘eating their young’ is alive and well. And know exactly the reasons behind why nursing is such an attractive option, it will help with focus and building the determination to succeed that most mature aged students have over school entry students.

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Leigh Spokes MACN, Nurse practitioner specialising in chronic disease and primary care

I always wanted to be a nurse I could hardly wait to turn 17 so I could start. Even now, the patients I care for in my role as a nurse practitioner in a primary care clinic make it all worthwhile.

Older nurses in the public system tend to want to stop banging their head against the proverbial brick wall and leave. They are often not given recognition for all their years of experience. If nursing is in your blood you will know at any age. It’s probably something they have always wanted to do but life is unpredictable and many people can only do this later in life.

Greg Burgoyne MACN, Staff development officer

Nursing was something that was offered to me as an alternate profession as when I originally applied I wanted to be in the maintenance department. That choice then put me on the pathway to becoming an enrolled nurse in 1982.

Originally it was employment (not much on a traineeship wage) to support my young family that kept me in nursing but it quickly developed into a career that I loved, I loved helping the elderly. My role has changed over the years with further education and development there has been diversity within the aged care field.

So now, helping the elderly is something that with years of hands on experience I can instill best practice care to all the new employees, trainees and students.

Sue Hawes FACN, Director - PwC

I actually “fell” into nursing. Spending more time socialising than learning at school I didn’t end up with great marks so couldn’t get into uni, or a bank job. A friend of my parents was going for an interview at Marsden Hospital so I went along too. Next thing I knew I was coming back for a uniform fitting and orientation. It was a chance opportunity I will forever be grateful for.

I spent over 10 years working with children and young people with physical and intellectual disabilities. They were some of the best years of my nursing career. This experience taught me the fundamentals of what nursing is all about - being person centred while providing holistic care. My role was to be a nurse, a teacher, a physio, an occupational therapist, a dietician, and a speechy all in one.

Sadly I would have to say our ageing bodies are the biggest issue that affect mature aged nurses. Doing shift work - especially night duty, and some of the physical demands of different roles is challenging. I know my back is wrecked from the days when we didn’t have lifters – in fact we didn’t even know how to lift properly.

I am always humbled by what patients (total strangers) share about themselves and their lives with me. They have taught me many life lessons and continue to do so. The opportunities in nursing are endless – you just have to look up and see them.

Shirley Allott MACN, RN

There was nothing altruistic in my reasons for becoming a nurse. I wanted a way to leave home, have a career, be financially independent and out of my parents’ control. Since then, the wish to care for others has become very important to me. I have come to understand and support the right of older people in need of care to have dignity and high quality care.

Overall I have been able to have a balanced life, which is one of the great advantages of nursing.

When I was a very young new trained nurse I believed nurses who had been in practice more than 25 years should be asked to retire. I have now been a trained nurse for a lot longer than this and the wheel has turned. Keeping up and adapting to technological change is challenging. I have come to value the knowledge I gained from the older nurses and the importance of the importance of older nurses in the workforce, particularly in aged care.

The aged care industry continues to present many challenges for nurses, and because they care, the staff will always go that extra mile to ensure that the care requirements and needs of residents are are met. In nursing you never stop learning, there is always a new challenge around the corner. I have met and formed a lot of friendships over the years and these bonds will always be there.

Continues on next page >>
Janice Layh MACN, Nursing lecturer

I was drawn to nursing as a young child, setting up my own hospital ward with dolls in beds, all needing their temperature taken and their blankets straightened. After finishing school I applied to do nursing at St John of God Hospital in Perth. After one year I left Perth and moved to Queensland where I completed my training at Nambour Hospital.

I have always enjoyed caring for patients and find nursing so rewarding when you can do for the patient the things they can’t do for themselves, like combing the hair of a patient who is bedridden. Both the satisfaction of caring for patients and the fantastic people you work with has kept me in the profession for 35 years.

My favourite thing about nursing is mentoring new nurses and then working alongside them and seeing how they have progressed in a couple of short years after graduating.

Mature aged nurses face many challenges in nursing today. The job is physically demanding and night shift is becoming a challenge for the ageing nursing workforce. Many ageing nurses wonder how much longer they can keep doing night shift and have looked for jobs where there is less or no nightshift.

