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**Nurses are the solution
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A nurse-led solution for equitable
health care across Australia

Adjunct Associate Professor
Sonia Martin MACN

**Aboriginal and Torres
Strait Islander health is
everyone's business**

Targeted skin checks led by primary
care nurses in rural Australia

Jennifer Gordan MACN

TRACHEOSTOMY CARE

Upskilling to provide safe and appropriate care

Although patients with tracheostomies are predominantly found in acute care, they are becoming more commonplace in other clinical settings, including general wards, and community and residential aged care facilities (RACFs). As patients with a tracheostomy have an altered airway, it is imperative that nurses looking after these patients are familiar with tracheostomy care and can recognise and respond to emergencies (Zaga et al, 2023).

Judith Smith, Director of Professional Development at the Australian College of Nursing (ACN), sat down with Marin Duvnjak, presenter of the Tracheostomy Care Workshop, to discuss the importance of equipping nurses with knowledge and skills to manage people in their care with a tracheostomy.

Judy:

Marin, can you tell us about your background and what inspired you to specialise in tracheostomy care?

Marin:

Briefly I am an ENT Head & Neck Nurse Practitioner. Tracheostomies are life-changing events to patients for many reasons which we will touch on. Improving patient outcomes by empowering clinicians, patients and their loved ones to look after tracheostomies is the main inspiration for me.

Judy:

Can you explain what a tracheostomy is and why a person would require one?

Marin:

Absolutely. A tracheostomy—sometimes called a “trachy” or tracheotomy—is a surgical procedure in which an opening is created in the trachea, just below the larynx, to insert a breathing tube. This provides a direct airway to the lungs and is used in several scenarios. The two most common indications are ventilatory weaning in intensive care, where patients need prolonged respiratory support, and managing upper airway obstruction, such as from head and neck cancers, severe trauma, or neurological conditions affecting breathing.

There are two primary methods for insertion: surgical tracheostomies,



Marin Duvnjak, presenter of the Tracheostomy Care Workshop

performed in an operating theatre, and percutaneous tracheostomies, commonly done in the ICU. These tubes come in various sizes, materials, and features, each suited to different patient needs.

Judy:

What are some of the biggest challenges nurses face when caring for tracheostomy patients?

Marin:

One of the biggest challenges is a lack of experience and confidence. Many nurses find themselves in situations where they are expected to care for tracheostomy patients without the necessary training or exposure.

From an institutional perspective, not all hospitals, aged care facilities, or community settings are equipped to handle tracheostomy patients effectively.

The necessary education, resources, and protocols may not always be in place, leaving nurses feeling unprepared.

On the patient side, every case is unique. Tube types, underlying conditions, and complications such as infections, blockages, or difficulty speaking all require individualised care. Managing these complex needs requires a multifaceted approach, ensuring nurses receive the right training and ongoing support to provide safe and effective care.

Judy:

What are some of the most common misconceptions about tracheostomy care that you encounter?

Marin:

One of the biggest misconceptions is that patients with a tracheostomy are permanently confined to a hospital or that they cannot



live a full and independent life. That simply isn't true. Many tracheostomy patients successfully manage their condition at home and remain active in their communities.

Another common myth is that tracheostomy patients cannot eat or speak. While some may face initial challenges, with the right support—such as speech therapy and proper tube selection—many patients can regain the ability to eat, drink, and even communicate verbally.

I recently spoke with a former patient who spent months in hospital with a tracheostomy. Today, he's back on the road, travelling around Australia with his wife and dog. Stories like his highlight how life with a tracheostomy doesn't mean giving up on living fully.

Judy:

How has tracheostomy care evolved in recent years, and what new best practices should nurses be aware of?

Marin:

The biggest advancement has been the move toward multidisciplinary team (MDT) care. Across healthcare settings, we now see expert teams—including nurses, speech pathologists, physiotherapists, respiratory specialists, and ENT surgeons—working together to create comprehensive care plans. This collaborative approach ensures patients receive holistic, evidence-based care tailored to their needs.

Nurses remain at the forefront of this approach, whether they are at the bedside delivering direct care or on an expert panel or, furthermore, in a research institute, our profession is the backbone of tracheostomy care.

For nurses, staying updated on best practices is essential. This includes understanding early warning signs of complications, the importance of routine tracheostomy changes, infection control measures, and effective communication techniques for patients who have difficulty speaking.

Another major shift is the recognition that investing in specialised training and expert-led tracheostomy teams actually reduces long-term healthcare costs. Research has shown that preventing complications—such as tube blockages, aspiration pneumonia, or unnecessary hospital readmissions—far outweighs the cost of providing specialist care from the outset.

Judy:

What advice would you give to nurses who feel intimidated by tracheostomy care?

Marin:

First, recognise that it's completely normal to feel unsure or intimidated at first. Take the time to familiarise yourself with different tube types, suctioning techniques, emergency protocols, and patient communication strategies. Learn from experienced colleagues, attend workshops, and make use of resources like this course.

