



Australian  
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#46 WINTER 2024

# *the hive*

**KEEPING NURSES INFORMED, CONNECTED AND INSPIRED**

## **Men in nursing**

Redefining healthcare  
gender roles

Mitchell Bannah MACN

## **A rewarding career move**

The road to becoming  
a Nurse Practitioner

Toni Slotnes-O'Brien MACN

# Nursing as an asset

**COVER STORY** In conversation with  
Professor Dame Anne Marie Rafferty DBE FRCN

**+MORE  
INSIDE**



Australian  
College of  
Nursing

ISSN 2202-8765  
Distributed quarterly

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Elect Printing

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02 6283 3470  
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## Cover

Professor Dame Anne Marie Rafferty  
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# Supporting

## NURSING AND MIDWIFERY RESEARCH AND EDUCATION

### *My role as a Board Member for the Victorian Nurses and Midwives Trust*

The Victorian Nurses and Midwives Trust (VNMT) has provided over \$3M across 250 grants for research and education since it has been in existence. Previously known as the Nurses Board of Victoria Legacy Trust, it came into existence when the Nurses Board of Victoria ceased to exist in 2010 and the National Regulation and Accreditation Scheme commenced. The Nurses Board of Victoria owned two buildings within the Melbourne CBD which were sold before the National scheme commenced and the Victorian State Government enabled \$6M to be put in trust to support nurses and midwives to undertake research and education in perpetuity (Sheedy, 2011). I want to tell you why I am passionate about nursing and the opportunities for nurses and midwives to apply to the Trust for grants.

As I was a Board member of the Nurses Board of Victoria who transitioned to the Victorian Board of the Nurses and Midwifery Board of Australia, I was offered the opportunity to join the Board overseeing the Trust. I felt very honoured and humbled to have this opportunity and I have enjoyed being a member of this Board ever since.

Supporting nursing and midwifery research and education has always been an important aspect in my role as a registered nurse. I still remember the first Quality Assurance (QA) project I led with a clinical nurse specialist when I was in my graduate year. This QA project reviewed the way nursing handover was undertaken on a medical ward at a large tertiary hospital in Melbourne and we reviewed current processes and implemented a change to nursing handover. We reviewed the literature, collected nurses' opinions and the quality of handover information

### **Nurses and midwives often aren't encouraged to solve a clinical problem using research methodology.**

before and after the change. This experience had an impact not only on me and my handover style but also changed the way all the nurses gave handovers on the ward at the time. It improved the information provided at handover and streamlined the handover processes. This quality project launched my passion for nursing-lead research, no matter how big or small. I have also always been keen to develop nurses' and midwives' passion for postgraduate education, always thinking and asking what we can learn next.

My career and education in nursing and health care have been very varied and I have brought this experience with me as a Board member of the Victorian Nurses and Midwives Trust. I have nursed within four of our Victorian public health services over my career as well as undertaken casual work at a handful of other private and public hospitals. I have also worked in a variety of clinical and administrative leadership roles, and I am currently the longest-serving Chief Nursing and Midwifery Information Officer in Australia, working at Monash Health. I am an adjunct associate professor with the Deakin University School of Nursing and Midwifery and have a master's degree in public health. I am also an active Fellow of the Australian College of Nursing, chairing the Chief Nursing Information Officer Faculty.

Being involved in, and advocating for, research since my graduate year, I also recently supervised my first PhD student.

This was an amazing experience supporting a registered nurse to undertake their research in an area of interest to them. I have found nurses and midwives often aren't encouraged to solve a clinical problem using research methodology and are instead expected to find an immediate solution. This is why I love being able to work with the other Board members and application reviewers to enable more nursing and midwifery-led research in Victoria as well as enabling the next generation of nurses and midwives to undertake further study in their chosen field.

If you are a Victorian resident, please consider applying for a grant.

#### REFERENCE

Sheedy, Katherine (2011) The Act of Nursing: A history of nursing regulation in Australia. Nurses Board of Victoria Legacy Limited



Scan here for more information about grants at via VNMT



BY  
ADJUNCT ASSOCIATE  
PROFESSOR  
NAOMI DOBROFF FACN



# Implementing

## ALLERGY HEALTH CARE

*A new approach*



Dr Deryn Thompson  
MACN

### WHAT IS YOUR CURRENT ROLE AND WHERE ARE YOU WORKING?

I am a clinician and academic at the University of South Australia. I work in a private allergy clinic. Working within a dermatology

practice, their model of care integrates my facilitation of patients/families to master their skin care. Through patient education, people develop thinking reasoning and problem-solving skills to understand and implement care for their eczema and dermatological conditions. This approach was an outcome of my PhD research (Thompson 2021). I also teach the postgraduate Professional Certificate in Allergy Nursing, attracting students from Singapore, South Africa, NZ, Hong Kong, and Australia.