Nursing is a profession you can do for your entire working career. There are so many areas to work in now and I believe there is a job that’s right for everyone. Whether that is working in a hospital, community or other setting there are endless opportunities for nurses in the workforce today, and they can all be so different within the one profession.

Mature aged students make up a large part of our student population so if you’re interested in nursing go for it! There is great support to get through university and there are lots of job opportunities. The secret is to apply for the right jobs for your age, capabilities and skills. You will be right at home in the workforce and can work a long time in nursing as there are so many part time and casual positions available.

Career options were rather limited mainly because I lived in the country and had little exposure to women who were not homemakers/working on the land. Teachers at school were not much help either with no career advisers on staff, it was nursing or teaching. I really had no idea. I gravitated to the practice of midwifery and midwifery teaching later in my career even though I qualified as a midwife soon after graduating as a nurse. Certainly as I have achieved both, nursing and teaching! Though to be more accurate it is midwifery and teaching.

Witnessing people get caught up in the spin, get exhausted then choose to leave a profession they once loved because it is now too hard, is for me a great sadness.

Midwives and nurses are privileged in that we are invited as carers, into the lives of others, often in times of stress. I get a real buzz when a connection is made and a trusting relationship established. I have also been able to travel and study internationally. Now I work in international development. With my extensive life and work experience I can make a positive contribution to the health of women who live in very challenging circumstances.

Mature aged nurses and midwives have developed a huge repertoire of life experiences and clinical/workplace savvy that is worth celebrating. Sometimes it takes a little digging to find the ‘right’ position for your particular skill set. Our care priorities too may not always reflect those of later generations.

Heather Gilbert MACN, Senior clinical research nurse

The desire to help others, to make a positive difference in the lives of others is what drove me towards this noble profession as a teenager. I can’t remember a time when I didn’t want to be a nurse, it is something I have always felt passionate about; I would do it all over again given the opportunity. The same passion for nursing remains with me today, some 45 years later. I just can’t imagine doing anything else. Nursing is what I am, it defines my whole being.

Although there are mature-age related issues to consider, for example, embracing and adapting to ever-changing technological advances, fluctuating levels of fitness and agility and even ageist discrimination in some workplaces, the flip side offers unique opportunities to pass on years of experience to new graduates, encouraging and supporting them as they embark on a lifetime of caring. Rather than ‘eating our young’, we have the chance to support and mentor those who will be the experienced nurses of our future.

A mature aged nursing student must surely have given this decision much in-depth thought, bringing a lifetime of experience and knowledge to the art of nursing, which seems to bring out the best in people. There can never be too much encouragement and support, everyone needs someone to help them ‘dip their toe in the water’.

Julia Stewart FACN (DLF), Midwifery curriculum development adviser

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Mature aged nurses and midwives have developed a huge repertoire of life experiences and clinical/workplace savvy that is worth celebrating. Sometimes it takes a little digging to find the ‘right’ position for your particular skill set. Our care priorities too may not always reflect those of later generations.
Empowering as we grow

By Adjunct Associate Professor Lydia Dennett MACN
Chief Nurse and Midwifery Officer, SA

To further explore the view of the ageing nursing workforce in Australia, Adjunct Associate Professor Lydia Dennett, Chief Nurse and Midwifery Officer SA, has provided her perspective of the situation.

The ageing nursing and midwifery workforce is a reality that we cannot shy away from. We know from the data that:

- In 2012 the average age of all employed nurses and midwives in South Australia was 45 years, this compares to the national average of 44.6 years.
- In 2012 the proportion of employed nurses and midwives aged over 50 years in South Australia was 41.0%. This compares with a national average of 39.1%.

(Australian Institute of Health and Welfare (AIHW): Nursing and midwifery workforce 2012 report)

Whilst this is a certainty that confronts us all, it also stimulates and compels us to look at different and creative options and initiatives. Given the contraction and ageing of the workforce, we must devise new and innovative ways of engaging with older workers and fostering their continued participation in the workforce. To do so requires understanding what will motivate them to continue, what employers can do to minimise the impact of heavier workloads and the physical effects of ageing, and the measures that can be implemented to support their retention.

