



#38 WINTER 2022

# *the hive*

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

COVER STORY:  
**DRIVING  
IMPROVEMENTS  
IN CANCER AND  
PALLIATIVE CARE**

DISTINGUISHED PROFESSOR  
PATSY YATES AM FACN

FREE EDITION



**A DOCTOR IS NOT A NURSE**  
JANETTE HENDERSON MACN

**THE LAST POST: REFLECTING  
ON 80 YEARS SINCE THE  
BANGKA ISLAND MASSACRE**  
PROFESSOR JENNIFER WELLER-NEWTON FACN

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DIANE HEART MACN

## MANAGING SELF-CARE IN DIFFICULT TIMES THROUGH REFLECTIVE WRITING

Reflective writing is a way of documenting and recording thoughts and feelings associated with an event or experience. Reflection is used to analyse and evaluate a situation, help make sense and gain perspective. During this time, strengths and weaknesses are identified making it possible to develop a new outlook and coping mechanisms that empower the improvement of weaker skills using a strength-based approach.

There are many forms of reflective writing tools that help ensure all elements of the experience are recorded in a succinct order. The most used is the Gibbs reflective writing tool, named after the American Sociologist and psychologist Graham Gibbs. The cycle consists of six stages – description, feelings, evaluation, analysis, conclusion, and action. This cycle was designed to help scholars make sense of learning through a literary form.

Many universities adopt Gibbs's reflection views because it gives structure to the learning experience and helps new nurses improve critical thinking skills by reflecting on choices and actions taken during clinical rotations (Ardian et al., 2019).

The Gibbs reflective cycle can be applied to any form of experience and is not just limited to clinical practice. Reflection is like looking in the virtual mirror to understand not how we do what we do but why (Carruthers, 2019). By understanding why, we improve decision-making skills, self-awareness, and a deeper understanding of strengths and use this to develop resilience to tackle life's challenges.

Current challenges faced by us all are the limitations caused by COVID-19, the emergency of climate change and disruptive events currently unfolding in Eastern Europe. The world is currently

a very turbulent place that we have very little or even no control over. We can't help what's happening in the world right now, and we can't change it. But what we can do is change the way we approach it.

Turbulent environments are not unknown to nurses. Nurses working in emergency departments, COVID-19 clinics and busy wards experience this every day. Nursing is a challenging and sometimes disheartening environment to work in, evidenced by many nurses saying that they feel they have not achieved anything at the end of a prolonged shift. What's equally disheartening is that it's not likely to get any easier in the coming months ahead (Rasheed & Younas, 2019).

So why do nurses get up and go to work every day, knowing in the car, bus or train commute that they will be feeling exactly the same on the way home? The reason is that small wins make it all worthwhile. It could be something a patient said or simply knowing a patient has gone home feeling better than when they came in. Being part of the patient journey makes those not so lovely days worthwhile because you're reminded right at that moment – that's why you're a nurse.

This is the reflective moment. The moment to write down exactly how you are feeling. While you are right there in the moment and writing down your thoughts and feelings, you get to stay in the positive space and savour the moment just a little longer.

Alternatively, it's human nature to look for negativity. So why not use this as an advantage to empower the self to a deep self-awareness? In other words, it's also a good idea to reflect on the not so good experiences. Although painful to write, negative experiences are an excellent way to identify feelings and a great way to let emotions go, which are always better out than in.

Reflecting on the good, bad, and ugly is a great resource to build resilience and the ability to face the world's challenges. A journal is a great tool to do this, either on paper or a word document stored somewhere safe and secure.

Reflecting is not a task that you should do weekly or daily but simply a tool to include in a self-care strategy and should be utilised when in need of reassurance (Philippou, 2021). For example, reading back over diary entries will help identify previous solutions, strategies and thought processes that have helped decision-making (Burner, 2019).

Reflective writing through journal writing is essential to keeping and maintaining a positive mindset. (Gibbs, 2020). We, as a nation, are experiencing a series of events which mankind has never seen before, and in the health care sector nurses are on the front line. So, it makes sense that through reflective writing, awareness is improved, and the ability to stay in a positive mindset for longer is sustained.

