



Australian
College of
Nursing

#45 AUTUMN 2024

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KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

FREE EDITION

Why history is important to me

**Understanding how past
events help change the future**

Lisa-Maree Patterson MACN

A valuable asset in personal and professional growth

**How to build a positive
relationship with mentors
as a mentee**

Lele Xu MACN

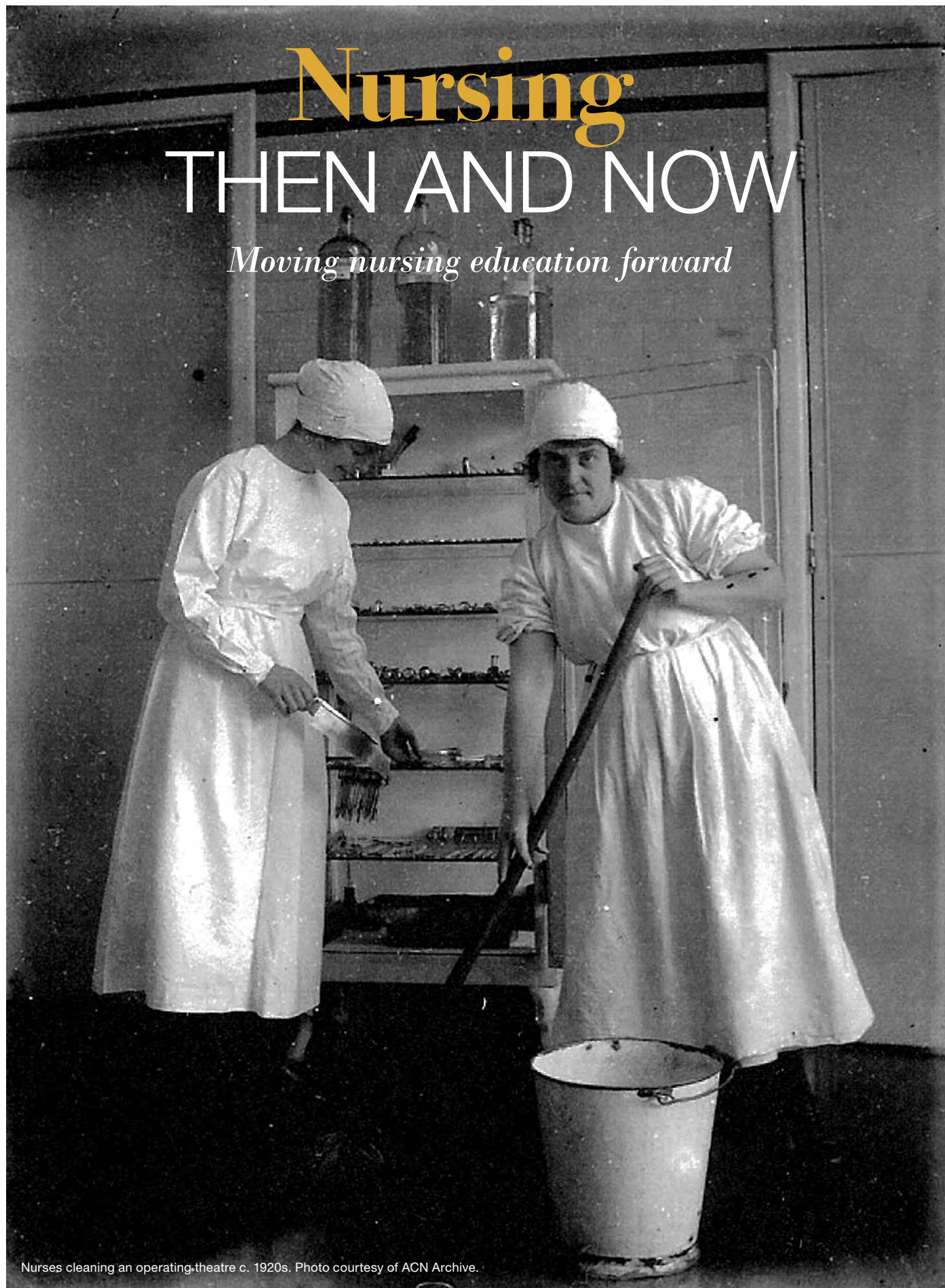
Meet the new ACN President

COVER STORY In conversation with Adjunct Professor David Plunkett FACN

**+MORE
INSIDE**

Nursing THEN AND NOW

Moving nursing education forward



Nurses cleaning an operating theatre c. 1920s. Photo courtesy of ACN Archive.

