



#37 AUTUMN 2022

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**COVER STORY:
INNOVATIVE RESEARCH
IN YOUTH HEALTH CARE**
PROFESSOR ALISON HUTTON FACN

**LONG COVID: GETTING
'BACK TO BETTER'**
BERNADETTE MULCAHY MACN

**CONDUCTING QUALITATIVE
RESEARCH IN LOCKDOWN**
DR TIFFANY CONROY FACN

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Professor Alison Hutton FACN

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18



20



CONTENTS

30



26

WELCOME

02 President's report

03 CEO welcome

ACN NEWS & VIEWS

04 ACN's newly elected and re-elected board directors

04 The launch of ACN faculties

04 ACN's pre-budget submission

05 Rewarding loyalty and commitment of our members

05 ACN Snaps

COLUMNISTS

06 The 'virtual health care' boost during COVID-19

EDITORIAL FEATURE

8 Innovative research in youth health care

18 Leading innovative care in a field hospital

20 Student nurses: what the class of 2022 will look like

22 Long COVID: getting 'back to better'

24 Is clinical supervision niche?

26 The role of nurses in addressing climate change

28 Conducting qualitative research in lockdown

30 Looking back to look forward

REGULAR FEATURE

10 Policy: The National Preventive Health Strategy 2021–2030

11 Policy: Policy and advocacy

12 Policy: Nursing voice in policy

14 Leadership: 10 years of nurturing future nurse leaders

32 DLF: A champion for nursing research and history

35 ACN Foundation: A tribute to Vivian's courage and service

36 ACN Grants and Awards: Congratulations to the 2021 winners of Australian College of Nursing (ACN) Grants and Awards

38 Nursing history: Yesteryear: The place of cottage hospitals in health care

40 Novel thoughts: Review of a good read

46 In Memoriam

10 YEARS OF NURTURING FUTURE NURSE LEADERS

As the Australian College of Nursing (ACN) celebrates a decade of its prestigious Emerging Nurse Leader (ENL) Program, we asked some of our past and present ENLs to share their memorable leadership moments, key learnings and the impact it has had on their nursing journey

“During my ENL journey I most valued the personality profiling. It helped me gain a deeper understanding of my own personal attributes, which served as valuable building blocks to identify my leadership strengths and weaknesses. My leadership growth relied on understanding self before leading others.”

CATHERINE JURD MACN
ENL participant 2012-2014

“I think a lot of early and mid-career nurses experience the feeling of ‘imposter syndrome’. My biggest takeaway from the ENL program is that my knowledge, skills, and passion are valuable. You don’t have to be in a formal leadership position in your organisation to be a true nurse leader.”

AMY BEATH MACN
ENL participant 2018

“I am not able to state just one valuable takeaway for me from the five years and five stages of the ENL program. However, the following alliteration captures all aspects in a nutshell: Curiosity, Care, and Competency convert Competition into Collaboration to Captain Change for Colleagues and Community!”

**SUZANNE
VOLEJNIKOVA-WENGER MACN**
ENL participant 2017-2021

“The ENL program is invaluable in all aspects, but the most valuable takeaway for me is that it has connected me with like-minded, inspiring and dedicated people who share the same profession. Associating with these people not only helps shape my practice but inspires me to be a better nurse.”

KAREN GILLIES MACN
ENL participant 2021

“Through mentoring, I was able to engage with an industry leader who shared their own experiences, provided advice and external support. Mentors pushed me out of my comfort zone, challenged my thinking and encouraged broader strategic thinking that ultimately led to career development.”

AMELIA SIMPKINS MACN
ENL participant 2019, 2020, 2022

“The ENL program gave me access and confidence to speak to so many amazing nurses with extensive experience and expertise. These insights have given me a whole toolbox of strategies, structures, plans and aspirations that I have used and kept close throughout many roles on my leadership journey.”

ELYSE TAYLOR MACN
ENL participant 2012-2014



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EMERGING NURSE LEADER PROGRAM



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INTEREST FOR THE 2023 ENL PROGRAM

The success of the ENL program could not be achieved without the ongoing support and generosity of dedicated ENL Mentors and ENL Reviewers. We wish to acknowledge each and every one of our members who so generously offer their time and commitment to support this special program.