This may include the need for the training of managers and nurse leaders in age-related issues, the implementation of appropriate age-related ergonomics, the implementation of workplace exercise and wellness programs, the introduction of tailored training in newer technologies.

In addition, consideration needs to be given to flexible working options being more available whilst ensuring that pension and superannuation provisions are not adversely affected by these flexible arrangements.

Nursing leaders and managers will need to consider and understand what drives, motivates or hinders older nurses to enable them to tap into the diversity of their skills, experience, knowledge and wisdom. These are our untapped professional and clinical coaches and mentor resource.

Redesigning the work and workplace will go a long way in addressing the physical challenges for the older workforce.

We also need to be aware of and prevent age discrimination. We need evidence-based education focussing on the capabilities of ageing workers. And as a profession, we need to recognise that older workers bring with them extensive knowledge and experience which offsets physical changes.

In the words of Betty Friedan “Aging is not lost youth but a new stage of opportunity and strength”. Let’s not be afraid to use it.

“Nursing leaders and managers will need to consider and understand what drives, motivates or hinders older nurses to enable them to tap into the diversity of their skills, experience, knowledge and wisdom. These are our untapped professional and clinical coaches and mentor resource.”
Mentoring a nation of nurses: an inclusionary practice of experienced professionals supporting early specialisation

By Anna Groth  MACN

I’m interested in how we harness the passion and skill mix among young nurses, using the ageing workforce to the profession’s advantage. I see a central mentoring program as a key development in the nursing profession; a way to harness social media and an ageing workforce.

I met this idea when I was privy to a discussion about an international mentoring program in a friend’s PR firm. In admiration of the mentor he had been assigned, it seemed like a match made in heaven between one aspiring professional and an esteemed, experienced individual in the same line of work, further up the career ladder in her well-deserved position. If one were to look inside their own office for a mentor, they may be disenchanted by the prospects; time and resources are limited, and limited further by well-established professional relationships based on fixed roles. If one wanted to grow within that small consulting office, they knew what was formulaic within the office and needed no mentoring regarding such development.

Growth and expansion of networks and possibility is the object of mentoring, not simply climbing the career ladder. Similarly the concept of mentoring in nursing needs to grow. This will allow for nurses to meet their potential, as early as possible, in order to maximise their contribution to the profession. It is the ageing workforce that will provide the steam for this contribution. Varied disciplines within nursing attract wildly different personalities. It is not always so easy to navigate and this may affect retention rates in nursing. A group of us discussed this idea at a round table at the National Nursing Forum in 2014, in a creative session held by Jill White. It is creativity that will provide new platforms for nurses to share knowledge and we need to make this knowledge accessible to young nurses. For example, if Nurse Abby wanted to be an ICU nurse, with impressive scientific knowledge and a keen interest in advanced life support, Nurse Abby would not remain in the workforce as an RN if she was employed as a community nurse. Similarly, Nurse Ben would not remain in the clinical workforce if he wanted to work with diabetic patients in his community yet was assigned to a perioperative ward, with little professional encouragement of his personal passion. Ideal employment does not need to be immediate, but goals and options definitely should be encouraged immediately to maximise a nurse’s contribution to the field.

Granovetter’s friendly social theory, of 1973: weak ties, strong ties proposes that networking with people in ones wider circle leads to career growth. His social-economic theory states that weak ties are those people that we have relationships with that do not have relationships with our close colleagues and friends. These individuals are best for presenting options and knowledge to us, not familiar to us in our everyday environment. Here are some ideas as to how networking across distant groups leads to development, courtesy of the theorist himself, a decade later:

- Diverse, interconnected peer structure is advantageous for dissemination of information across a profession, including a hospital structure.
- Individuals are more likely to remain engaged with a cause if they have access to leaders. The ranks within the current ageing workforce are needed to improve retention of young nurses. Nurses need to be personally invested in their professional endeavour. As an early career nurse, I suggest that if new nurses are expected to complete hospital training in a field of nursing they

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Different passions, different potential
Tailored mentor relationships
Engaged nurses
have no interest in, they will naturally lose interest in the profession. If their passion is not within sight, or without professional encouragement, a high attrition rate should be expected of this generation and the next.