The move to university training was received with jubilation by all nursing organisations

Seventy-five years ago, the then New South Wales College of Nursing (which became the College of Nursing, Australia) and the College of Nursing Australia (which became the Royal College of Nursing) were established. Both College's had as their primary objectives to strengthen and maintain the highest principles of nursing practice and providing avenues for the postgraduate education of nurses.

On 1 July 2012 the unification of these two Colleges took place, and the Australian College of Nursing (ACN) was established, making this year the 75th Anniversary of the initial two Colleges being formed. This major national professional nursing body actively seeks members engagement in advocacy and representative work in key policy areas; supports and develops leadership in areas of nursing practice; enhances the knowledge and skills of nurses across Australia; supports and provides education for both registered and enrolled nurses.

The formation of ACN brought to fruition what was the original proposal when these two Colleges were founded. That was for a single major professional nursing organisation which covered all states and territories of Australia continuing and expanding on the roles of the previous colleges (Schultz 2018 pp. 539-544).

Much has happened to the nursing profession over these 75 years, particularly in the last few decades. The two College's had worked for many years to obtain the transfer of basic registered nursing programs from hospital based to tertiary based. This was finally achieved in part, when it was announced that all basic registration nursing programs, in New South Wales, would be transferred to the Colleges of Advanced Education in January 1985 whilst, at the same time, all hospitals would cease to offer such programs. On 28 August 1984 the Federal government made an historic announcement in which it gave its in-principal support for the full transfer of nursing education into the tertiary sector. This also meant that pre-registration nursing programs became the responsibility of and was funded by the Federal government in place of the various state governments through their

health departments. The last intakes into hospital-based courses in Australia was to occur in 1990 with the full transfer of this education to be completed by 1993. This decision was received with jubilation by all nursing organisations, including the then two Colleges of Nursing, who had worked so hard and long to achieve a national decision (Russell 2018, pp. 193-196).

There were many differences in the program that was offered by the higher education sector including that it was generic in nature, that is, it would include an introduction into all major nursing specialities including general, midwifery, mental health, disability, geriatric and community nursing. The graduates of these new pre-registration programs would be able to practice in any of the included speciality areas. Initially the award for graduates was a Diploma of Health Science (Nursing) and this developed into the Bachelor of Nursing.

Following the transfer of pre-registration nursing programs into the higher education sector, initially in Colleges of Advanced Education and then, with the demise of these Colleges, into universities across Australia there began to develop additional courses for nurses. At the same time, the postgraduate hospital-based nursing programs, in various specialist clinical areas, were gradually offered, at Diploma and Masters level by the tertiary education sector. For the first time registered nurses were able to undertake higher education into the various nursing clinical specialities and to undertake research into nursing and its clinical practice at both the Masters and PhD level.

Over the 75 years since the establishment the original Colleges, and their unification as the Australian College of Nursing, there have been many changes to the nursing profession. One of these changes is the development of nursing as a separate discipline within the higher education sector. Others including the introduction of various new areas for nursing practice, for example, Clinical Nurse Consultants, Clinical Nurse Specialists, Clinical Nurse Practitioners and the introduction of Clinical Chairs of Nursing. Many of these new areas included extended roles for registered nurses in the clinical setting, as well as



Clinical demonstration – dressing technique c. 1950s. Photo courtesy of ACN Archive.



Face-to-face classes at ACN's Parramatta offices, December 2023

in leadership, education and research all focussed towards improving outcomes for patients and clients (Potter 2023).

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BY
DR LESLEY POTTER FACN

EMERITUS PROFESSOR R.
LYNETTE RUSSELL AO FACN
(DLF)

Integrating MENTAL HEALTH CARE FOR NON-MENTAL HEALTH NURSES

How to provide safe and appropriate care

According to the Australian Institute of Health and Welfare (AIHW 2019), over 45 per cent of Australians will experience a common mental disorder in their lifetime; the most common disorders experienced include anxiety disorder, affective disorder, and substance use disorders. In fact, mental disorders are cited in the top five disease group burdens in Australia (AIHW 2019).