### CAN YOU TELL US A LITTLE ABOUT THE NATIONAL ALLERGY COUNCIL AND YOUR ROLE IN IT?

Nearly five million people in Australia have at least one allergy; some have more than one!! Allergies can be multi-faceted and complex, and some allergies are still not well understood. Diagnosis, management, treatment and patient/family education by health practitioners with additional knowledge and skills in allergy are vital. People with allergies also experience significant psychosocial stress from living with the constant threat of an allergic reaction (Dierick et al. 2020). Nurses should play a key role in patient care, support,

and education surrounding allergies, but care must be informed by their knowledge and skills about allergies and guided by the best evidence-based best practice recommendations. Not all nurses choose to undertake the Masters level study to become a Nurse Practitioner (NP). My contribution, as the ACN representative, was to emphasise and explain in the workshop the vital role that nurses, who are not NPs, play in the overall shared-care management of people with allergies. I explained to these nurses about educational opportunities for them to upskill and strengthen the quality of care delivered, especially in remote/regional areas of Australia.

After years of lobbying, in 2022 the government awarded \$26.9 million to enable the professional allergy body, the Australasian Society of Clinical Immunology & Allergy (ASCIA), and the key health consumer support organisation, Allergy and Anaphylaxis Australia (A&AA), to form a partnership (Parliament of Australia 2020).

The National Allergy Centre of Excellence (NACE) was created and focuses on high-quality allergy and clinical immunology research. The National Allergy Council (NAC) was created to implement the National Allergy Strategy recommendations and the parliamentary response. People with allergies in rural/regional Australia currently need to travel hundreds of kilometres to see an allergy specialist. NAC (2023) states that allergy health care needs to be available to people at the right time, in the right place, by the right health professional, and provide the right care (NAC 2024). Currently, these are not addressed equitably.

### WHAT MOTIVATED YOU TO AVAIL YOURSELF OF THIS REPRESENTATION OPPORTUNITY?

I have worked in allergy for over 35 years. I have seen the rise in allergies, additional challenges allergies create in people who migrate to Australia, and the need for patients to be cared for by health professionals with additional evidence-based knowledge and understanding of allergies. ASCIA and A&AA have multiple high-quality evidence-based online and e-training resources, but the general health professional community and many patients/families still struggle to locate them.

My motivation to be the ACN representative was to identify how the NAC plans to address the above-mentioned challenges. The workshop collected vital information from the perspectives of various industry experts, health consumers and professional allergy bodies. Nurses are important players in this 'orchestra', and ACN needed to know how the role of nurses featured in their plans. ACN responded to the National Allergy Strategy and the parliamentary response, by supporting greater involvement of nurses, encouraging greater clarity around their scope of practice and for nurses to have additional knowledge and skills in allergy care/management aligning with evidence-based best practice.

### TELL US ABOUT YOUR REPRESENTATION EXPERIENCE.

My representational experience comprised two days. The very valuable sessions, attended by allergy and clinical immunology specialists, other specialists with an interest

in allergy, GPs, nurse practitioners, nurses, dietitians, psychologists, professional body representatives, and health consumers with allergies. Dr Norman Swan convened, promoting lively discussion and debate. Many discussion details are still confidential but broad topics were education and training, expanding access to care, business models (private and public), Medicare remuneration, and interdisciplinary and multidisciplinary communications and care models for allergy. Data are undergoing analysis and subsequent reports will be published by NAC.

I contributed information about nurses' practice and opportunities for further evidence-based best practice high-quality postgraduate training. Nurses completing a university-based postgraduate certificate allergy course are equipped with advanced allergy knowledge and skills for professional/highly skilled work and ongoing professional development capabilities. These nurses also know where to source evidence-based reliable patient and health professional-focused resources for patient and peer health professional support.