Most importantly, remember that while a tracheostomy is a major change for the patient, it can be just as daunting for their family and carers. As nurses, we play a crucial role in providing reassurance, education, and support. Once you gain confidence in your skills, you can pass that confidence on to your patients and their loved ones. Empowerment starts with knowledge, and by upskilling ourselves, we can improve care and quality of life for those living with a tracheostomy.

Tracheostomy care is highly specialized, and no one is expected to be an expert overnight. The key is to seek out education, training, and hands-on experience.

ABOUT MARIN DUVNJAK

Marin is a highly experienced ENT nurse practitioner specialising in tracheostomy services. Marin is the president of the Otorhinolaryngology-Head and Neck Nurses Group (OHNNG) and is involved in several research projects and clinical trials as a study coordinator.

UPSKILL NOW

ACN offers both online and face-to-face training on Tracheostomy Care suitable for nurses caring for patients in all settings.

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Scan here to find out more about ACN's CPD courses, including our Introduction to Tracheostomy



JUDITH SMITH
ACN DIRECTOR OF
PROFESSIONAL
DEVELOPMENT

MARIN DUVNJAK



NAVIGATING THE GLOBAL NURSING LANDSCAPE

My journey as an internationally qualified nurse and researcher

The journey of an internationally qualified registered nurse and midwife (IQRN/RM) is one of perseverance, adaptability, and unwavering commitment to patient care. My professional path, from being a registered nurse (RN) in India to becoming a researcher and advocate for specialty skill utilisation in Australia, has been shaped by challenges and opportunities. Through this article, I hope to inspire early-career nurses and emerging leaders to embrace global mobility, continuous learning, and leadership in health care.

Despite excelling academically in India, moving to a new country, learning a different language, and adapting to Australian academic writing was initially daunting. However, achieving my PhD with summa cum laude reinforced that academic skills are adaptable. The challenge lies in transitioning these skills to meet Australian academic standards—a demanding and rewarding journey.

FROM INDIA TO AUSTRALIA: A NURSING JOURNEY

My nursing career began in India, at the School of Nursing in Kerala, where I gained a strong foundation in clinical practice and patient care. Seeking broader opportunities and professional growth, I immigrated to

Australia. Like many IQRN/RMs, I faced barriers in credential recognition, workplace integration, and specialty skill utilisation. As a neonatal nurse from India, I had to acquire new skill sets to work in a rehabilitation ward—a shift that, while valuable, felt like a step backward in my career trajectory. However, I believe no learning is ever wasted. These experiences fuelled my passion for researching the systemic challenges IQRNs face and advocating for solutions that enable them to contribute fully to healthcare systems.

BRIDGING THE GAP: RESEARCH AND ADVOCACY

My PhD research focused on both the barriers and facilitators of specialty skill utilisation among IQRNs in Australia. Through

this work, I identified key issues such as:

- Limited understanding among recruiting managers regarding IQRNs' training and capabilities.
- Scepticism towards internationally acquired skills, leading to underutilisation.
- Insufficient structured transition programs leaving IQRNs to navigate the system alone.

One significant challenge is the variance in how courses are structured across different countries and how hiring managers perceive international qualifications. For example, many in my research were registered both as RNs and RMs. Their clinical placement hours often exceeded 4,000 hours—significantly more than Australian nursing



PERSONAL TRANSITION STRATEGIES	PROPOSED SOLUTIONS
Open Mindset	Embracing career opportunities, reskilling, and exercising patience while transitioning.
Additional Education	Pursuing further qualifications to bridge knowledge gaps and align with local standards.
Networking and Mentorship	Building professional relationships and engaging in peer support.
Keeping Skills Active	Working in related nursing roles while awaiting specialty opportunities.
Commitment to Professional Growth	Actively seeking development opportunities and demonstrating resilience.
Alternative Career Plans	Accepting initial roles outside one's specialty while working towards long-term goals.

programs—yet scepticism persisted, creating barriers to professional recognition.

To address these gaps, my research proposed the IQRN Specialty Skill Support Program, to equip healthcare institutions with resources to effectively assess and integrate IQRNs into specialty roles. Importantly, hiring managers were not the villains in this issue; they were equally affected—often overworked, burned out, and navigating complex systems like visa processes with little to no support. They lacked resources to turn to for guidance.

A PERSONAL REFLECTION: THE UNFINISHED CHAPTER IN MY CAREER

Despite my love for academia and my fulfilment in my role, I still feel a gap in my professional journey. As an RN and RM, I have not had the opportunity to practise midwifery in Australia due to regulatory complexities. Having completed my PhD I now find myself with much more time in my life, I have more capacity and am determined to work to ensure that dual-qualified nurses can fully utilise their skills and expertise, preventing them from feeling professionally incomplete. Moving forward, I plan to collaborate with regulatory bodies to develop solutions to ensure borders restrict no nurse.