Close to 2 million Australians will experience a co-occurrence of a mental disorder and physical condition each year, one in four requiring hospitalisation (Gentil et al., 2019). People experiencing co-occurring mental and physical disorders are more likely to experience more severe and chronic medical, social, and emotional problems than if they had a single disease or disorder (Australian Bureau of Statistics, 2023).

Judith Smith MACN, Director of Professional Development at the Australian College of Nursing (ACN), sat down with Scott Neirinckx, presenter of the Integrating Mental Health Care for Non-Mental Health Nurses Workshop, to discuss the importance of equipping nurses with knowledge and skills to manage people in their care with a mental health disorder.

Judy: Scott, can you tell us about yourself and your experience in mental health nursing?

Scott: I am a registered nurse with over 20 years of experience working across a variety of roles in both the public and private sectors. My expertise lies in mental health, and my passion for collaborative work and

my ability to build partnerships have earned me recognition as a leader in my field. In my current role, I serve as the After-Hours Manager for Hornsby Ku-Ring-Gai Mental Health Service in the Northern Sydney Local Health District. Additionally, I am the owner and Director of Next Progression – Specialist Mental Health Services and recently was appointed a University of Technology Sydney (UTS) Ambassador.

In my career, I have held team leader and management positions in the community mental health sector for over 15 years. I also served as the Senior State-wide Clinical Advisor to the NSW Police Force for two years and worked as a Casual Academic at UTS, teaching undergraduate nursing mental health and professionalism subjects for over a decade.

My lifelong passion revolves around reducing the stigma associated with mental health struggles, and I strongly believe in the power of connectedness, collaboration, and supported decision-making. This belief prompted me to establish my own company, Next Progression, in 2021. As a specialist mental health service, we provide tailor-designed training, education, and consultation. Notable organisations, such as

the NSW Police Force, ACN, and individual NDIS providers have already benefited from our bespoke training packages.

Judy: Can you explain what mental illness is?

Scott: Well that depends really.... Are you asking for the clinical definition or the legal definition? AND it depends on which state you live in... better come to my course to find out more!

But for today, to really simplify things, in essence, mental illness involves a disruption in the 'typical' flow between event, thought, and action. When this flow is impacted to the point of disrupting a person's function, then it could be classified as a mental illness.

Judy: What role do you think stigma plays in impacting safe and effective physical health care for patients with a mental health diagnosis or challenge?

Scott: Regrettably, I have observed stigma affecting the provision of safe and effective care on numerous occasions. One significant obstacle is the apprehension that clinicians may feel upon learning that they are caring for a patient with a diagnosed mental illness. I don't criticise general nurses for

...I strongly believe in the power of connectedness, collaboration, and supported decision-making.



experiencing this fear because it often stems from a lack of understanding and the unfortunate societal stigma associated with mental illness, especially severe and enduring conditions like schizophrenia or bipolar disorder. Stigma is shifting, and education is increasing, reflecting steps toward comprehensive/holistic care. Through understanding, knowledge, collaboration (among consumers, carers, disciplines, and specialties), and empathy, we can anticipate improved physical health outcomes for patients with mental health diagnoses, overcoming the historical overshadowing of their physical health by mental illness, which has led to poor outcomes for this population.

Judy: Why is it important for non-mental health nurses to be able to recognise mental health disorders in the people they care for?

Scott: It is crucial for non-mental health nurses to recognise mental health disorders in the people they care for because it allows for appropriate referral to specialised mental health services, understanding the impact of trauma, and the importance of trauma-informed care. Recognising mental health disorders also enables nurses to adapt their communication and care approach, acknowledging that individuals may not be able to follow simple instructions due to symptoms like auditory hallucinations, paranoid thoughts, or thought blocking, etc., associated with mental ill health. This recognition not only enhances overall patient care and contributes to better outcomes but

also makes the nurse's life easier by reducing frustration and facilitating a more effective and compassionate caregiving experience.

Judy: In your workshop 'Integrating Mental Health Care for Non-Mental Health Nurses', you discuss trauma-informed care (TIC). Can you explain what this is and why it is important for nurses to be aware of it?