“I found the different activities we were encouraged to complete as a participant really useful. They were often things I hadn't thought of trying or something I didn't think I was good enough for. For example, having a shadow day with a nurse leader you looked up to. The program gave me the skills, network and confidence I needed to thrive in my work environments and become a next generation leader. I credit the ENL program to my career success.”

LUCY OSBORN MACN
ENL participant 2017-2021

“The ENL program gave me the confidence to transition from mental health nursing into a new career as the engagement lead with national digital mental health service, THIS WAY UP.”

JAY COURT MACN
ENL participant 2020

“The ENL program has allowed me to gain valuable leadership knowledge that has helped me succeed in a Clinical Nurse role. I also gained the self confidence that allowed me to find my ‘voice’ and undertake self-growth. Lastly, the program provided me with lifelong networking contacts.”

NICK NIJKAMP MACN
ENL participant 2019

“The ENL program gifted me with confidence to know that despite being early in my career, I had something to offer to the profession. It also introduced me to a strong community of experienced nurses including my mentor, Gabrielle Hickey, who I maintain contact with to this day.”

MADELINE HAWKE MACN
ENL participant 2018

“The Emerging Nurse Leader program has made an enormous difference in my career and in my leadership journey. After I attended my very first NNF in 2016 and saw what the amazing ENLs of that year had achieved, I was excited for the opportunity to apply the following year. I am so grateful for the 3 years of ENL that I did because my confidence in leadership developed so much and the networks I have made through the program and ACN are connections that will stay with me forever. I am excited to start my next chapter with ACN Next Gen Faculty leadership team to support the next generation of nursing coming into the great profession.”

ARIELA ROTHER MACN
ENL participant 2017-2019

“For me, the most useful component was participation at local and international conferences and the range of networking opportunities. My most memorable moment was attending the International Council of Nurses (ICN) 25th Quadrennial Conference in Melbourne 2013. It provided a platform to discuss the issues faced by Australia’s nursing workforce on a global stage, which I was fortunate to be able to attend.”

PAULINE LAMBERT
ENL participant 2013-2015

“The most memorable moment easily has to be the impromptu Q&A panel discussion held by the Australian Healthcare week 2021 in the International Convention Centre Sydney. I collaborated with my mentor, Professor Alison Hutton, Amanda Moses Nurse Practitioner and Prachi Javalekar (eHealth NSW). We discussed the Human Element in an Increasingly Digital Environment.”

LAVANYA NAIDOO MACN
ENL participant 2019-2021

“Being in the ENL program gave me so many great experiences; however, the most valuable thing for me throughout the program was being mentored. I had the opportunity to learn from some truly extraordinary people and the knowledge and advice they gave me will stay with me a lifetime.”

KAZUMA HONDA MACN
ENL participant 2018-2019

“The ENL program has given me the confidence to seek new opportunities that build my leadership skills, from joining the ACN Melbourne Region Leadership team to presenting at nursing conferences. I feel privileged to have been in such a supportive program to help build my nursing career.”

ERIN MERCIECA MACN
ENL participant 2019-2021

“I have had many memorable moments throughout my Emerging Nurse Leader Journey but a moment that stands out was moderating the concurrent sessions during the online National Nursing Forum 2021. It was a phenomenal experience being part of such an amazing forum.”

CARINA FERNANDES MACN
ENL participant 2021-2022

“The ENL program made me realise that as nurses, we should never underestimate the power of our personal contributions to our profession. Leadership is not always about grand gestures, it’s the everyday things that we do that can have the biggest impact. My experiences with the ENL program gave me the confidence to pursue a full-time career in research, for which I will be forever grateful.”

ELISSA DABKOWSKI MACN
ENL participant 2019

“My most memorable ENL moment was being interviewed by the Australian Nursing and Midwifery Journal (ANMJ – 2018) during my graduate year and exploring my experiences as an emerging nurse leader, the challenges of being a graduate RN in a rural area and focussing on how the future of nursing may look as we move towards 2030.”

TAMMIE BRENEGER MACN
ENL participant 2017-2022

“By being part of the ACN Emissions Reduction Policy Chapter, I have participated in amazing leadership achievements that have helped strengthen the basis for nurse-led climate change in health care. In doing so, I have developed a strength and passion for research and evidence-based practice. This has helped me identify a post graduate pathway, leading to a career in clinical research.”