In *Nurse Uncut*, Professor Linda Shields declared the move from hospital teaching of nurses has been benefitted by the new university model. We must not fear the next change - the rate at which young nurses wish to specialise. Early specialisation should be seen as an extension of the academic nature of nursing and the professionalisation of the field. Keen determination of young nurses to get into chosen fields soon has been noted as impatience, but I believe it is determined and self-aware. The experienced workforce can help direct the commitment, passion, thus retention rate of younger nurses. We just need to be linked up with people who have shared ideals, passions and practices we aspire to.

We need the ageing workforce to embrace us, as we embrace the wider nursing profession at our graduation. Mentoring relationships for those who are not working in the specialisation that sparks their drive, would be benefitted by experienced professionals who appreciate the niche desire they have and can support and encourage them along the way. Passion and specialised skill mix must be embraced, or lost.

“*We need the ageing workforce to embrace us, as we embrace the wider nursing profession at our graduation. Mentoring relationships for those who are not working in the specialisation that sparks their drive, would be benefitted by experienced professionals who appreciate the niche desire they have and can support and encourage them along the way. Passion and specialised skill mix must be embraced, or lost.*"
ACN Nursing & Health Expos

Over 4,000 visitors and more than 100 exhibiting organisations took part in this year’s ACN Nursing & Health Expos in Melbourne and Perth. The Expos showcased organisations from the nursing and health field who came along to share information and offer advice to visitors.

Not only did visitors to the Expos have the opportunity to network with a range of hospitals, health services, education providers and specialty groups, but the Expos also offered a range of free seminars aimed at providing practical advice to both current and new nurses. Amongst others visitors were able to attend the Graduate Nurse/Midwifery Program Computer Match (VIC) and Applying via GradConnect and other opportunities for graduate nurses and midwives (WA) seminars, which were aimed at simplifying the graduate nurse appointment process.

ACN would like to thank everyone who joined us this year and in particular our Expo sponsors Department of Health & Human Services, Victoria and the WA Nursing and Midwifery Office for their support of the 2015 Expos. We look forward to seeing you again in 2016!

With thanks to the support of our 2015 ACN Nursing & Health Expo sponsors
The National Nursing Forum – International and local speaker line up

We are delighted to announce a fantastic line up of international and local speakers for the upcoming National Nursing Forum in Brisbane 14-16 October 2015. This year’s theme, Advancing nurse leadership, aims to inspire and engage nurse leaders who play a critical role in delivering health services to the community. Early bird registrations are now open along with the opportunity to purchase tickets to the HESTA Australian Nursing Awards Dinner which will be in conjunction with the Forum.

View speaker profiles and the preliminary program at www.acn.edu.au/forum_2015

With thanks to the support of our major Forum sponsors

Professor Anne Marie Rafferty, King’s College London

Professor of Nursing Policy, former Dean, Florence Nightingale Faculty of Nursing and Midwifery King’s College London

Keynote presentation:
Leveraging leadership for policy and system change

Workshop:
The resilient leader or: How to survive the craziness of healthcare and flourish under pressure

Ms Sue Hawes FACN (AU)

Director, PwC

Keynote presentation:
Do you see what I see? Advancing nurse leadership

Workshop:
Know yourself – know your team

Professor Diana Slade (AU, HN)

Professor of Applied Linguistics and Director of the International Research Centre for Communication in Healthcare, University of Technology, Sydney and Hong Kong Polytechnic University

Keynote presentation:
Better bedside handover communication: training nurses in the interactional and informational skills of well-structured patient-centred handovers

Mr Alan Lilly (AU)

CEO Eastern Health

Keynote presentation:
Lessons and reflections on leadership

Ms Veronica Casey FACN (AU)

Executive Director, Nursing Services Queensland Health

Keynote presentation:
Advancing nursing leadership – trials, tribulations and transformation!

