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the hive

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

FREE EDITION

COVER STORY:
CREATING
OPPORTUNITIES
TO PROVIDE CARE
TO NURSES AND
PATIENTS ALIKE

KAY RICHARDS FACN

CLIMATE CHANGE AND THE
HEALTH AND WELLNESS OF
ABORIGINAL AND TORRES
STRAIT ISLANDER PEOPLE

DIANE HEART MACN

DEALING WITH DISASTERS
IN THE COMMUNITY

PROFESSOR ALISON HUTTON FACN

+MORE
INSIDE



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TOMICA GNJEC MACN

EMPHASISING THE NEEDS OF CONSUMERS TO IMPROVE HEALTH CARE SYSTEMS



Ironically the uncertainty and increased demand on health services arising from the COVID-19 pandemic created a unique professional opportunity for me. In October 2021 I ventured into the world of virtual care monitoring of community COVID-19 positive consumers in my hometown. This move has given me a new perspective on my experiences and views of health care and its systems. It also provided an opportunity to discuss the impacts of COVID-19 illness on individuals and the community, but more importantly, to acknowledge and identify gaps in individual health journeys.

The pandemic has clearly accentuated the demand to meet the needs of providers and patients through continuous improvements. It is increasingly acknowledged that consumer input highlights requirements, context, and weaknesses in the design of health care system processes or new interventions (MacFadyen 2014).

Design Thinking has been suggested as an approach to identify inconsistencies between intervention development and implementation. It focuses on a collaborative approach in multidisciplinary teams and solutions based on prototyping, that is, action focused on finding needs, collaborating and testing (Altman et al 2018).

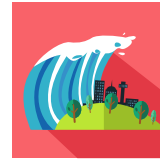
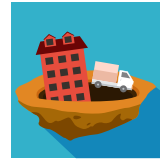
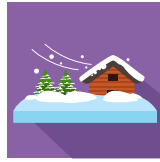
Several study findings support the assessment of the feasibility and usability of health tool designs. In their study, on a multimodal tool for telemonitoring older patients with chronic obstructive pulmonary disease (COPD), Sanchez-Morillo et al. (2013) illustrate the importance of identifying factors for non-participation and non-compliance with prescribed therapies. In developing a user-centred, efficient, and effective model for telehealth interventions, the researchers reported improved COPD knowledge and a significant improvement in compliance with therapies within the six-

month study period. In view of the study's success, the authors also suggested the COPD telemonitoring tool could be extended for ongoing support in self-management and for early symptom recognition for deterioration (Sanchez-Morillo et al., 2013).

Enhancing effectiveness, efficiency, and improvements in health care systems through approaches such as Design Thinking, can be achieved through an improved emphasis on the needs of consumers and providers.

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DEALING WITH DISASTERS IN THE COMMUNITY

How ongoing natural disasters are affecting nurses and the health care system

The role that nurses and midwives undertake during a disaster has received significant attention in recent years. Nurses across Australia have faced multiple disasters, often occurring within months of each other and even overlapping, such as bushfires, drought, flooding, cyclones, and of course the pandemic (SARS-CoV-2 or COVID-19). Within the past decade Australia has experienced an unprecedented number of natural hazards such as:

- 2011 – Cyclone Yasi, Brisbane Floods
- 2013 – Tasmanian Bushfires, New South Wales Bushfires, Cyclone Oswald
- 2014 – Brisbane Storms, Cyclone Ita
- 2015 – Sampson Flat Bushfires, Esperance Bushfires
- 2017 – Carwoola Bushfires, Cyclone Debbie
- 2018 – Tathra Bushfires
- 2019 – Black Summer Bushfires
- 2020 – Public Health Emergency of International Concern (PHEIC) COVID-19 pandemic
- 2021 – Eastern Australian Floods, Cyclone Seroja
- 2022 – Cyclone Seth, Eastern Australian Floods, PHEIC Monkeypox

These events have been compounded by two PHEICs – SARS-CoV-2 and Monkeypox which impact on health care systems and therefore nurses.

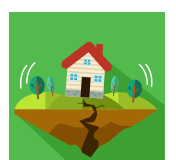
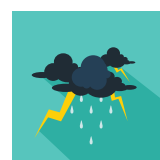
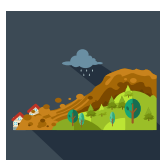
Obtaining an understanding of what nurses experienced, both professionally and personally, during these events can help current and future nursing leaders improve awareness of the critical role nurses undertake during these events. This understanding ties into the basic standards of Emergency Management, principles which include Prevention, Preparedness, Response and Recovery (PPRR) (ICN, 2020).

