



#35 SPRING 2021

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FREE EDITION

NURSING AT EVERY AGE AND EVERY STAGE

**A NURSE LEADER
EXTRAORDINAIRE**

Robyn Quinn FACN

**AGE IS JUST A
NUMBER, OR IS IT?**

Suzanne Volejnikova-Wenger MACN

**EARLY CAREER NURSE
RESEARCHERS –
WHERE ARE THEY?**

Georgina Rudken MACN
(Undergraduate)

Melissa Taylor MACN

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**NURSING AT EVERY AGE
AND EVERY STAGE**



Australian
College of
Nursing

ISSN 2202-8765
Distributed quarterly

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Printing
Elect Printing

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02 6283 3470
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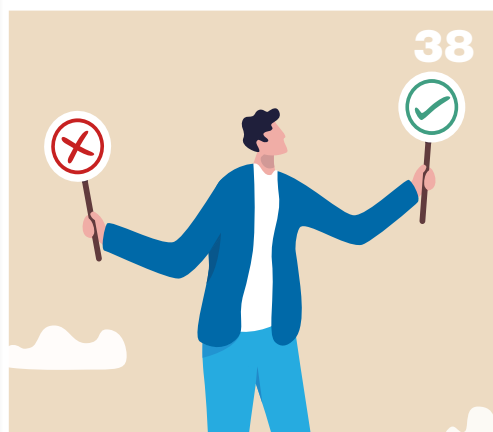
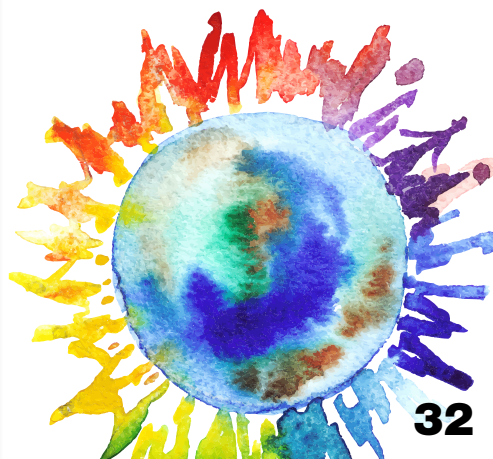
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Cover
Robyn Quinn FACN

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

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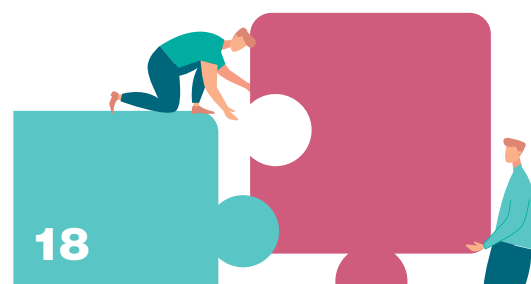
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CELEBRATING NURSE-LED INNOVATIONS

ACN congratulates the Finalists of the 2021 Health Minister's Award for Nursing Trailblazers



Carey Blaik MACN
Founder and Director
Our House Our Haven

Carey originally trained as a nurse and has over 30 years' experience in both hospital and outpatient settings. She has undertaken additional study in mental health management and trauma awareness.

Carey is the Founder and Director of Our House Our Haven, which was established in 2016 after she recognised a distinct lack of services targeted at mental illness sufferers who had been either discharged or felt unsupported by the current hospital-based models of care.

Carey's vision was to provide a safe, non-clinical feeling space for her patients to feel comfortable to develop a sense of purpose and receive therapy through holistic experiences and social immersion, in addition to the existing medical support.

Starting from very small beginnings, Carey continues to work pro bono with her fierce dedication for helping those who felt they could not be helped. Carey is incredibly passionate about providing care to those who most need it, by breaking down the barriers that typically prevent those from seeking professional help.

With this service, she hopes to reduce the stigma around mental health and normalise seeking help in an unconventional environment.



Lisa Hellwege MACN
Founder and Director, Earworx

Lisa identified a gap in the market for providing safe and gentle micro-suction procedures for earwax removal after working for many years in the ENT field. She believed there had to be a better way to access this procedure without extensive waiting times. This led to the establishment of Earworx in 2016; a nurse-led dedicated professional earwax removal service.