Additionally, I am actively contributing to ACN's Global Nursing Faculty Working Group, where I engage in exploring and advocating for issues affecting international nurses and the nursing profession as a whole. Through this role, I aim to drive meaningful discussions and policy changes that enhance

global mobility, professional recognition, and support for international nurses

THE RESILIENCE OF IQRNS

Despite the challenges, IQRNs are a remarkably resilient group. Many successfully integrate into the Australian healthcare system by leveraging informal networks, including connections with colleagues and nurse managers, which help them adapt to local nursing practices and build confidence in their new environments (Australian College of Nursing [ACN], n.d.). Additionally, joining professional organisations such as ACN provides access to professional development and networking opportunities essential for staying updated on local practices and improving clinical competence (Kamau et al., 2022).

Many IQRNs also pursue additional education in Australia to enhance their skills and align their qualifications with the specific requirements of the healthcare system. However, systemic barriers persist. The lack of specialty certification from their home countries often impedes recognition of prior learning and limits opportunities for postgraduate education. Furthermore, many IQRNs immigrate later in life, making retrieving certifications from their home countries difficult and further complicating skill recognition in Australia.

For example, securing a specialty nurse role in Australia often requires a postgraduate qualification. However, universities typically have stringent entry criteria, such as requiring current employment in a specialty area

for enrolment in postgraduate programs (Australian College of Neonatal Nurses, 2024). While IQRNs may initially struggle to access these programs, many eventually succeed through perseverance and strategic career moves (Ung et al., 2024).

STRATEGIES FOR OVERCOMING BARRIERS

Success as an IQRN in Australia requires dedication, resilience, and strategic planning. In the table above are key strategies that have helped IQRNs overcome barriers (Kurup, 2024).

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CHANCHAL KURUP MACN

ENCOURAGING NURSES TO *relocate*

Rural health care from the perspective of a student nurse

The burden of disease in Australia is notably higher the further a person lives from a major city (AIHW, 2024). Due to a myriad of reasons, access and engagement with health services is significantly lower in rural and remote areas compared to metropolitan areas (AIHW, 2024). This highlights the critical need to encourage more health workers, particularly nurses, to relocate to rural and remote areas of Australia.

INSPIRING STUDENTS TO PURSUE REGIONAL AND RURAL ROLES

While roles such as rural generalist nurses and nurse practitioners exist, more efforts are needed to inspire nursing students to pursue careers in rural health. Throughout nursing education, rural placements are frequently offered to students in various specialities and locations. However, there is a lack of student empowerment and facilitation of a diverse student group in these rural and regional placements. Rural generalist nurse practitioners, who work autonomously alongside other health professionals, are essential for enhancing healthcare accessibility and quality in rural areas. Promoting this career pathway will remain challenging until there is an improvement in the accessibility and quality of general amenities in rural and regional areas.

RURAL HEALTHCARE PLACEMENTS – A VIABLE OPTION

As of 2023, roughly 105,000 nurses and midwives were working in regional and remote areas of Australia (Department of Health and Aged Care, 2023). And in 2024, 7 million Australians reported that they were living in a rural or remote area (AIHW, 2024). This highlights the significant deficit that exists in the rural health workforce. The shortage of staff in these areas is not primarily due to a lack of general amenities but rather the obstacles parents or primary carers face in completing their health degrees. Universities often lack flexibility for parents or carers during semesters or placement periods. This is a fundamental issue that needs addressing as the health

system is reducing the amount of very capable and compassionate individuals who want to work in the system that is screaming for retainable staff. By resolving these issues, the health system can attract more passionate healthcare students to rural health careers. With ongoing improvements in rural services and amenities, the drawbacks of living rurally could be minimised.

MAKING RURAL PLACEMENTS ATTRACTIVE

Rural health placements are offered to nursing students throughout the academic year, with locations ranging from Broken Hill to Far North Queensland. Despite the variety of options, the uptake for these placements is lower than expected. Addressing the fundamental issues faced by student nurses, whether in rural or metropolitan areas, is crucial. Both state and federal governments must take steps to eliminate these challenges so that students do not have to prioritise family or financial needs over their interest in rural health careers. Positive changes are already underway, with rural health scholarships and initiatives by state and federal governments supporting university students.

ACCESSIBILITY TO EDUCATIONAL OPPORTUNITIES IN RURAL AND REGIONAL AREAS

More work needs to be done to bridge the gap between metropolitan and rural healthcare access, as this issue of limited rural health workforce impacts the medical and allied health professions as well. The lack of educational opportunities and

general amenities in rural areas hinders health students and professionals from relocating.

Additionally, the lack of access to health services and reduced likelihood of employment in other industries in rural areas are reasons that significantly hinder health students or professionals from moving to rural and remote areas. The fundamental need to improve the reliability and accessibility of rural health services relies on the promotion of working rurally as health professionals.

Personally, I will work rurally once I have gained some clinical experience as a nurse. However, this sentiment is not shared in general amongst my peers, hence, the facilitation of promoting rural healthcare placements needs to be a priority, as well as making university health degrees more accessible to people from all walks of life.

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