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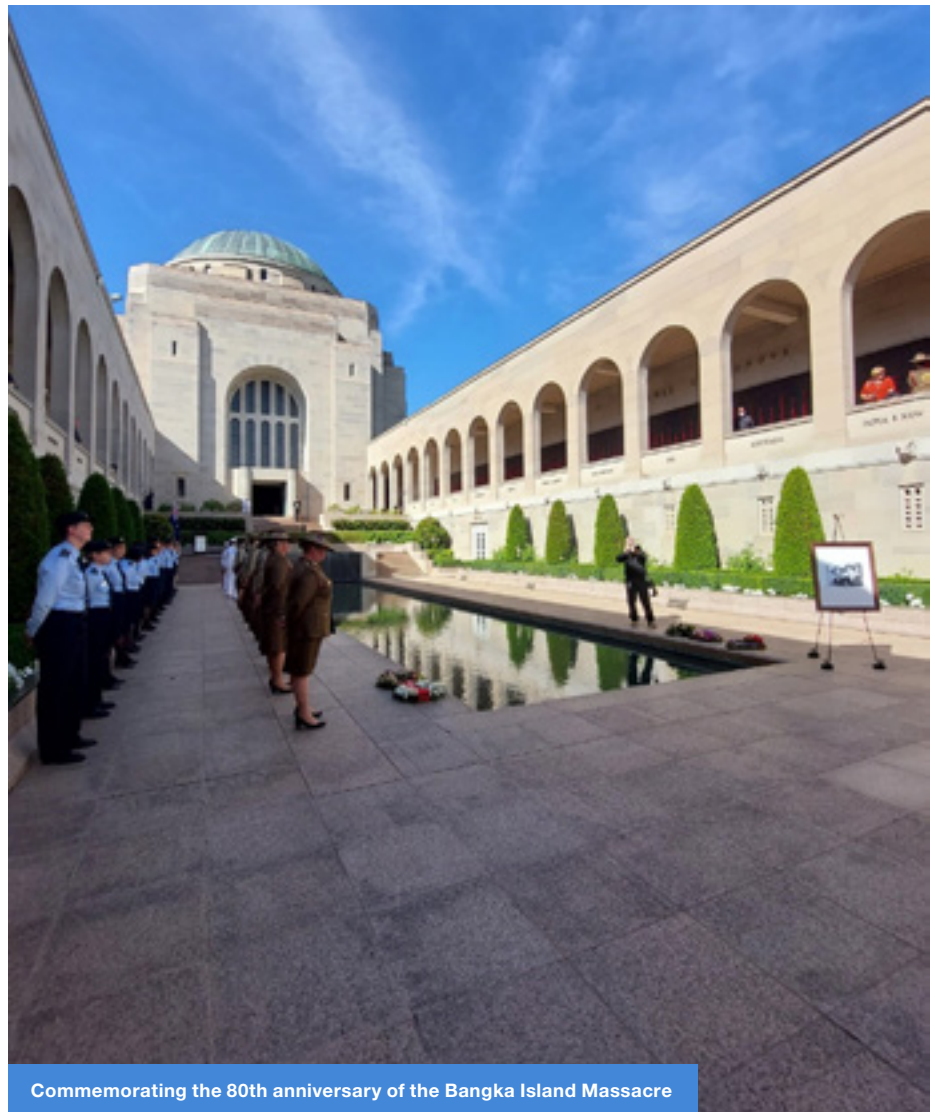
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# THE LAST POST

## Reflecting on 80 years since the Bangka Island Massacre

**T**he 80th anniversary of the Bangka Island Massacre was commemorated on 16 February 2022. I was privileged to have been invited by Adjunct Professor Kylie Ward FACN, CEO of the Australian College of Nursing (ACN), to join her in attending The Last Post ceremony at the Australian War Memorial, Canberra.

This was a particularly special Last Post, as it honoured the life of Australian Army Nurse Sister Ellen Louise 'Nell' Keats. While I have attended and represented ACN at the Anzac commemorative services at the National Nurses Memorial Centre, in Melbourne – which are always a solemn occasion – the immense size and presence the Commemorative Courtyard of the Australian War Memorial made this Last Post incredibly poignant. Hearing across the open space of the Courtyard, while defence personnel stood to attention,



Commemorating the 80th anniversary of the Bangka Island Massacre

the brutal massacre of the nurses by the Japanese soldiers being recounted, I found myself edging into emotional tears.