Lisa's idea to take a procedure previously only available via an ENT specialist to the Tasmanian community was embraced by both the medical and audiology professions as well as the public. Today, Earworx has 26 (and growing) clinics nationwide across five states.

Motivated by a desire to maintain excellence in standards of care, Lisa works to ensure Earworx Registered Nurses work to the highest clinical levels and are professionally supported within their scope of practice. She is inspired to empower nurses through their professional development and believes their education, skills and expertise directly impact the efficiency of Australia's health care system.

Lisa has over 27 years' experience in nursing, holds a Bachelor of Nursing, qualifications in Micro-suction, Aural Hygiene and Aural Care. She was State Coordinator of the Otorhinolaryngology Head and Neck Nurses Group, Tasmania, for six years, coordinating nurse and audiology education alongside ENT specialists to bring education experiences to Registered Nurses and allied health professionals in her field.

The only of its kind in Australia, the Health Minister's Award for Nursing Trailblazers (Trailblazers Award) recognises nurse leaders and innovators who lead the way to transform our health and aged care systems by impacting costs, improving quality of care and enhancing consumer satisfaction. The award acknowledges nurse-led innovations and models of care that significantly improve health outcomes for the Australian community through evidence-based processes.

Founded by the Federal Minister for Health Greg Hunt MP in 2019, the Trailblazers Award is administered by the Australian College of Nursing (ACN). This prestigious award is bestowed upon an innovative and outstanding nurse who has demonstrated leadership to bring new thinking to a wide range of health care challenges.

We would like to congratulate our Finalists for 2021.



Health Minister's Award for **NURSING TRAILBLAZERS**



Sonia Martin MACN

**Co-founder and Nursing Director,
Sunny Street**

Powered by a passion to decrease stigma around homelessness, Sonia had a vision to tackle the issues head-on and provide access to quality health care for thousands of vulnerable Australians.

Sonia has spent a lot of time with people on the streets who have been disengaged from health care for years, listening to their stories and their worries. These experiences, combined with witnessing hundreds of representations to the Emergency Department in the role of Nurse Unit Manager, motivated her to resign from her permanent public health sector managerial role together with Dr Nova Evans, to address this health care gap.

In 2018, Sonia and Nova literally took health care to the streets. Sonia started off by setting up a simple nursing kit and providing health care from the back of a car boot. This led to the development of Sunny Street.

Whilst many of Sonia's friends and family told her it wasn't possible to step out and truly make a difference, Sonia backed herself and found the way forward. Today, Sunny Street is an award-winning health care service and since 2018, has provided over 30,000 consultations.



Julie Westaway MACN

**Nurse Practitioner Urogynaecology/
Continence, Darling Downs Health Service**

Over the past 40 years, Julie Westaway has had extensive nursing experience as a Registered Nurse, midwife, lactation consultant, child and adolescent health nurse, and community continence clinical nurse consultant.

Julie initially developed the Continence Specialist Nurse position within the Darling Downs Hospital and Health Service in which she provided specialist continence care for children and adolescents with chronic health conditions in acute and community sectors.

Ten years ago, Julie collaborated with a consultant with a special interest in urogynaecology to undertake a review of international and national recommendations and guidelines after significant gaps in service provision were identified from clinical audits, wait lists and risk analysis.

Julie embraced her passion, dedication and experience to transform Women's Health Services for Darling Downs Health. This has provided a platform to develop a unique specialist nursing model of care, and establishment of the Nurse Practitioner Urogynaecology and Continence role.

Julie is also a recipient of the 2017 Award for Patient Dignity and is a recipient of the 2019 Grateful Patient Program. In 2015, she was awarded Queensland Urological Nurses Conference Best Abstract and in 2009, the Excellence in Education & Research Award by the Toowoomba Hospital Foundation.