#### WHAT DOES YOUR REPRESENTATION IN THIS GROUP MEAN FOR ACN?

I was able to report to ACN that their submission to the Australian government in support of ASCIA and A&AA was valuable and achieving results. I also highlighted that allergy-focused professional development opportunities for nurses are available across all levels of health care. Various free online e-learning modules are available on ASCIA's website, but these are usually generalised, rather than linked to each profession's regulatory requirements. I highlighted that the Professional Certificate of Allergy Nursing (2024), as a 13-week online course, is easily accessible for all nurses in rural/regional areas. Nurses' allergy professional development must not only focus on building nurses' high-quality knowledge, skills but also critical thinking capabilities on allergy best practice and procedures. The course activities help nurses to optimise patient safety, by strengthening their awareness and alignment of allergy practice with their nursing regulations and responsibilities, scope-of-practice, clinical decision-making frameworks, practice standards and medico-legal-ethical requirements (Nursing & Midwifery Board of Australia 2024). As an ACN representative, I advocated that rural/regional nurses would benefit

from scholarship incentives to undertake allergy professional development.

#### WHAT ARE THE BENEFITS FOR THE PROFESSION FROM THE WORK OF THIS GROUP?

Allergies are incurable and are not declining. Early intervention in infants and children can improve outcomes (NAC 2024). In Australia, seven of the top 10 chronic conditions in children are linked to allergies or the effects of living with allergies (AIHW 2022). Secondary and tertiary care levels of health care cannot sustain allergy management. At primary healthcare level, health professionals should be able to manage/care for people who have 'more straightforward' allergies. However, these practitioners are currently under-prepared with knowledge and understanding of allergic conditions, their diagnosis, testing and best-practice management. The National Allergy Council (2024) is working on strategies to address this in general practitioners. Significant ongoing research by NAC since early 2023 has identified the various gaps by gathering evidence from HP, health consumer and industry perspectives. The NAC 'roadmap' is one outcome of this research.

Nurses are key health professionals who can work towards optimising patient/family care, providing allergy patient/family education in line with best practice and the best evidence. To do so, these nurses need to be upskilled and supported to undertake professional development in Allergy Nursing. My participation in the Shared Care for Allergy Workshop as an ACN representative, enabled NAC to recognise that nurses, who are not nurse practitioners, can also make important contributions to shared care and support patients/families with their allergy management and allergy prevention within the Australian healthcare system.

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Scan here to find out more about NAC.



Scan here for the NAC implementation roadmap.



Scan here for information on the Certificate in Allergy Nursing course.

# Men in nursing

*Redefining healthcare gender roles*

Early in 2024, while helping my stepdaughter with her recently commenced Enrolled Nursing studies, we began to talk about the current state of nursing in Australia, and what it is like to be a nurse in a tertiary hospital. During this conversation, she asked me a question I had not been asked before: **“Do patients ever ask you if you are a doctor?”**

Whilst the answer to this question was “Yes, frequently”, I had never really taken the time to reflect on why I, an early career nurse, am asked this. As a male nurse, patients ask me several times a day whether I am a doctor, or when am I starting my medical studies. Although I am always quick to inform my patients that I am the Registered

Nurse looking after them, I have noted that my female colleagues are rarely asked these same questions. Put simply, patients assume that if you are a male wearing scrubs in a healthcare setting you are a doctor, or studying to become one, whereas if you are a female wearing scrubs in a healthcare setting you are accepted to be the nurse. The primary concern around this is the prevalence of gender stereotyping, and the apparent devaluation of nursing as ‘less than’ in terms of occupation, as compared to medicine. A report by Terry et al. (2022) examined how male nurses reported feeling this devaluation of their decision to become a nurse causing them a sense of inferiority, and feeling as though their career choice to be a nurse is not enough.

## REDEFINING GENDER ROLES IN HEALTHCARE

Traditionally, nursing has been depicted as a field dominated by women, with the image of the caring, empathetic female nurse deeply entrenched in societal perceptions. In popular culture, television series such as *Grey’s Anatomy* and *Scrubs* have made minimal contributions to challenge societal stereotypes by showcasing male nurses. While female doctors are somewhat represented in these shows, the predominant portrayal still features male actors cast as doctors and surgeons, rather than nurses. However, this portrayal is being challenged as an increasing number of men pursue nursing as a career. Between 2015 and 2020, the number of



# Encouraging and supporting male nurses to pursue leadership roles can foster a more balanced and diverse nursing profession overall.

male nurses increased by 6,792 compared to an increase of 28,689 female nurses over the same period (Figure 1, Australian Institute of Health and Welfare, 2022).