Scott: Very simply, TIC focuses on safety, trust, and healing by acknowledging and addressing the effects of trauma on individuals, fostering collaboration, and showing sensitivity to individuals' specific needs. A good example of an initiative to address TIC is the recently released NSW Health Integrated Trauma-Informed Care Framework, which focuses on a system-wide approach to TIC, not just within mental health services. This is a significant initiative, and other states and services will likely follow suit in recognising the importance of TIC.

Judy: How can non-mental health nurses better equip themselves to manage people in their care with mental health disorders?

Scott: Enrolling in this course is a key step, and joking aside, education and repetition are crucial. The fact is, over 45 per cent of people in Australia will, at some point, receive a mental illness diagnosis. The likelihood of encountering such individuals in your work is significant. Perhaps, in the future, we will see mental health education being given the same priority

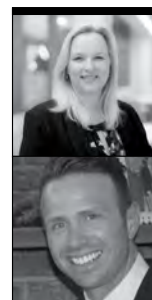
or mandate as training on deteriorating patient care in our workplaces.... Maybe!

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Scan here for more information on ACN's Integrating Mental Health Care for Non-Mental Health Nurses workshop.



BY
JUDITH SMITH MACN

SCOTT NEIRINCKX

Celebrating NURSING LEADERSHIP

The impact of nurses on the profession

International Women's Day imagines a world that is diverse, inclusive and free of discrimination. ACN celebrates the achievements and leadership of all nurses. We asked our Trailblazer winners to reflect on the impact nurses have on the profession and the innovations they continue to bring.



**NIKKI
JOHNSTONE**
OAM MACN
2019
TRAILBLAZER
WINNER

Trailblazing female nurses have been advocating for our

profession by forging new paths to better care, for centuries. The nursing model allows us to be creative and adaptable resulting in better patient outcomes that are person centred. Healthcare provision is not a one size fits all endeavour. Trailblazing nurses recognise this and change the system so that people do not fall through the cracks by increasing equitable access to care. This has been challenging over the years as nurses, being female dominated, we have been viewed as less than our medical colleagues, who are male dominated. Female nurses have however risen to the challenge and an example of this is throughout the COVID-19 pandemic, nursing became more visible and influential. Trailblazing female nurses have shown leadership in this space and that has resulted in nursing being represented at a state and commonwealth level when important decisions are being made.

As the co-founder of *Palliative Care Needs Rounds* I am very proud to say that this intervention has impacted on nurses working in Residential Aged Care and Specialist Palliative Care across Australia. I initiated and was the clinical lead of firstly a pilot project and then a randomised controlled trial that increased access to specialist palliative care for older Australians living in residential aged care. The success of

the intervention *Palliative Care Needs Rounds* pilot influenced a decision by the Commonwealth Government to invest in palliative care in the 2018 budget. This investment funded a partnership agreement named the Comprehensive Palliative Care in Aged Care measure.

The 2018-19 Commonwealth Budget final total included \$57.2 million over six years through cost-sharing with state and territory governments. All states and territories signed up to the agreement. *Palliative Care Needs Round* increase access to specialist palliative care for people living in RACF's, increase dying in preferred place of death, increased the confidence of nurses to care for their residents at end of life and increase the quality of dying. This work was recognised in 2019 and I was awarded an Order of Australia OAM for my contribution to nursing in Australia. In 2019 I was also recognised and awarded the inaugural winner of the Australian College of Nursing Health Minister's Award for Nursing Trailblazers. I received this national award for innovation in nursing research and practice that increased access to specialist palliative care for older Australians living in Residential Aged Care Facilities. Later that year I was invited as an expert witness to give solution focused evidence, to the Aged Care Royal Commission Quality and Safety. In August 2021 I was appointed as a member of the Professional Services Review Panel, a judicial appointment, by the then Minister for Health, The Hon Greg Hunt. Currently I am working on my first case.



**SHANNON
WALLIS MACN**
2020
TRAILBLAZER
WINNER

In 2022, West Moreton Health was fortunate to receive some

Connected Community Pathways funding (as part of the Queensland Government's commitment to improving clinical care) and I have been fortunate to be involved in commissioning a new innovative model of care called the Preventative Integrated Care Service (PICS). PICS provides rapid access (within 24-48 hrs) to intensive specialised medical management intervention for patients, that is delivered by a multidisciplinary/interprofessional team including medical, nursing, and allied health clinicians to adults living with high-risk chronic conditions, with a particular focus on respiratory, diabetes, and cardiology patients. The service aims are to improve quality of life, reduce length of stay, avoid unplanned hospital presentations, and reduce potentially preventable hospitalisations. The model of care is for a 14-16-day timeframe and care is delivered through a variety of modalities, including home visits, face-to-face clinic appointments, telehealth, and remote patient monitoring depending on individual care requirements.