To know more about the Trailblazer Awards and read more about the inspiring work of our finalists and winner, visit acn.edu.au/nursing-trailblazers

The 2021 Trailblazer Winner will be announced during the virtual National Nursing Forum taking place from 26-28 October 2021. Stay tuned for more information about how to tune in to the ceremony.

AGE IS JUST A NUMBER, OR IS IT?

The initial celebration of many older nurses' re-entry into the workforce during the start of COVID-19 now seems to be reversed



The COVID-19 pandemic has shone a spotlight on the nursing workforce and the need for more nurses, with some coming out of retirement. However, ageism is still prevalent in many settings. This needs to change, especially as more and more student nurses are mature aged, and nursing careers have become less linear and more diverse.

In March 2021, there were 420,042 practicing nurses in Australia with an additional 335 provisional nurse registrations (Nursing and Midwifery Board of Australia [NMBA], 2021). There were also 5,848 non-practicing nurses who still renewed their annual registration. From these nearly half a million nurses, the largest age group is between 30–34 years with a slightly lower plateau up until the 60–64 bracket, and a steep decline from there. There are still nearly 300 nurses in the 80+ age bracket with a general registration.

Many nurses responded to the call for re-entering the workforce, completed newest evidence-based practice learning such as the Australian College of Nursing Refresher Program, and were ready for practice. However, in Australia, where the expected influx of patients due to COVID-19 has not yet eventuated, nurses

are still waiting to be utilised. Many of them remain unemployed, even more so as they are being replaced by other professions in the race to vaccinate Australia.

The NMBA (2021) report shows that the largest non-practicing registration group is between 60–64 years. The initial celebration of their willingness to return to work now seems to be reversed, with older nurses being managed out of current employment, especially in hospital settings. Instead of valuing their life and work experience, many aspects of ageism are evident. Beliefs that older nurses are less productive, creative, fit, adaptable, willing to accommodate change, and are more expensive to employ, seem common.

As a fresh-faced 16-year-old Assistant in Nursing in Switzerland in the 80s, I worked with many older nurses, as the Sisters in the Red Cross Hospital devoted their lives to this vocation. They only retired when they were physically unable to walk the wards. While I thought nothing of clattering around on night shift while a nurse took a nap, I now appreciate how taxing their profession was on their health.

The point is that age-related changes cannot be overlooked, especially regarding

shift work. However, every person ages differently. Physical changes are mitigated by stronger loyalty to one's workplace, long-term experience, and often greater flexibility when dependants have left home. Importantly, it costs more to train a nurse than to retain a nurse.

Upon reflection, I am amazed at what I put my body through as a novice nurse. Seven consecutive 12-hour night shifts were not uncommon, and I didn't even crash my motorbike on my way home on that last morning. I now understand that performance during the night and coping with night shift decreases significantly with age.

Now, in my second half-century, I have had to accommodate some age-related changes. My family was relieved when I took up a nursing position without night shifts. I had not realised how my fatigue had impacted our family life. However, this can be very individual, as I know of many nurses, who only do night shifts, relish their increased independence when most staff leave the building.

The ageing nursing workforce is not only due to a normal progression through time. A growing percentage of mature aged graduates are entering the health care



workforce. Student and graduate nurses are often older than their tutors, facilitators and nurse unit managers.

After a hiatus when moving countries and continents, I went back to nursing and started a Bachelor of Nursing Science degree, studying with many fellow students who could have been my children.

During my ACN Emerging Nurse Leader program, I was privileged to have many wonderful mentors, most of whom were younger than me. Academics who hold higher qualifications than me, and are my supervisors, assessors, lecturers, are often younger. However, I have never felt this to be an issue. Age is just a number and irrelevant in these professional relationships.

Another key aspect of our ageing workforce is the collective wisdom older and experienced nurses bring to the profession and to each health care setting. If we do not act now this knowledge and the accompanying skills will be lost.

Where to from here?

We must embrace our mature aged students and graduates who bring rich life experience with them, are focussed and goal-oriented, and want to make this last

“ Instead of valuing their experience, ageism is evident, and older nurses are being managed out of current employment. ”

career and life-change count. We also need to make sure they receive opportunities to grow and succeed. We need to encourage those who are asking in forums such as ACN's NurseStrong; 'At 39, am I too old to start a nursing career?', and value each new colleague, no matter what age.