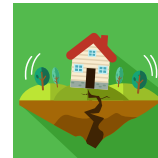
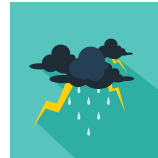
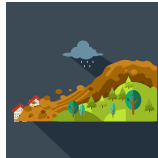
In 2019 the International Council of Nurses (ICN) and the World Health Organization (WHO) proposed a jointly supported framework for disaster care specifically related to the physiological needs, interventions, diagnoses, and outcomes for patients. This framework sought to capture how disasters affected the patient but there was limited information on how nurses were affected and what support frameworks are needed. Given what has occurred within Australia since 2010 it is beneficial to look more closely at the nurses' lived experience to prepare to plan, work, and recover more effectively in a disaster situation. Disaster nursing is a relatively new area of practice and is rarely taught in an undergraduate or workplace setting. Most nurses have little to no knowledge of surge capacity, reverse triage or disaster planning. Given the events over the past decade there is a need for this to change.

The impact of disasters on health care systems in general, and nurses in particular,

is multifaceted and affects more than the day-to-day operation of the health service. We are now entering the third year of a global pandemic and nurses are COVID fatigued, experiencing moral distress, and many have been infected with SARS-CoV-2 or have had to take leave from work to care for family members. You only need to search the internet to read about the nurses who have had to sleep at work as they were unable to get home, or the nurses who have taken on the role of cook, grounds person, cleaner, snake catcher, and counsellor all in one shift. Nurses who have been volunteering as fire fighters one day and working at the hospital the next (Morris, 2002). There are many stories of nurses working to treat patients while their own homes burned to the ground, or their houses were inundated by floodwaters and yet nurses continued to work despite the stresses they were enduring (Fedele, 2020; Williams, 2009)

Nurses are the largest group of health care professionals (Al-Maaitah et al, 2019) and it is a predominately female industry. As women are usually the primary care giver at home, the added pressures disasters and the ongoing COVID-19 pandemic have placed on them have increased (Mannix, 2021). Health care has never been as 'complex or demanding as it is today'. Cascading disasters such as those listed above as well as economic downturns and increased costs of living have caused additional stress. Nursing as a profession has been made





even more challenging due to ongoing and at times critical shortages of nurses in all areas of health care within Australia, placing unsustainably heavy workloads onto nurses and midwives (Mannix, 2021). We are seeing an aging retiring workforce, untenable workloads, higher acuity patients, and the third year of global pandemic. These issues are altering the way in which we deliver health care, coupled with increased levels of aggression and violence directed towards health care workers due to increased waiting times for delivery of health services. The ongoing natural disasters are causing greater impacts on nurses as they live with droughts, floods, and bushfires. These disasters cause damage to their homes and workplaces, they are unable to travel to work, take their children to school or childcare due to road closures (such as damage to infrastructure), and lack of transport options. Additionally, for those who live and work in the affected areas there can also be an ethical conflict that arises from the professional duty of care and a sense of responsibility to the patients, and the need to protect their own family and possessions.

The WHO and ICN (2020) report that with a shortage of nurses occurring prior to 2010, the ongoing natural disasters and pandemic have only exacerbated the shortfalls resulting in unsustainable work environments for nurses and midwives. The shortage of nurses is expected to increase, putting even more pressure on an already fragile system (ICN 2020).

The most recent workforce modelling undertaken by Health Workforce Australia (2014) indicated that Australia's demand for nurses would far outstrip the supply with a predicted shortfall of approximately 85,000 nurses by 2025 and 123,000 by 2030. This prediction was undertaken well before the global pandemic which has placed considerable additional stress on an already overstretched workforce. Nurses, like the majority of the population, are not immune

from economic losses, social disruptions, or the health impacts of SARS-CoV-2 yet are expected to continue to work throughout all of these events (Buchan et al., 2022). In order to support our nursing colleagues there is a need to acknowledge that we cannot have resilient health systems or deliver Universal Health Care if we do not have an adequate well-skilled nursing workforce (Thomas et al., 2020). It is important to reiterate that nurses and midwives comprise the largest workforce within health care and more attention on retention and recruitment is vital (Mannix, 2021; Buchan et al., 2022).




