



#32 SUMMER 2020/21

# the hive

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED



**EMPOWERMENT  
THROUGH  
COMPASSIONATE  
LEADERSHIP**

Dr Samantha Jakimowicz MACN

**YOUR INNER  
CHAMPION NEEDS  
SELF-CARE TOO**

Jen Wressell MACN

**NURSES AS POLICY  
CHAMPIONS**

Dr Carey Mather MACN

**+MORE  
INSIDE**

# EMPOWERING INNER CHAMPIONS



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Picture courtesy Nicole Mahara MACN  
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# Your inner champion needs self-care too

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

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

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

Have you felt like this sometime this year?

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

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

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

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

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

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

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

## The Junto Wheel

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

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

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

## Acknowledgement

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



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

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

### Self-care

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

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

Read more about the Junto Wheel here:  
[www.thejuntoinstitute.com](http://www.thejuntoinstitute.com)

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



**AUTHOR**

**JEN WRESSELL MACN**

# Turning ideas into quality clinical outcomes

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



**ADAM MCGRATH MACN**

**Clinical Nurse Consultant**

**Quality improvement initiative:**

PACE (Post Acute Clinical Event) Debrief

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

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

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

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

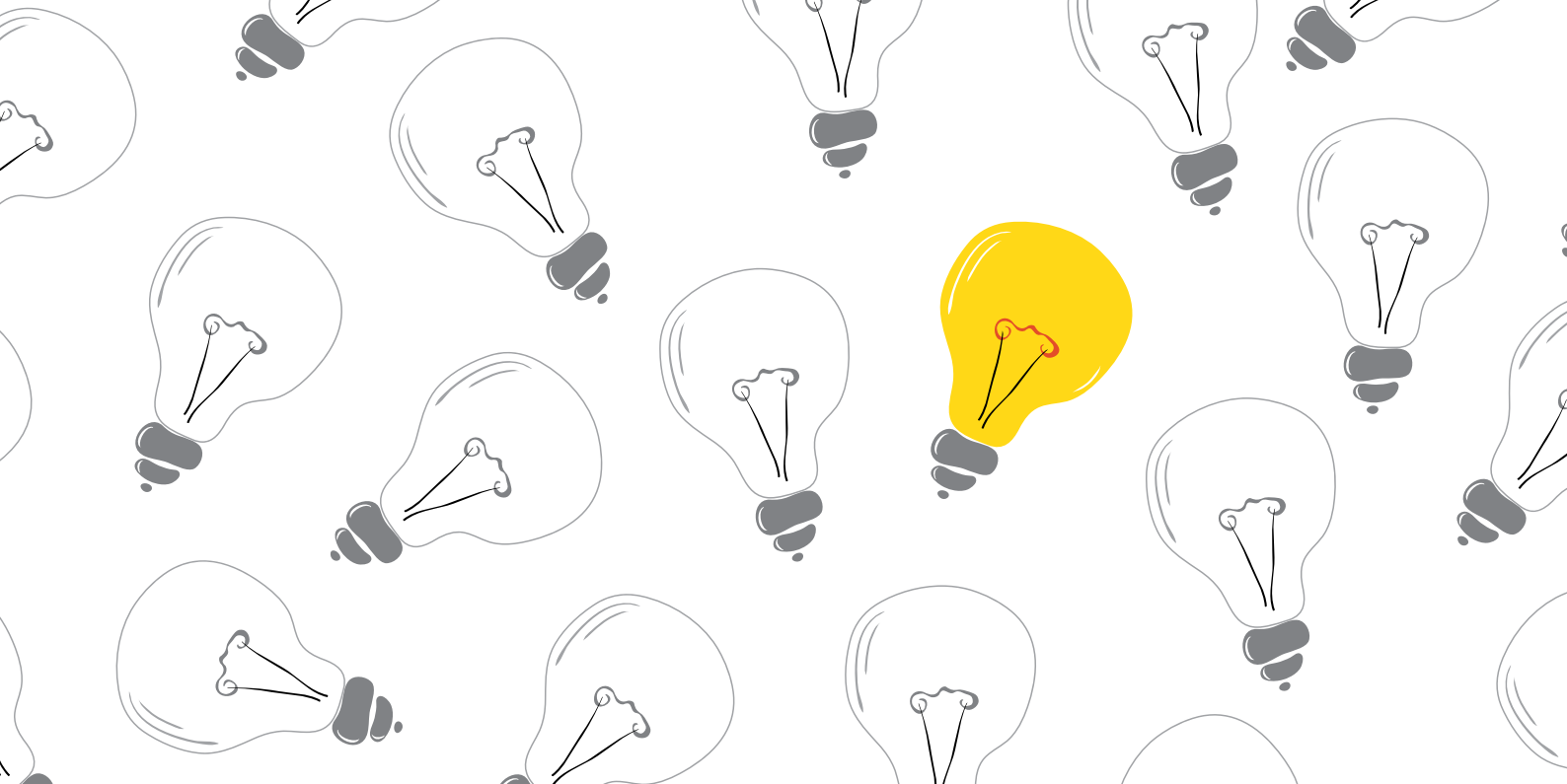
Developed as part of the Mid-Career Program, some of the salient features of the debriefing guide are:

- a debriefing template created using plus/delta debriefing style

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

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

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



**KAYLA GLOSS MACN**

**Nurse Unit Manager**

**Quality Improvement Initiative:**

Transforming for COVID-19

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

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

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

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

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

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

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

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

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

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

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# Bringing fairness into blood donation

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

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



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

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

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

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

Improved screening of blood brought on by technological advancements can

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

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

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

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# ACN supports Pacific region critical care nurses

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

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

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

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

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

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

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

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

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

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

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