Sister Nell Keats trained at Adelaide's Parkwynd Private Hospital and Adelaide Hospital. Following her training at Adelaide Hospital in 1937, Nell was employed there as a staff sister. Two months after enlisting with the Australian Army Nursing Service, Nell was called up for service in February 1941. She was part of the 2/10 Australian General Hospital and was deployed from Singapore to Malaya from June 1941 before being evacuated back to Singapore in January 1942. Nell was one of the nurses who, following the sinking of the *SS Vyner Brooke*, made it ashore to Bangka Island.

Bangka Island, which is off Sumatra, was occupied by the Japanese army. The *SS Vyner Brooke* had been carrying 300 civilians, including 65 nurses evacuated

from Singapore on sail to Sumatra, when it experienced significant bombing. All those on board had to abandon the boat and make their way to the shores of Bangka Island, an Indonesian territory under control of the Japanese. Of the original 65 nurses, 12 drowned while making their way to the island's shores. On reaching the island, the large group of survivors were joined the following day by approximately 100 British servicemen. The group decided to surrender to the Japanese and the women and children went in search of an authority to whom they could surrender<sup>1</sup>. Japanese soldiers came across the servicemen, wounded and nurses waiting on the beach. The Japanese killed the servicemen and then made the nurses walk into the sea, facing the ocean. When they were waist deep, the Japanese machine-gunned them from behind. These were young, single women, like Nell Keats, who was only 26 years old.



“These were young, single women, whose courage and sacrifice will be remembered.”



For those of us who follow the history of Australian nurses, we know that of the 22 nurses, only one nurse, Sister Vivian Bullwinkel, survived. Injured herself, with a bullet wound to her hip, she feigned death, and along with another survivor, private Paul Kingsley, managed for 12 days to hide on the island before surrendering themselves. Sister Vivian then endured three and half years in interment in a Japanese prisoner of war camp in Muntok.

The rest as they say, is history. Lieutenant Colonel Vivian Bullwinkel, on retiring from the army in 1947, returned to Melbourne where she had a very successful nursing career. She received many awards and honours including the Florence Nightingale Medal, MBE and AM. As I listened to the retelling of the Bangka massacre and the sounding of the Last Post, I reflected on the incredible bravery of Australian nurses. Nell's family's loss and that of the families

of others lost in such a particularly brutal event of the war is hard to fathom. Will it matter to nurses in another 80 years? Who will remember the tragedies of this, and other wars gone before us?

One way of preserving nursing history and recognising nurses' contribution is through such initiatives as that of The Australian College of Nursing Foundation's Bullwinkel Project. This project is fundraising for the commissioning and installation of a commemorative sculpture of Lieutenant Colonel Vivian Bullwinkel to be erected in the gardens of the Australian War Memorial. It would be the first to honour the service of an individual woman or nurse at the Memorial. The Bullwinkel Project also raises funds for the establishment of scholarships in the names of Vivian's Australian nurse colleagues who did not survive the massacre.

Remembering the courage and sacrifice of these nurses and carrying on their legacy of dedication to their profession and the community will ensure the recognition of the contributions made by Australian nurses, now and in the future.



SCAN TO READ ABOUT THE BULLWINKEL PROJECT

REFERENCE

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**AUTHOR**

**PROFESSOR JENNIFER WELLER-NEWTON FACN**

# MORAL DISTRESS: TALES FROM THE FRONTLINE

Knowing the ‘right’ thing to do is not always easy

“How we negotiate our moral dilemmas determines how we feel when we leave our shift for the day.”

**A**s nurses we know that nursing is not as simple as going to work, doing a job, then coming home and forgetting about work until our next shift. Nursing is complex and decisions we make every day are usually driven by beneficence, that is, to always do good. As we try to always do good for the people we care for, our own morals may be challenged and often, how we negotiate moral dilemmas in our self-talk determines how we will feel when we leave our shift for the day. A series of moral and ethical stories, shared by our Australian College of Nursing (ACN) members, illustrates the dilemmas we can face in our day-to-day work. Sharing these types of stories helps us realise we are not alone in what we face and that it's okay to sometimes make a choice that doesn't work out. It's also okay to feel like we could have done better – that's called reflection – because it makes us stronger.

## WHY CAN'T I DIE AT HOME?

STORY BY NH

I was a second-semester nursing student on placement, and I faced a moral problem while caring for a patient I shall call John.

John had a terminal illness and was admitted after attempting to commit suicide and he was now transitioning to end-of-life care. When I first met John, we had conversations about his life and he was cognitively alert, even though his physical condition was poor requiring significant assistance. His wish was to go home to die but his two children were arguing about whether he should go home or stay in hospital. This argument was not resolved before John passed away.