There is no easy fix to the problems faced by nurses dealing with disasters in their communities. However, as a leadership group in this area, we have a list of suggestions:

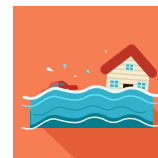
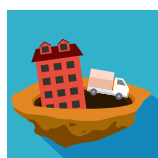
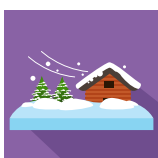
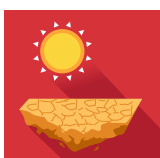
- An increase in the recognition of the importance of Nursing Leadership and Representation during disruptive events.
- Acknowledgement that nurses are the backbone of any disaster response, and their input into disaster and emergency management should be standard practice.
- Empowerment and support to the nursing profession to continue their vital work within the health system before, during, and after an event.
- Structural reforms are urgently required around workforce sustainability.
- Gender inequity to be addressed. Female nurses comprise 90% of the global nursing workforce, yet only have 25% of senior management roles in global health (WHO, 2022).
- Increased representation of nurses at all levels (Local, State, National and International) within health care

By creating a sustainable, well educated, strongly supported, and resilient nursing workforce we can start to address the challenges faced by nurses and midwives.

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Raising the nursing voice

Representation to improve the health care experience of people diagnosed with cancer

Adjunct Professor Sally Sara MACN is the Director of Nursing Programs at the Prostate Cancer Foundation of Australia (PCFA) where she leads a team of over 100 prostate cancer specialist nurses located in health services in every state and territory in Australia, in addition to PCFA's national Telenursing and Counselling Service. Sally has over 30 years of expertise working in the hospital and health care sector and has a strong interest in providing mentorship and educational opportunities to less experienced nurses. With demonstrated clinical expertise in prostate cancer nursing, Sally is committed to improving health care and quality of life outcomes for men diagnosed with prostate cancer.

Sally represents the Australian College of Nursing (ACN) on the Cancer Australia Intercollegiate Advisory Group (ICAG) for a three-year term.

WHAT MOTIVATED YOU TO UNDERTAKE THIS REPRESENTATION OPPORTUNITY?

I was approached by ACN to participate and was motivated by the fact that currently ICAG is participating in the development of the

Australian Cancer Plan, which is a 10-year plan with specific priorities and goals aiming to deliver world-class cancer outcomes to all Australians. The Advisory Group will support Cancer Australia to demonstrate national leadership in cancer control by working to reduce variations in cancer outcomes; ensuring that all Australians receive appropriate cancer treatment and care; and ensuring that health providers are guided by the best available evidence to achieve effective cancer care. The design and implementation of the Australian Cancer Plan will take a collaborative effort from all stakeholders, and I felt that after many years working with clinicians, researchers and men with prostate cancer I have the knowledge and expertise to provide a worthwhile contribution.

COULD YOU TELL US MORE ABOUT YOUR CONTRIBUTION?

I recently represented ACN at a strategic objective workshop to transform the delivery of cancer care with the purpose of refining strategies and setting goals and actions for the Australian Cancer Plan. On the background of my current PhD research

into the unmet needs of men with prostate cancer undergoing androgen deprivation therapy, I was able to provide suggestions in relation to improving the health care experience for people dealing with cancer and highlight the critical role that nurses play in the delivery of cancer care services and the development of Australian Cancer Plan.

CAN YOU TELL US ABOUT YOUR REPRESENTATION EXPERIENCE?

I am immensely proud to represent ACN strategically and I take such representation very seriously. It is vital that nurses have a seat at the table in relation to policy development and I strive wherever possible to raise our collective voice in relation to the future of cancer care in Australia.

WHAT DOES YOUR REPRESENTATION IN THIS ISSUE MEAN FOR ACN AND HOW DOES IT BENEFIT THE PROFESSION?

Membership of ICAG offers opportunities to inform cancer outcomes, and to influence policy and strengthen capability in relation to the provision of sustainable and effective cancer care in Australia.

“ It is vital that nurses have a seat at the table in relation to policy development. ”

Representation in groups such as ICAG provides invaluable opportunities to raise current nurse workforce and training issues and promote the pursuit of high-quality care provision delivered by a skilled and valued workforce.

WHY DO YOU THINK IT IS IMPORTANT FOR THE NURSING PROFESSION TO CONTRIBUTE TO THIS GROUP?

The Cancer Australia ICAG and Australian Cancer Plan Strategic Objective Workshops are attended by key representatives from nursing, medical, allied health, research, government, and consumer groups. The vision is for world-class cancer outcomes for all Australians. The nursing profession accounts for the majority of the health care workforce in Australia and is trusted and respected by the Australian community. We work, not just in hospital settings or urban centres, but across communities from city to rural and remote regions. And, by and large, we work at the front line of health care and are often the main point of contact for people affected by cancer. It is vital that we have a nursing seat at the table in groups such as these – for both the nursing profession and the communities we care for.