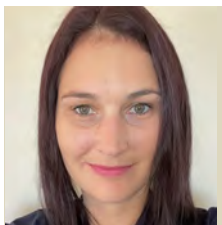
As part of this new PICS opportunity, it was decided that the existing *MeCare* patients' care was best transitioned either to this new larger sub-acute PICS service or they could be referred on to the Queensland Statewide Self-Management of Chronic



These remarkable individuals use their platform and influence to raise awareness about important issues in healthcare.

Condition – SmoCC service. Many of the former *MeCare* staff have had opportunities to join this larger multidisciplinary PICS team and continue to support the complex chronic condition patients in our community.

As a nurse leader, I feel privileged to serve, collaborate, and influence the staff in the services I lead. I am passionate about developing models of care that have the patient at the centre and creating a safe culture where the staff feels valued. This enables staff to be innovative, flexible and practice top of scope. I feel creating a workforce structure that encourages nurses at all layers of leadership to join the team and be provided with support, opportunities to learn, contribute and grow is important and personally, I find very rewarding.



CLAIRE LANE
MACN
2022
TRAILBLAZER
WINNER

Winning the Trailblazer Award has been an excellent

opportunity to promote nursing to the public. Bringing attention to the work that nurses perform helps to shed light on how essential these roles are not just for hospitals but for the broader community. As a largely female-dominated profession, nurses are too often the silent heroes, and the Trailblazer has meant that I've been able to actively talk about the contribution of nurses to a range of audiences, including at a recent

TED talk. The award has also of course allowed me to talk about my own work and the commitment to the environment and medical access issues *Save Our Supplies (SOS)* was designed to address.

Establishing SOS has been an incredible journey and has involved many dedicated people. As CEO I am working to expand the charity to provide medical support and assistance to as many communities as possible in real need. It's wonderful to know that whenever I am asked to speak about the charity I'm able to draw a bit of attention to the nursing profession, and just how much can be accomplished with some determination - including reframing the way we see medical waste in this country. SOS actively repurposes medical supplies seen as waste in Australia, which is not only great for the environment but also indispensable to the communities we service, both globally and locally.



LAUREN BARBER
MACN
2023
TRAILBLAZER
WINNER

Trailblazing female nurses play a crucial role in advocating for the

nursing profession through their leadership, innovation, and dedication to excellence. They challenge stereotypes, break barriers, and inspire future generations of nurses. These remarkable individuals use their platform and influence to raise awareness

about important issues in healthcare, advocate for better working conditions and resources for nurses, promote diversity and inclusion within the profession, and drive forward advancements in patient care.

By leveraging their expertise and experience, trailblazing female nurses often spearhead initiatives that address systemic challenges within the healthcare system, such as advocating for better nurse-patient ratios, pushing for policy changes that benefit both patients and healthcare professionals, and promoting the recognition of nursing as a vital and respected profession. Their advocacy extends beyond the walls of hospitals and clinics, reaching communities, governments, and international platforms to amplify the voice of nurses and champion the well-being of all.

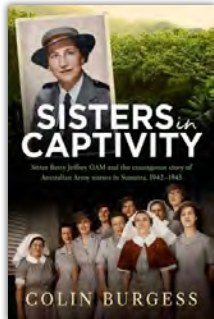
NeedleCalm has been a transformative force in improving the patient experience and revolutionising the administration of needle procedures. Through innovative technology and user-centered design, *NeedleCalm* incorporates new methods of nursing care, encouraging a positive relationship between patients and clinicians to shape a different future where compassionate care is at the forefront of every patient interaction.

Nominations for the Health Minister's Award for Nursing Trailblazers are now open.



Scan here to find out more about this prestigious award.

Reviews of a good read



Author:
Colin Burgess

Publisher:
Simon & Schuster

Review by
Cheryl Bourke
MACN

SISTERS IN CAPTIVITY: SISTER BETTY JEFFREY OAM AND THE COURAGEOUS STORY OF AUSTRALIAN ARMY NURSES IN SUMATRA, 1942-1945

To endure so much brutality and go on to embrace life with vigour, vitality, and enthusiasm sums up Betty Jeffrey – a person of physical and mental strength with the tenacity to survive.