DIANE HEART MACN
ENL participant 2021-2022

“The ENL program encouraged me to see the bigger picture of the nursing profession. Aside from our clinical expertise, nurses have vast amounts of talent and skills in communication, advocacy, policy, and research that warrant us playing a bigger role in shaping the future of healthcare in Australia.”

JENNIFER HUMMELSHOJ
ENL participant 2017-2018

“There is not one aspect, it's the whole ENL Program. Opportunities to connect with industry leaders, like-minded people, mentoring, and the NNF to name a few. I feel empowered to step outside my comfort zone, to embrace every opportunity and embrace develop my leadership potential thanks to my ENL journey. Without it I would not be where I am today.”

LISA RUSS MACN
ENL participant 2020-2022



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LONG COVID: GETTING ‘BACK TO BETTER’

A rehabilitation program investigates if peer support can assist recovery in individuals experiencing long COVID

“Participants share back to work plans, advice on fatigue and mood management, often reaching out to each other outside of the peer support group.”

BACKGROUND

Wyndham LGA catchment had the highest rate of COVID-19 infection in Victoria in 2020 and continued to be one of the highest infected communities in 2021.

The Health Independence Program (HIP) at Werribee Mercy Hospital identified that many clients attending the subacute programs run by HIP were not always able to return to their pre-COVID ‘normal’ due to ongoing effects of mental and physical ill health, fatigue, changes in mental alertness, depression and muscular aches (long COVID) (DHHS 2020).

In their rehabilitation sessions, clients’ participation seemingly improved when coupled with someone experiencing long COVID symptoms and psychosocial issues relating to their COVID-19 episode. The HIP then posed the question: Could peer support assist recovery in individuals experiencing long COVID?

For some clients, it was the first time their mental and physical health concerns had been considered together as a whole and their family/support network had been included as part of the recovery from long COVID symptoms.

Often, clients had experienced trauma when first diagnosed with COVID, some being told they may not survive, in addition to their family/next of kin being told that their relative ‘might not live – and to say their goodbyes via zoom’. These experiences were considered with the HIP clinicians thinking – how does the HIP best support them and their support persons/networks? The team then utilised the WHOQOL-Bref and the Kessler Psychological Distress Scale (K10) to identify levels of distress in clients.

As little data was available on psychiatric ill health in adults recovering from COVID-19, especially in those with symptoms weeks to months after their initial infection (long COVID) (Naidu et al, 2021), the HIP investigated whether peer support might offer long COVID clients another option to address how they felt while attending therapy and support better outcomes with their rehabilitation and recovery.

A survey based on the Most Significant Change (a narrative process used to develop domains of change) was established and one question asked whether the clients would like to meet on an ongoing basis

(Davies et al, 2005). Ninety percent of the clients replied with a resounding ‘Yes’.

Initially offered in-person and via telehealth, due to restrictions in Victoria, most of the sessions moved. This worked well for participants as they were often too fatigued to leave home. Since then, the numbers have steadily grown, and many have remained for most meetings held over the year.

During these meetings, participants reported feeling empowered to tell their COVID-19 story, taking ownership over how they felt. Comments included:

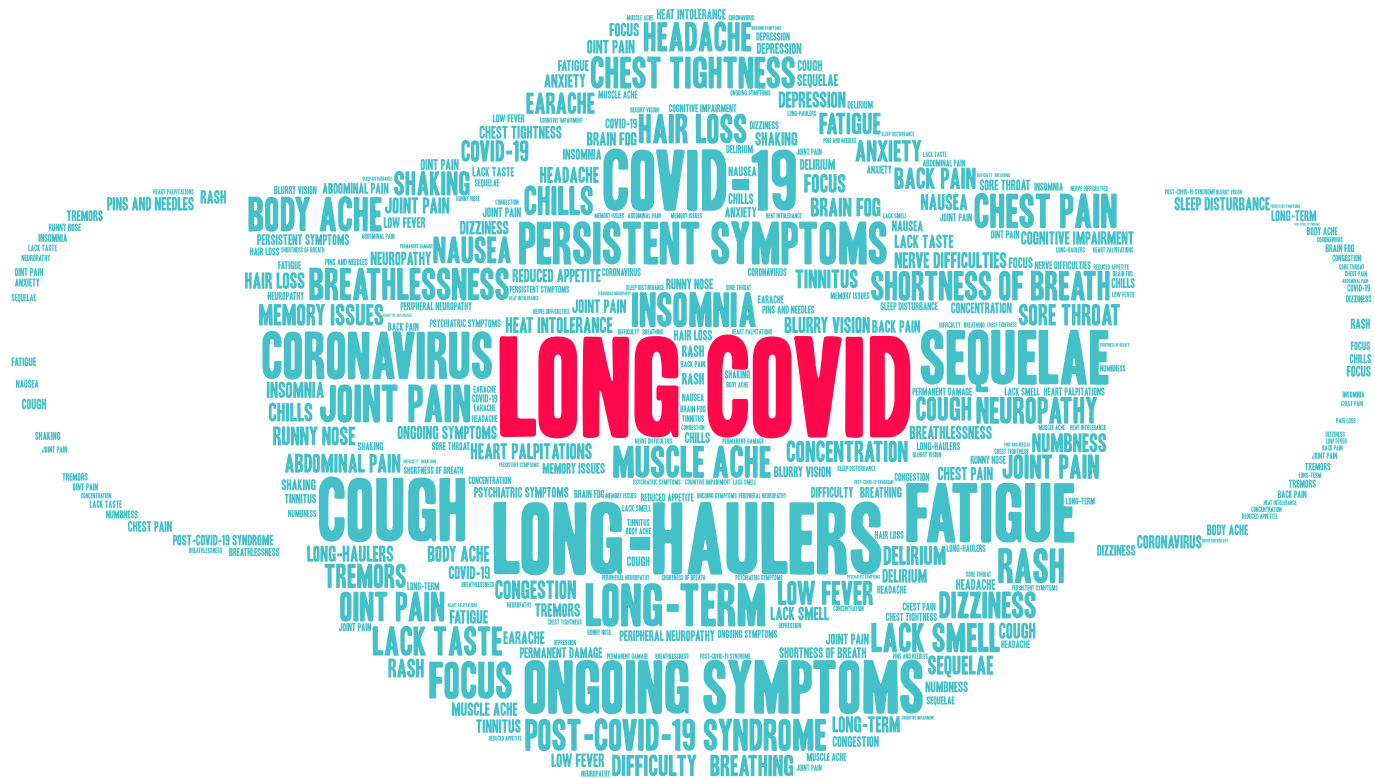
‘I can say I’m having a crap day or that I can’t get out of bed today – and you all understand’;

‘I’m not judged if I can’t go out or come to this meeting due to my fatigue’;

‘This is a safe place – I feel I can talk freely on how I feel’;

‘I don’t feel so alone’.

Participants spoke about returning to work and the pressure they felt to perform. Many of them were health workers who felt overwhelmed not being able to



return to see the clients they cared for and to grieve those that had passed.

In discussing what it might be like to ‘get back to normal’, participants replied ‘What does normal look like now?’ At this point, they decided ‘Back to Better’ was a better phrase as they didn’t want to be defined by COVID-19. The peer support group is now called *Back to Better*.

IMPACT

Participation remains paramount, even in cases where clients were stuck in another state due to border closures during lockdowns. The support and validation that participants give each other is powerful. They share back to work plans, advice on fatigue and mood management, often reaching out to each other outside of the peer support group. All participants report they don’t feel isolated anymore and appreciate the effort of the HIP in maintaining contact post discharge from the program.

OUTCOMES

The HIP utilised a variety of screening tools to identify physical and psychosocial needs

of the participants. From the data collected via the WHOQOL-Bref, a low score in the psychological domain (domain 2) equated to a high K10 score. Fifty percent of the participants reported improved mental health and connection through meeting with peers, which was qualified by the reduction of the K10 score measured on discharge from the HIP rehabilitation program.

Feedback on literature/information provided by the HIP was positive and participants reported feeling empowered to help peers and their community therapists by keeping them up to date with the latest information.

The HIP has established pathways for mental health support by working with the participants’ GPs, the local Primary Health Network and DHHS COVID helpline through Head to Health.

It is hoped that as the participant numbers grow and restrictions are lifted to enable face-to-face meetings, the group, with the support of the HIP, will establish their own, independent Back to Better program.