I believe there was a failure to implement a timely decision about end-of-life care in John's case. My ethical reasoning was challenged as John was not given his autonomy, and his wish to return home was not achieved. I reflected on what happened – John wasn't provided with adequate end-of-life care as his wish to return home went unanswered due to indecisiveness. My moral principles of a good death conflicted with the hospital's processes, leading to moral distress.

Moral distress refers to knowing what ought to be done but feeling powerless to act on it or feeling powerless because you don't know what to do (Morley, 2018).

I felt that autonomy failed due to the breakdown and delays in communication between the healthcare team and family in trying to get John home. Meetings to discuss his transition home took significant time to organise, and there were multiple postponements. Although the team tried to achieve a positive result, ultimately John's wishes were not met. This highlights for me that, should I face this type of moral problem again, it is important that there is strong communication within the team, and that I advocate for my patients. John can never be advocated for again, and I will never forget this.

## YOU WANT ME TO DO WHAT?

STORY BY XD

When I was on placement as a nursing student, I encountered a graduate nurse called A. One day, we talked about the COVID-19 pandemic, and how the cases in Victoria were increasing. A told me that an acquaintance had tested positive, and A had just heard that he was an inpatient in our hospital. A was curious about his condition and wanted to access his files, but was reluctant to do it in consideration



of the hospital's privacy policies, so A asked me to do it. A tried to persuade me by saying "you are only a student, and you don't know him so it will be nothing if you do it." I asked why A expressed a fear of being caught for breaching hospital policy. I was firm in my reply, "The same reason that I can't do it for you!" I think I have done the right thing, however, it's not easy to refuse someone who is your senior.

Nurses have a duty to keep patients' information private and confidential but sometimes it's not so easy, especially as a nursing student who is pressured by a more senior nurse. Privacy protection means health professionals have the responsibility to keep the information from public scrutiny even if the information would not necessarily cause harm (Fry et al., 2011). This experience reminded me of my legal and ethical responsibilities.

**BUT WHAT ABOUT CULTURAL SAFETY?**  
STORY BY RS

I had a challenging experience nursing an elderly Aboriginal patient in a critical care environment. My patient had been in ICU for several weeks, had been resuscitated


from several cardiac events, had chronic kidney disease requiring second daily dialysis and had a tracheostomy in situ. The tracheostomy made it very difficult to communicate despite efforts with letter and picture boards and attempts to write. Nevertheless, it was not difficult to see when she was unhappy. The invasive nature of care in ICU all seemed magnified with this patient, given they were being undertaken by non-Indigenous people (including males at times) and I imagined this would potentially cause her to feel great shame. Her skin was excoriated in the perianal area from loose bowel motions. However, she was extremely resistant to our efforts to clean her. Her relatives were unable to visit the hospital. I contacted an Aboriginal Liaison Officer (ALO) who visited the patient and spoke to the family by phone. I thought that facilitating a family visit would be a positive move for the patient. However, when asked by the ALO, the patient said she didn't want her family to visit her. For me, this only underlined the shame she must have felt to be in this position and cared for by us in this way. I felt conflicted and was unsure how this situation could have been resolved better.

These are just some of the types of issues that nurses face and of which the Legal and Ethical Issues Faculty aim to raise awareness. The pandemic has added to these challenges and the question of what is the 'right thing to do?'. The Faculty is motivated to promote the importance of legal and ethical matters for nurses and develop responses to these challenges. By sharing experiences, we can help one another to navigate ethical decision making. If you would like to share one or more of your stories, please email them to: [LegalandEthical@acn.edu.au](mailto:LegalandEthical@acn.edu.au)

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	<b>JO SOUTHERN MACN</b>





# PROMOTING HEALTH AND PEACE

## Using nurses voices to encourage the abolition of nuclear weapons

**W**here can we, as nurses, find hope and make a difference for a safer, more peaceful world? In particular, how can we help prevent the ultimate catastrophe of a nuclear war?

At the time of writing, the conflict in Ukraine is devastating innocent lives on a huge scale and placing intolerable burdens on nurses and others caring for the victims. Even more devastating consequences will follow if nuclear weapons are used. In Japan at the end of World War II, most health professionals were killed or badly injured and the available health care settings were largely decimated by multiple bombing raids including the two nuclear bombs dropped on Hiroshima and Nagasaki (Hersey, 1985).