Sisters in Captivity, taken from Betty's diaries, is a compelling read. Once you start, you're on a roller coaster of emotions. The brutality suffered by the POWs is staggering, beyond comprehension.

Betty's early life seemed idyllic, surrounded by family in a safe, secure environment. This was in stark contrast to what was to come.

Proud to become a "Sister," Betty completed her nursing qualification

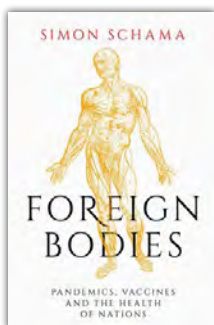
in 1939, aged 31. Eager to contribute to the war effort she joined the Australian Army Nursing Service in February 1941. By May of that year she was on a ship to Singapore, excited by the adventure.

The nurses hadn't been in Singapore long before the Japanese invaded. All hell broke loose and life was chaotic and in turmoil. By 1942 they were evacuated on the SS *Vyner Brooke*, presumably to safety. The ship was bombed by the Japanese and quickly sank. The nurses ensured everyone was off the ship before they jumped into the sea. This was the beginning of a three-and-a-half-year nightmare where every skill they possessed was

needed to survive the Japanese onslaught. Once captured, the inhumane conditions were relentless. Deprivation, starvation and cruelty were the daily routine. Amid times of despair, the nurses made the most of it. Along with tears, they managed laughter, compassion, and ingenuity until rescued in 1945.

Although Betty's health was compromised for the rest of her life it didn't deter her from pursuing many interests. She continued to be involved with nursing and maintained close relationships with the other POW nurses.

Sisters in Captivity would appeal to anyone interested in nursing, history, or humanity.



Author:
Simon Schama

Publisher:
Simon & Schuster

Review by
Dr Lesley Potter
FACN

FOREIGN BODIES: PANDEMICS, VACCINES AND THE HEALTH OF NATIONS

Wildlife, intensively fed and bred livestock, and humans... now constitute a common planetary reservoir of perpetually evolving and mutating microorganisms (pp. 14-15).

Simon Schama in his erudite, sardonic and inimitable style tells the story in *Foreign Bodies* of infectious diseases through the life histories of personalities and characters involved in scientific research in the late 18th and 19th centuries. Focusing on smallpox, cholera, and the plague, Schama's history of inoculation and vaccination is structured around these personalities. Their names are hardly known today although they labored, campaigned and researched to discover the cause and appropriate responses to infectious diseases so prevalent at the time. The opposition they faced from many eminent men of science and societies such as the Royal Society, Royal Colleges of Physicians and Surgeons and the Imperial Medical Service was strong and constant.

At the heart of the book is the unsung hero, Waldemar Mordechai Wolff Haffkine, a Jew from Odessa, a bacteriologist who developed and delivered appropriate vaccines to countless thousands, particularly in India, against cholera and the plague. The discussions of Asian history regarding contagious diseases are what makes this book interesting for the Western reader. While some Europeans, scientists, merchants, traders, and officials are mentioned, the focus is predominantly on Asian medical scientists and European microbiologists and bacteriologists working in Asia.

Of interest to nurses, apart from the amazing history of vaccination, are a couple of passing references to Florence Nightingale's position on the theory of miasma and sanitation. The book provides background material for the reasons Florence Nightingale was so persistent in holding such views as the miasmatic cause of disease and the benefits

of sanitation as these were the prevailing views amongst so many scientists of her day.

Foreign Bodies is a book compassing East and West, demonstrating the vulnerability of humanity in the onslaught of contagious diseases. In the book, Schama shows how the fear and anxiety surrounding the COVID-19 pandemic is not new but history repeating itself as illustrated in the epidemics and pandemics of previous centuries. Schama writes, "the history [of contagious diseases] is not going away any time soon" (p.289).

The overriding take home message of *Foreign Bodies*, as the quote which begins this review indicates, is the interconnectedness of the natural world with humanity, and he suggests we ignore this fact at our peril. This book is a must-read for all who have an interest in the history of pandemics and worldwide health.

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