The HIP continues to monitor and analyse the data collected from participant. Through peer support, clients provide

first-hand accounts of what clinicians need to understand about the illness but that can’t always be found in current literature or evidence. The HIP long COVID group has proven valuable in allaying fears, providing support, reducing isolation and allowing the participants space to say ‘I’m ok – I will get Back to Better’.

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	<p>BERNADETTE MULCAHY MACN</p> <p>WRITTEN IN COLLABORATION WITH ROBIN ARMSTRONG</p>

THE ROLE OF NURSES IN ADDRESSING CLIMATE CHANGE

How can nurses lead in reducing carbon emission and waste in health care

“Nurses can address the scepticism around the reality and urgency of climate change among members of the public and health care professionals.”

Climate change is measured by changes to weather patterns, global temperatures, ocean levels, and land surface over a defined period. Increased global temperature is caused by increased greenhouse gases and changes in the atmospheric concentration of emissions produced by human activities.

Adaptation to the global temperature and changes to weather patterns indirectly cause decreased water quality, increased air pollution and reduced biodiversity, leading to food insecurities, impacting on health, and exacerbating pressure on health care systems.

So, what role do nurses have to play in all this?

LINK BETWEEN CLIMATE CHANGE AND HEALTH

Diminishing water quality as a consequence of climate change, exacerbated by water pollution (sewage and chemicals), leads

to waterborne diseases like cholera and Amoebiasis. In regions such as Africa, which are geographically prone to landslides, the increase in torrential rainfall (again, potentially a result of climate change) has led to a spike in contaminated waterborne diseases and other associated diseases such as malaria and typhoid.

Sharp changes in weather caused by global warming means long summers, incremental storms and severe winter weather. Rapid changes in air quality impact people living with cardiorespiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) or asthma and make respiratory conditions more difficult to manage.

These weather changes also affect farming and crop rotation, biodiversity and food security. Climate change affects everyone's health and wellbeing, regardless of their socioeconomic status.

The urgency of this matter is evident in the Paris agreement and recent meetings of COP 21, whereby 196 countries entered

a legally binding international treaty on climate change. The intention was for global leaders to meet and develop a strategy to limit global emissions and reduce global warming to well below 1.5 degrees Celsius by 2030 (United Nations Climate Change, 2021). Further support comes from Misha (2021), who states in *The Conversation* that the goal of reaching 1.5 degrees Celsius by 2030 is somewhat optimistic, and estimates that global temperatures will reach this level sooner and continue to rise thereafter by 2 degrees Celsius.

NURSES, HEALTH CARE AND CLIMATE CHANGE

Five percent of the world's carbon emissions are generated through the provision of health care (Lenzen et al., 2020). As nurses make up the majority of the health care workforce, they are then in good stead to lead in the international emergency.

To support this, in 2021 the Australian College of Nursing (ACN) Emissions



Reduction Policy Chapter produced three flagship documents — a rapid review titled *Reimagining the Role of Nursing Education in Emission Reduction*, which examines nurses' role in reducing emissions within the hospital setting; the *Ethical Leadership in Emission Reduction* Position Statement, which identifies how ACN aims to respond to climate change health emergencies to reduce emissions and develop climate-resilient health care systems; and the *Nursing Leadership in Emissions Reduction Guiding Principles*, which provide nurses with resources to educate, advocate and act on emissions reduction by championing efforts to address climate change in the workforce.

The Policy Chapter continues to advocate to reduce emissions into 2022 by providing credible sources for academics, governments, organisations and all health care workers with access to evidence-based material that supports the work addressing climate change.

WHAT NURSES CAN DO

Throughout history, nurses have been leaders of sustainable change, be it Florence Nightingale's infection control measures during the 1856 Crimean War, Dorothea Dix's advocacy for mentally-ill patients and appropriate segregation of prisoners to improve health and jail term conditions for all (Kimi, 2000) or the work of organisations such as ACN that are a voice for nurses everywhere.

Nurses can advocate by joining other health professional groups and participating in action groups and research projects to change workplace sustainability policies. They can also address the scepticism around the reality and urgency of climate change among members of the public and health care professionals.

The first step towards changing these perceptions is improving one's knowledge of the subject at hand, and literature provided by the Emissions Reduction Policy Chapter or community interest

groups such as the Climate and Health Alliance are good starting points.