As of 2021, there are estimated to be just over 13,000 available nuclear weapons in the world (World Population Review 2022), in the hands of nations which continue to undertake nuclear modernisation and expansion programs. Several thousand are on high alert, ready to be fired within minutes (World Population Review, 2022; Ruff, 2022). A single nuclear detonation over a large city could kill millions of people from the initial blast, and subsequent heat and radiation. If just under one per cent of the world's nuclear weapons were targeted on cities, the soot and smoke lofted into the atmosphere would blanket the globe, decimating agriculture and leaving billions at risk of starvation. (ICAN, 2019; Ruff 2019; World Health Organization 1993).

There has been enormous progress in stigmatising and delegitimising these weapons, especially through the achievement of the Treaty on the Prohibition of Nuclear Weapons (TPNW) that came into effect in January 2021. The TPNW prohibits nations from developing, possessing, using or threatening to use nuclear weapons, or allowing them to be stationed on their territory, making them illegal under International Humanitarian Law. Australia has not yet ratified or signed the TPNW (ICAN 2022a).

The International Campaign to Abolish Nuclear Weapons (ICAN) played a key role in achieving the TPNW. This global campaign was founded in Melbourne in 2007 by the Medical Association for Prevention of War (MAPW), an organisation of health professionals including nurses. In recognition of its ground-breaking work, the ICAN received the Nobel Peace Prize in 2017 (ICAN, 2019; MAPW, 2022a).

Nurses have joined with many other health professionals in highlighting the medical imperative to abolish nuclear weapons. In 2017, a joint statement released by International Physicians for the Prevention of Nuclear War, the World Medical Association, the International Council of Nurses and the World Federation of Public Health Associations welcomed the TPNW, saying it is 'a significant forward step toward eliminating the most destructive weapons ever created, and the existential threat nuclear war poses to humanity, and to the

survival of all life on Earth. (International Physicians for the Prevention of Nuclear War, World Medical Association, International Council of Nurses and World Federation of Public Health Associations, 2017).

### THE CONTRIBUTION OF NURSES

Nurses can play an important role in educating about the dangers of nuclear weapons and stigmatising them as grave health threats.

There are a number of valuable ways in which nurses can act, such as:

- Financial divestment away from supporting nuclear weapons. For example, Quit Nukes is a campaign initiative of MAPW and ICAN with the goal of getting nuclear weapons companies out of superannuation investments.
- Actively participating in school and community education programmes that promote peaceful dialogue, diplomacy and leadership. Weapons companies are seeking greater access to students, including at primary level, to help steer our best Science, Technology, Engineering and Mathematics (STEM) students towards a career in the weapons industry. The acceptance of any role for the weapons industry in schools also risks encouraging the belief that political, social and economic problems can and even should be resolved by military means (MAPW, 2021).



- Honouring the lives of those who suffered and served in wars, without resorting to promoting warfare (especially nuclear warfare).

The purpose of the Australian War Memorial (AWM) is to commemorate the sacrifice of Australians who have done so, including nurses. However, funding for its programs has been accepted from several manufacturers that produce munitions, including nuclear weapons, thereby severely compromising its aims and ideals (MAPW, 2022b). Nurses, as part of the health care fraternity, can join the voices of those urging the Memorial not to continue sponsorship deals from arms manufacturers.

- Participating in the ICAN cities appeal to show support for the TPNW. The appeal has been endorsed by 38 councils around Australia, including capital cities, but more are needed (ICAN, 2022b).
- Joining MAPW. Nurses are valuable members of the organisation, and membership enables even very time-poor professionals to support its work.
- Joining the Disaster Health Faculty, Australian College of Nursing (ACN). The ACN's Disaster Health Faculty offers excellent opportunities for members to be involved in programs relating to nuclear and other disasters.

By acknowledging the past of the Hiroshima and Nagasaki bombings, nurses may

work towards applying these lessons to those situations such as in Ukraine where there is a genuine risk of further nuclear catastrophe occurring, and raising the alarm against such events. As a highly trusted profession, it could be that many are relying on us to do so. And without action, so much endeavour of the human race could be lost in just a few minutes.

All of the above measures join nurses with the growing global momentum –

*“Towards a world free of nuclear weapons”*  
(Nuclear Weapons Ban Monitor, 2021)

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