As for older nurses, we must accept age-related changes, although real, are very individual. Just as it is possible to accommodate health professionals with certain disabilities and health issues, it should be possible to provide shift, technology, equipment, timing and workload adaptations for older nurses.

We can validate and celebrate our older nurses who have seen, heard, and experienced so much and whose collective wisdom we need to tap into. We can ask them to become our mentors and teachers, acknowledge their advice, we can ask them

for their stories, and what they love about nursing. We will see that more than not; they are happy to also learn from us.

I have come full circle. I am an old nurse, and I am a 'young' nurse. I am over 50 and preparing for my PhD confirmation, because I have a lot more nursing and learning to do.

Age really is just a number.

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AUTHOR

SUZANNE VOLEJNIKOVA-WENGER MACN

NURSING WITHOUT LIMITS

No matter how late you start or how many years of experience you have, every nurse has the opportunity to learn and teach

“While training new nurses, I have realised how much knowledge one can accumulate without even realising it.”

My mantra in life is simple: You can be a nurse anytime and anywhere. My professional career in nursing began in 2008, when I was 49 years old.

I switched to nursing after a career in human resources in the mining industry. How it started is a rather interesting story. I was attending our local doctor's surgery for an appointment one day and the doctor asked me if I would consider filling in for a receptionist who was on maternity leave at the time. And so, in 2001, my career in general practice commenced at this rural practice, a one doctor, one nurse practice. At the time of my graduation, the practice did not have a practice nurse.

In 2002, I became a qualified phlebotomist, in 2007, an audiometric officer while simultaneously also completing a spirometry course. Around 2006, I became a practice manager, although I continued as a practice nurse too. I began my university nursing studies in 2008, and juggled studies, part-time work at the clinic and looking after my son who was in primary school then – all remotely from our farm.

I graduated in early 2012, and although I did not complete a graduate year, I continued working at the practice – I felt I had sufficient clinical knowledge to assist me in this new start. However, I continued my learning to enable acceptable competency to fulfil my role through gaining certificates in immunisation, asthma education,

diabetes education, and women's health provider certificate (enables me to perform cervical smears) along with experience in occupational health nursing, and so on.

Looking back, the study plan at the university did not cover primary health care (PHC) in a general practice setting, nor were there any placements in PHC. It appeared to be the status quo of nursing centres around the hospital sector. There needs to be a more concerted effort to encourage nurses into general practice nursing, beginning with academia. General practice nursing allows an actual involvement in a patient's care on a one-to-one basis during consultation, resulting in a holistic approach; it requires a great deal of upskilling and competency. Helping people to remain as healthy as they can be to prevent a possibility of entering the hospital system is very satisfying.

Encouraging nurses into this area can also help dispel the common misconception that nurses work only in a hospital-based system. I have often had people asking me 'Oh, you're a nurse, which hospital do you work in?'

No matter which stage of your life or career you are in, nurse leadership is important too, and this applies to general practice/PHC nursing as well. Until last month, I was involved in many committees predominantly discussing health, aged care and mental health in our community. We are all leaders, and it's amazing what we can do if we recognise this about ourselves.

Now in my twilight working years, I have cut back on my work commitments but over the last months, I have engaged two nurses at the practice, both from a hospital setting. It has been an incredibly satisfying experience, especially to hear from them that they 'never thought there was so much to learn in primary health care and how diverse the work is!'

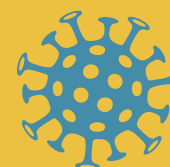
As we are a rural practice, peer support is not that easy to come by. So, in my experience over the years, I have advised nurses – and continue to do so – to join their professional organisation like the Australian College of Nursing as well as organisations that can assist with continued learning and support. Of course, our local Primary Health Networks are always there to offer invaluable support to general practices.

In the meantime, I am thoroughly enjoying sharing my experiences and knowledge with our new practice nurses and although it is not without stress, training them has made me realise how much knowledge we accumulate without realising it. The practice is now carrying out COVID-19 vaccinations; it's a very busy time for all staff and I am incredibly proud of their work.