Dr Gail Prileszky (NZ) and Mr Brian Dolan (NZ)

Director PwC

Keynote presentation:
Do you see what I see? Advancing nurse leadership

Workshop:
Know yourself – know your team

What was I thinking? New ways of thinking, influencing and GROWing SMART goals
Certificate III in Aged Care

ACN has a reputation of excellence in providing education that is clinically relevant and aligns with contemporary practice. ACN’s newly released strategic direction supports nurses as leaders, and continues in our role of advocacy for nurses within the nursing profession.

Many members would be aware that the aged care sector is undergoing major reforms around quality service provision. The Australian Bureau of Statistics (2013) indicates that “over the five years to November 2017, employment in the Health Care and Social Assistance industry is projected to increase by 13.0 per cent” (ABS, 2013). It is clear from this statistic that the aged care sector needs to respond to the workforce challenge of meeting this increase in staffing levels.

In response to industry and consumer concerns, the Australian Skills Quality Agency (ASQA) undertook a national review into Registered Training Organisations offering the Certificate III in Aged Care credential. The report was aimed at ensuring job ready candidates able to meet workforce deficits in the provision of quality aged care services. The Training for Aged and Community Care in Australia Report (ASQA, 2013) highlighted the need for quality programs which meet industry needs, an ability to offer affordable options for students and learning requirements for the credential were met.

After careful consideration and collaboration with industry, ACN has decided to offer the CHC30212 Certificate III in Aged Care. The philosophy around ACN (as a nursing organisation) offering an entry program into health care assistance is to develop quality graduates, who are able to work collaboratively with regulated workers (nurse leaders) in the provision of quality care within the aged care sector. As a leading nursing organisation ACN has an in-depth understanding of the relevant scope of practice issues related to Certificate III staff working with registered and enrolled nurses. To ensure the course remains relevant, it has been developed in collaboration with experienced aged care nurse managers with an interest in advocacy of clients, staff and the profession. Work based placement is also key to this credential; ACN staff have been collaborating with quality providers to ensure opportunities for valuable learning experiences are available, and look forward to having our first graduates by the end of 2015.

ACN continues to advocate the key role that regulated workers (nurses) play in aged care services and the critical importance of having sufficient registered and enrolled nurses on staff to provide care in an increasingly demanding and complex environment. However, ACN also recognises that there will continue to be assistive staff for whom the Certificate III is a suitable qualification and, as a nursing organisation, ACN can provide a high quality program to those who enrol in the program.

For information regarding this course go to the website.
Recognition for excellence: Perth Hospital achieves Magnet® redesignation

By Susan Slack MACN, Magnet Program Coordinator, Sir Charles Gairdner Hospital

In March 2015 Sir Charles Gairdner Hospital (SCGH) received news that they had been redesignated as a Magnet® hospital by the American Nurse Credentialing Center (ANCC). The ANCC Magnet Recognition Program® is a prestigious internationally recognised program for nursing excellence and quality care. Magnet® designation recognises health care organisations for excellence in nursing practice, research and innovation.

Magnet® hospitals demonstrate a practice environment where innovation is encouraged and supported and practice is based on best available evidence. At every level nurses are engaged in decisions that influence change, advance practice and improve outcomes. Research confirms Magnet® hospitals have higher staff and patient satisfaction and demonstrate superior outcomes across a number of key performance indicators. More importantly Magnet® designation recognises our nursing leadership’s commitment to engaging the workforce and providing the necessary education, support and resources to deliver high quality care and services.

SCGH believes their success acknowledges the quality of their nurses and confirms the ongoing commitment to deliver the very best in care and services to patients and their families. Staff Development Nurse Karen Howden said she was proud to work at SCGH and that Magnet meant a lot to nurses. “Magnet means Charlies appreciates nurses, values our achievements, and cares about our future in the profession, all of which results in quality of care,” she said. SCGH Community Advisory Council chair Jane Whiddon said the Magnet® redesignation was a “win–win” situation for patients and the hospital. “Magnet® accreditation for Charlies is very reassuring for the community as it demonstrates that the hospital’s nursing culture and practice continues to be of the highest standard,” Jane said.