Nurses should challenge themselves to understand climate change, provide better patient education and advocate for sustainable practices. In doing so, they will lead by action for an improved health care system that directly impacts patient care and decreases future health conditions directly related to climate change.

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AUTHOR

DIANE HEART MACN

CONDUCTING QUALITATIVE RESEARCH IN LOCKDOWN

The impact of the pandemic on data collection, and ways to navigate hurdles



In mid-2019, I was the lucky recipient of the Australian College of Nursing (ACN) Research Grant to support my exploration of the experiences of people who have experienced an avoidable hospital readmission. The topic was supported by the relevant health care facility as there were funding changes mooted that would reduce the reimbursement to hospitals for these types of admission.

With funding secured, ethical approval was sought and granted, and recruitment of participants commenced in early 2020. No prizes for guessing what else happened in early 2020! COVID-19 impacted on the recruitment of participants for the research in many ways. As researchers, our access to the hospital was restricted, the clinicians' focus and efforts were understandably redirected, organisational priorities changed, and key staff were redeployed to other facilities.

The research was initially paused, with the expectations that the crisis would

soon pass, and normality would resume. When it became evident the pandemic was causing ongoing disruption to usual practice, we collectively reflected on the viability and usefulness of the project.

The topic was still considered significantly important and we felt ethically obliged to ensure participants' voices were heard and preferences considered. The research team decided to revise our recruitment strategies and we pivoted our focus to connect with potential participants in the community setting.

Our revised ethics application was approved, and we promoted the research through community-based organisations and patient advocacy services. Despite personal presentations, advertisements in newsletters and other marketing strategies, we could not recruit any participants from the community setting — no doubt the spectre of COVID-19 was a significant factor impacting willingness to be involved. The research was again paused.

As time progressed, living with COVID-19 became the new normal. The original health service then approached one of the research team for assistance with a quality improvement (QI) project. This assistance was negotiated on a quid pro quo basis, where the project officer assigned to the QI activity, who was a nursing staff member in the hospital, would also identify and approach potential participants for the research.

This win-win situation, which did not require any additional ethical modifications, was welcomed by the research team. While in theory the recruitment barrier had now been overcome, a change in data management and reporting in the health service meant that identifying potential participants, that is those who were experiencing an avoidable or unexpected readmission, became problematic.

Data was now 'centralised' and information about a patient's readmission status was delayed, in many cases until after discharge. By now, hopes were fading that the



“ Although it might seem strategic to pause qualitative research in times of uncertainty, the questions to which we need answers are becoming increasingly urgent and ethically, we can’t take the easy option. ”

research aims could ever be achieved. While lamenting missed opportunities and their thwarted attempts to recruit participants, the researchers were advised of another project that had explored a different topic with a similar participant group.

Keen to emulate the success of this prior project, the researchers contacted the project authors to seek advice on their recruitment strategies. However, the project had been conducted pre-pandemic and as such, there were no additional insights. Hearteningly though, the authors of the project agreed for the researchers to access their data in the form of transcripts of interviews and focus groups.


We are now analysing this data from the perspective of our original research question for insights into the patient experience. So, what have we learnt and how can our tale of woe help others?

Although it might seem strategic to pause qualitative research in times of

uncertainty, the questions to which we need answers are becoming increasingly urgent and ethically, we can’t take the easy option. For those who are considering or conducting qualitative data collection, here are some key points for consideration.

- **Keep your funder in the loop.** Research grants generally have an expiry date. If it looks like you will need an extension, contact the funder early, identify your issues and explain the strategies you will use to overcome these. The ACN Grants team was supportive and encouraging, and we are grateful for their assistance and advice.
- **Don’t put all your eggs in one basket.** Organisational systems change so have a backup plan. Linking your research with a single point of contact in a large organisation is risky, even if this person is an influential decisionmaker. People are frequently redeployed, promoted and may even resign.

- **Ensure you have more than one recruitment strategy or at a minimum, have at least considered some other options and documented these in the ethics application.** Although research training and protocols encourage, or indeed prescribe rigid processes, we need to retain a flexible and creative mindset.
- **As researchers, and particularly as nurse researchers, we are expert problem solvers.** Have confidence in your skills and abilities to overcome obstacles.
- **Finally, keep networking.** Share your stories, even the hard luck ones. Seek advice and be prepared to return the favour. Be generous. Happy researching!

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