AUTHOR

STEPHANIE OETIKER MACN



On the frontline

Nurses share the experiences of working in COVID-19 settings, how they cope with challenges and celebrate the successes



LEYA ARNOLD
MACN
COVID-19
Registered Nurse
(RN), ACT

Responsibilities:
My responsibilities

when working a vaccination shift include providing patient education, pre-screening, safe administration of vaccinations, monitoring patients post vaccination in the recovery area and responding to AEFIs (adverse events following immunisation). During testing shifts, my work involves triage for designated site criteria, assessing symptoms, travel history documentation and performing nasopharyngeal swabbing to the public in COVID-19 Surge Centres throughout our community.

Current work setting: We are currently working at a newly constructed testing site. At the onset of the current outbreak in Canberra, midway during a morning shift at the Exhibition Park in Canberra (EPIC) testing site, part of our nursing and administrative team relocated to Brindabella Airport drive-thru testing on short notice, to be in place and commence testing while the site was still being assembled.

The facility is well organised, with separate Green zones for the scribe Nurse and Red zones for the swab collection Nurse. In addition to standard PPE, high visibility workwear and weather appropriate attire is necessary. The provisions for us include commercial heaters, office, tearoom, sheltered walkways, outdoor seating, and an abundance of catered meals and bottled water.

Challenges: At the beginning of the vaccination rollout, I encountered many patients who were nervous about the vaccination. It is rewarding to provide them with facts that they can take to their families, friends and communities. As educators for the benefits of the vaccination, COVID-19 RNs also maintain the required role of nurse-patient advocate, assisting with any apprehension or respecting the patient's right to withdraw consent.

During testing shifts, challenges include working through sudden spikes in public waiting times after new exposure locations are announced, and maintaining adequate administrative staffing levels which directly affects the testing pace.

Workplace processes that are working: Taking into account our home address and work preferences when rostering across work locations has been extremely helpful. Equally helpful is the availability of COWs (computers on wheels) that enable us to keep up our learning plans, standard competencies and access education sessions to equip us for continuous changes in the workplace. My previous paediatric swabbing training and competency at one location is now being put to use at a different location as the minimum age limit has been expanded at numerous testing locations.

Building resilience: We play music when permitted and keep in mind that people are doing the right thing by coming out for vaccinations in high numbers even with hours-long wait times. We appreciate the public expressions of gratitude for the work we do, however, the majority of us would likely do this work for free.

ANNE (name changed)
Community Nurse, NSW (Blacktown)

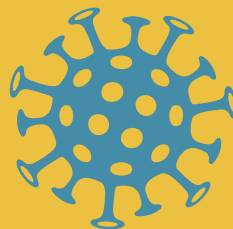
Responsibilities: I work as a Community Nurse, attending clients' homes for wound care, chronic illness support, continence support and palliative support/care.

Current work setting: It is a day-to-day challenge working in an LGA (local government area) of concern, it is stressful and workloads continually change as we continue to triage new clients who need our services.

Challenges: Although our staff have received COVID-19 vaccines and are provided with the appropriate PPE, we rely on our clients to answer the COVID-19 screening questions honestly. All staff risk taking COVID-19 home to families and the wider community who are not in areas of concern. Some staff have children who are unable to receive their vaccine or have partners and other family members who have been unable to obtain COVID-19 vaccines for various reasons. These are the biggest challenges and stressors for us.

I am concerned about the lack of clarity relating to community nurses who experience COVID-19 exposure, and confusion relating to rules, regulations and processes.

We work with the most vulnerable of people and the effects of exposure could potentially close entire Community Centres. I would like to see a more cohesive and clearer pathway that supports and protects community nurses and the community they work within.



Workplace processes that are working:

Our PPE is readily available and we have been fit tested for appropriate masks. As far as workplace processes are concerned, what has been provided is adequate.

Building resilience: We are all under enormous stress, it is important to remain safe in your workspace, and to speak up and advocate for change if you do not feel safe.