SCGH remains the only hospital in WA, and one of only three hospitals in Australia to receive Magnet® designation. Redesignation places the hospital in an elite group of health care organisations which includes the Princess Alexandra Hospital in Brisbane and St Vincent’s Private Hospital in Sydney.
Updated documents for national policies, guidelines, factsheets and position statements

The Nursing and Midwifery Board of Australia (NMBA) has conducted a review and analysis of its suite of documents to ensure consistency across national policies, guidelines, factsheets and position statements.

The review identified a number of documents that required revision or re-write and a number of recommendations to improve stakeholder engagement with our web page.

Based on this review, a new suite of updated and streamlined NMBA documents including national policies, guidelines, factsheets and position statements are now available on the NMBA website.

Nurse practitioner endorsement registration standard and associated guidelines

The NMBA have developed a new version of the Nurse Practitioner endorsement registration standard, and will now send to the Australian Health Ministers for approval. The new registration standard will be effective once we have received ministerial approval.

The public consultation concluded on 19 December 2014. Visit the NMBA website to keep up to date with the changes.

More information on the nurse practitioner endorsement registration standard is available on the NMBA website.

Meeting registration requirements

We remind you to carefully read the NMBA’s requirements for registration renewal. Make sure you understand the declarations you must make regarding mandatory registration standards.

If you do not renew your registration by 31 May, or within the following one-month late period, your registration will lapse. Your name will be removed from the national register of nurses and midwives and you will not be able to practise without making a new application for registration.

Online renewal for nurses and midwives is now open

We have recently launched our renewal campaign for 2015. If you are a registered nurse, an enrolled nurse, a midwife or a nurse practitioner, look out for renewal reminders from the Australian Health Practitioner Regulation Agency (AHPRA). To update your contact details use AHPRA’s secure online services for health practitioners.

We have reduced your registration fees!

Our national registration fee is now $150 for general registrants. We are committed to maintaining fees at a reasonable level for registrants, while still ensuring we can deal with unexpected regulatory matters as they arise.

Registrants who hold both nursing and midwifery registration will continue to only pay one registration fee.

To find out more, read the media release from August 2014.

For more information

Visit www.nursingmidwiferyboard.gov.au under Contact us to lodge an online enquiry form.

For registration enquiries: 1300 419 495 (within Australia) +61 3 8708 9001 (overseas callers)

For media enquiries: (03) 8708 9200
Jamie Clarke

Terranora local, Jamie Clarke, has always led an active lifestyle and knew that she wanted the opportunity to challenge herself physically. Looking for a sense of adventure, she originally planned on joining the Australian Army Reserve but after learning more about the opportunities a full-time military career offered she decide to join the Army as a Nursing Officer.

“The Army requires Nursing Officers to practice outside their normal clinical environment and thus require us to perform extended clinical skills or roles that are not normally undertaken by a civilian registered nurse,” Jamie said.

For Jamie, the Army holds a unique responsibility to its members and their families; to prepare soldiers for war-like operations and care for the physically and/or psychologically wounded soldiers, either on operations or upon their return to Australia.

The importance of this was reiterated when students she had taught on a Combat First Aid Course were the soldiers who initially treated her younger brother when he was injured overseas.

“I now feel a great sense of responsibility and gain an enormous amount of enjoyment and personal satisfaction from teaching, preparing and conducting training for the Combat First Aiders and other soldiers,” Jamie said.

“The most memorable moments in my career would be deploying to Afghanistan where I worked with a professional and skilled medical team. We provided medical training and care to Australian, Coalition and Afghani soldiers and locals.

“The Army provides an opportunity for a sense of adventure. The main reason I would recommend anyone to join the Army would be for the professional diversity and camaraderie that are just not found within the civilian workforce,” Jamie said.

“Additionally, the Army will fund and allow you to develop and refine your clinical skills and knowledge along with your leadership and management qualities.”

Nursing Officers are employed across a range of clinical, clinical management and broader health management duties. The Army has built a formidable reputation based on the core values of courage, initiative, respect and teamwork.

The Army is currently recruiting for Nursing Officers. For further information on military training and careers in the Army visit: defencejobs.gov.au/army or call 13 19 01.