The Australian Institute of Health and Welfare (2022) stated that in 2020 “The FTE rate of females was 6.8 times that of males for nurses and midwives”. Although there is an increasing ratio of female to male nurses, the number of men taking up a career in nursing overall continues to rise, as per Figure 1.

## CHALLENGES CONFRONTING MALE NURSES

Despite the growing presence of male nurses, they still encounter hurdles in their careers within the healthcare sector. A significant obstacle revolves around combating the sociocultural stigma associated with being a man in a historically female-dominated profession. Male nurses are frequently challenged with stereotypes, misconceptions, and in some instances discrimination from patients, colleagues, and society at large. Terry et al. (2020) examine such challenges as facing the stereotype that male nurses are homosexual and effeminate, their patient care being perceived as deviant or sexualised, and being assigned physically heavy, aggressive, or violent patients. Overcoming these challenges demands resilience and a firm commitment to dismantling gender biases.

## PERSPECTIVES OF MALE NURSES

Male nurses bring a unique perspective and skill set to the profession, challenging the idea that gender dictates one’s ability to deliver exceptional care. Male nurses can offer a unique viewpoint regarding patient care, complementing their female counterparts. Research indicates that patients benefit from a diverse nursing workforce, leading to enhanced communication, better outcomes, and increased healthcare satisfaction (Brody

**Figure 1: Total FTE of nurses by gender from 2015-2020**

	2015	2016	2017	2018	2019	2020
<b>FEMALE</b>	237,996	243,640	249,293	257,354	265,561	266,685
<b>MALE</b>	32,372	33,723	34,826	36,354	38,157	39,164

Australian Institute of Health and Welfare (2022)

et al., 2017). The presence of male nurses enriches healthcare teams and elevates the overall quality of patient care, as examined by Colby (2012).

Despite ongoing progress, gender parity in nursing leadership remains elusive, with women predominantly occupying leadership roles. To challenge gender barriers, the active not passive promotion of equal opportunities for men to assume leadership positions in the nursing profession is required. Encouraging and supporting male nurses to pursue leadership roles can foster a more balanced and diverse nursing profession overall (Smith et al., 2021).

Despite the demonstrable benefits of male nurses in health care, there exists a need for targeted recruitment and retention initiatives to bolster their presence in the profession. Drawing parallels to efforts aimed at increasing female participation in male-dominated industries, such initiatives should encompass multifaceted strategies, including recruitment campaigns, mentorship programs, and cultural competency training. By fostering supportive and inclusive work environments, healthcare institutions can attract and retain male nurses, thereby fortifying the resilience, sustainability, and equality of the nursing workforce.

## CONCLUSION

The emergence of male nurses in health care reflects evolving psychosocial gender roles, the dismantling of stereotypes and a more accurate health care representation of the populations they care for. Men bring valuable perspectives, skills, and

contributions to nursing, strengthening the diversity and effectiveness of the profession. By advocating gender equality and fostering inclusivity, nursing can continue to attract individuals from diverse backgrounds. Embracing the future of nursing means embracing the talents and dedication of both men and women in professional nursing.

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**BY MITCHELL BANNAH MACN**

Mitchell Bannah is in his third year of ACN’s Emerging Nurse Leader Program



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# KEYNOTE SPEAKERS ANNOUNCED

CAIRNS CONVENTION CENTRE 14-16 AUGUST 2024

### WEDNESDAY 14 AUGUST 2024

Professor Dame **Anne Marie Rafferty** CBE FACN (Hon)

Professor **Alison McMillan** MACN

### THURSDAY 16 AUGUST 2024

Adjunct Professor **Shelley Nowlan** FACN

**Frances Rice** MACN

Professor **Brendan McCormack** MACN

**Sarah Brown**

### FRIDAY 16 AUGUST 2024

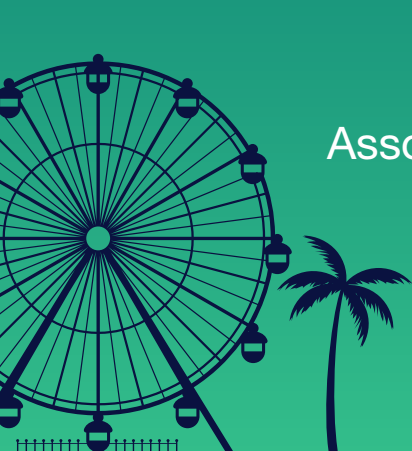
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