In our team, we support each other the best we can. We all know that the health and welfare of our communities is important, but we have to maintain our own health and not feel guilty for taking time out to address our own health issues.



**DIANNA BURR
FACN**
(Chair ACN
Goulburn Murray
Region) Nurse
Immuniser RN/
Educational
Consultant, VIC

Responsibilities: During a COVID-19 seminar organised by the ACN Sydney-NSW Region last year, the mood was overwhelmingly that of hopelessness and anxiety. Right then, I could see the day when a vaccine would become available, and everyone would need it. So, I enrolled in ACN's immunisation course. I am now employed part time as a NI/RN (Nurses Immuniser RN) in my local Public Health Unit Vaccination Clinic. I also provide the on boarding orientation and training for new staff, and staff for our region sub-hubs.

Current work setting: Our workplace is a former supermarket. Our 36 pods are minimalist, coated with a smooth white-board type finish, which we use for sharing information for staff and clients, such as second dose appointment dates, updates to eligibility.

The team is led by a Nurse Unit Manager (NUM) and Assistant NUM Team Leaders. Our immunisers are RNs, Enrolled Nurses,

and RN/NIs with Assistants in Nursing (AINs) and admin staff as support workers. We have a Resident Medical Officer onsite, a security team, and a team of concierges managing crowds. A full-time pharmacy onsite manages our vaccine supply and cold chain monitoring and management. We roster staff from 8am to prepare the vaccines — a never ending job — until our final clients are checked into the clinic. We are now experts at stock management and ensuring no vaccines are wasted.

Challenges: Almost all staff in our clinic are part time or casual, with very few full-time staff, so it is critical to catch up on changes to work practices that occur on days off. We have regular team catch-ups and whiteboard walls to share updates. However, as the vaccine roll-out has progressed, the eligibility criteria has changed too, and we have to make sure we adhere to the current government guidelines.

Our vaccine management system is state based and does not always contain information relevant to clients from outside Victoria which is a challenge when we are a border-based facility. So, one team is always checking the Australian Immunisation Register for each client. Anxiety and needle phobia are common among clients, and there is always the risk of anaphylaxis, although our screening methods aim to pre-identify high-risk patients. We manage people with disabilities and their carers, as well as CALD (culturally and linguistically diverse) communities.

The fluid situation regarding COVID-19 outbreaks is challenging too, as the infection control status changes regularly to reflect the current risk. Working a full shift in P2 masks and visors makes it physically challenging, and when communicating and assessing the myriad health screening questions, we have to speak louder and enunciate slowly, and for clients who rely on lip reading, it is even harder.

Workplace processes that are

working: Over the past six months, we have introduced several changes to ensure people's safety including crowd control, crowd flow through management, ongoing bookings for second doses and medication preparation practices for vaccine management.

We utilise the Rights of Medication Administration as the basis of our role — the right person receives the right dose of the right medication at the right time via the right route for the right reasons followed by the right documentation, and they have the right to refuse as it is a voluntary procedure.

Building resilience: Some days are challenging, especially when clients become argumentative and demanding when they don't fit certain eligibility criteria for vaccines. Cross-border issues can be stressful too, with staff travel movements being monitored by police patrols checking work permits, delaying travel to work time. And hearing of COVID-19 outbreaks getting closer to our COVID-free regional community is very worrying, as we can only hope that people are being honest at the check-in attestation process.

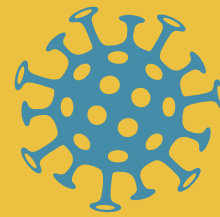
Our wellness team regularly brings us 'treats', mostly on days when we break our vaccination record. Self-care, proper breaks and staying hydrated are also critical.

Support we want: We need a major overhaul of work practices that see structured succession planning, employers must support staff better in terms of working conditions, so that facilities can attract and retain nurses rather than over-use them and then lose them.

Closer relationships with nurse education providers is essential so that stakeholders have a true understanding of the challenges in clinical areas and students can be prepared for the reality of nursing rather than the ideal.

Working or training as a nurse should include learning self-care strategies so that nurses





learn how to manage the inherent stressors of the caring profession. One day I want to see my ideal workplace for nurses, one that has subsidised onsite childcare, a gym, a pool, healthy eating venues and massage facilities 24/7.



**CHRYSTA
BRIDGE MACN**
(Chair ACN ACT
Region), Testing
Nurse, ACT

Responsibility: My usual role is that of a

Digital Health Record Analyst but I currently work as a Testing Nurse in the ACT EPIC testing site.

Current work setting: I work alongside a great group of people who have put aside their 'normal' work to assist during the initial COVID-19 response. It has been wonderful to see so many people from all areas, clinical, admin and logistics, working together to increase testing capacity.

Challenges: As this testing site had to rapidly increase in size, many clinical and admin staff were new and each shift this meant additional education. Doing the testing can be quite challenging physically – reaching into cars, up, down and sideways as people follow their basic instinct to avoid the swab getting poked up their nose.

Workplace processes that are working: EPIC set up shift huddles and streamlined processes since increasing in size – these huddles have been exceptionally helpful in letting all staff know at the same time of any updates, changes or concerns that had been raised. Processes were streamlined to further assist staff with clear directions and expectations.

Building resilience: Take care of yourself first – get a good physio – don't overlook back pain and take adequate breaks. My team is coping well, we work together and have enjoyed being able to assist during this time.

Work Health and Safety (WHS) is really hard to manage in this space. I think seeing some stretching, physio or movement assistance would be great – we can't change that cars are not the optimal height for working at so something else must change to assist clinicians and admin staff in this space.



**JANE
SPRINGALL
MACN**
(ACN Tasmania
Region
Communication
coordinator),
Nurse Manager for

COVID-19 immunisation program, TAS

Responsibilities: I work closely with the multidisciplinary team in the Tasmanian Vaccination Emergency Operation Centre, ensuring the vaccine program is safe and equitable. Other team members include communications, recruitment and onboarding, logistics, administration and data, medical and planning.

My work setting is within the state-wide operations centre, I have a highly skilled and motivated team of clinical nurse consultants; together we support the nursing team leads and staff in the community COVID-19 vaccination clinics. I spend a lot of time on the phone supporting problem solving activities.

Current work setting: My current work environment is dynamic and busy. I share a workspace with other COVID-19 response units, such as the Public Health Hotline and the Testing/Vaccination booking Hub. It is a very busy, but friendly space. My central team and I spend time in vaccination clinics in all health regions, talking to staff, sharing in success and understanding concerns and issues.

Challenges: There are several, including vaccine hesitancy and impacts of vaccination stories in the media. Our nursing team leads and staff are highly skilled in

talking through the consent process and addressing community members' questions.

There is also a lack of nurses, we are seconding staff from the hospitals to assist with the vaccination program, which is putting stress on the hospital system.

Workplace processes that are working:

Processes that we have found extremely helpful include a daily touch base with regional nursing leads and myself and the operations centre staff. This gives dedicated time via MS TEAMS to workshop emerging issues. Additionally, we have a MS TEAMS page and chat; as well as a dedicated on-call mobile phone and email for community clinic real time support.

We bring all the key stakeholders across the vaccine roll out together for a virtual meeting each week for a structured forum, dissemination of Commonwealth, medical and vaccine updates as well as an opportunity to celebrate successes. All these processes are underpinned by our clinical governance documentation.

Building resilience: The work environment is very busy and can be stressful, especially within tight time frames. I encourage my team to practise self-care, not be contacted on days off, taking meal breaks and managing overtime. We make time to celebrate successes. We also celebrate birthdays and had a Christmas in July celebration!

Having enough staff is often a challenge, particularly with winter sick leave. Staffing being able to take a break regularly for a drink or to refresh is an important supportive measure. Access to timely support is a strong priority for us. We look out for each other. To acknowledge the work of the team, I have nominated them for a Nursing and Midwifery Team Excellence Award, with the Tasmanian Office of the Chief Nurse and Midwife. The award winners are announced in November.

To read more such stories, visit ACN's NurseClick blog.

