#52 SUMMER 2025/26

Australian College of Nursing

the hive

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

FREE EDITION

Nursing RESILIENCE AND COMMITMENT

Playing a part in the evolution of nursing in the Pacific

Daru Heaven Faanimo Isaia
Registered nurse, Samoa

Acting with courage

Confronting racism in nursing and health care

Dr Ali Drummond

From Institutions to Inclusion

Deinstitutionalising healthcare accessibility through socialised health

Mitchell Bannah MACN

+MORE INSIDE

A LETTER, A DIARY, A CAPE AND A SERVICE CAREER

News from the National Nursing Archive

The definition of 'archive' is a *collection of historical documents or records providing information about a place, institute, or a group of people.*

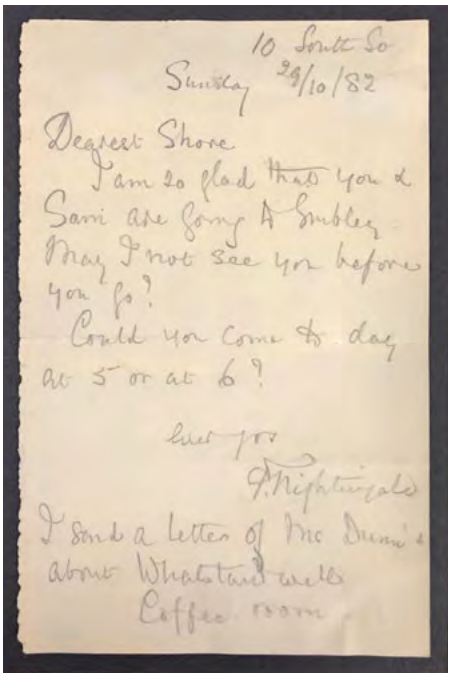
According to a young person I know, an archive is a collection of really old stuff that nobody gets to see or play with. They were being very literal in their description.

In reality, both the definition and that young person's description are correct. Although I'm not too sure about letting someone 'play' with some of the items that we have in our growing collection.

Held within the walls of our Australian College of Nursing (ACN) Deakin building are some archives that are indeed very old, dating back to before our parents and grandparents' time. They each tell a story of their own, lending themselves and the individuals to whom they belonged to the wonderful profession of nursing.

The following are just a few of the gems that we currently hold in our archives.

1882 – a handwritten letter from Florence Nightingale dated 29 October 1882. The letter is written in pencil on what may have been a page from a notebook. To protect the letter, it was professionally mounted by Frame Rite Pty Ltd circa the 1980s. Florence Nightingale was born on 12 May 1820 in Florence, Italy and died on 13 August 1910 in London, England. An interesting sidebar is that Florence Nightingale Shore (9 January 1885-12 January 1920) followed


10 South So
Sunday 29/10/82
Dearest Shore
I am so glad that you &
Sami are going A Sunday
May I not see you before
you go?
Could you come to day
at 5 or at 6?
Ever yrs
F. Nightingale
I send a letter of Mrs Deane's
about Whatstandwells
Coffee room

Short letter written by Florence Nightingale

her namesake into nursing with military involvement in the South African War of 1900 and then with the Army Nursing Staff during 1914-1918 in France. She was the goddaughter of Florence Nightingale.

There are small collections of or single letters from Florence Nightingale in various institutions in Australia. This letter is one of our most precious possessions. Florence is known as the founder of modern nursing; it is appropriate that this letter is housed at the Australian College of Nursing.

Sister Anne Laycock Hunter

1915-1919 – the diary of Sister Anne Laycock Hunter (1880-1962), an Australian Army Nurse who served overseas in WWI. The donation was made by her great-nephew, John Brotchie, and his sister (great-niece), Christine Parker. ACN was handed custodianship of this handwritten history on 12 March 2025.

The diary commences on 13 April 1915, the day that Anne Laycock Hunter left on a journey from Australian shores onboard the *HMAT Kyarra A55* on her way to Egypt.

The handwriting is beautiful and elegant, the entries, some only three words long, give you a glimpse of what it was like for a nurse travelling from her homeland to care for the sick and wounded in the war to end all wars. We can imagine the seasickness, the heat, the heartbreak, the friendships and the tiredness in just the simple words that she has penned. Not every day is listed; there are breaks in between when

They each tell a story of their own, lending themselves and the individuals to whom they belonged, to the wonderful profession of nursing.

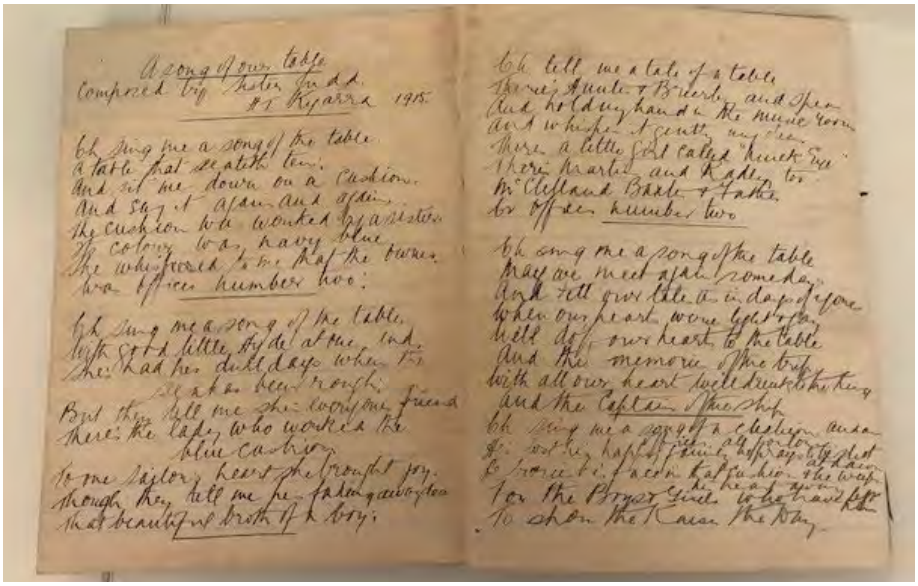
The handover of the diary to the author (right) by John Brotchie, Anne's great-nephew

Anne would have been too exhausted to put pen to paper. We journey with her from Australia to the other side of the world before she finally returns to Australia.

When Anne returned to Australia in June 1917, she was a Charge Matron and was discharged on 20 July 1919. She was awarded the 1914-18 Star, the British War Medal and the Victory Medal.

At the very end of the diary, there is a surprise. There is a song titled: A song of our table. which was composed by Sister Judd while on the *HMAT Kyarra* in 1915. Whether it had been written at the end of the diary deliberately for someone to find sometime in the future or written so that we remember to always check the last pages, we will never know.

To ensure that we protect the diary and stop the hands of time from deteriorating it further, John and his sister have very generously provided us with a transcript of the diary. This will enable anyone to read the content and go back in time.



A song of our table from the diary of Anne Laycock Hunter

Pages from the diary of Anne Laycock Hunter

Margaret Ann Clark Douglas' cape

Margaret Ann Clark Douglas

Jo-Anne Ikin in uniform

1966-1988 – the red woollen cape. This beautiful cape was proudly worn by Margaret Ann Clark Douglas (25 August 1942-27 November 2021) and travelled with her from Scotland to Australia in 1966. She came here under the Ten-Pound Scheme.

Initially, Margaret worked at the Burnie General Hospital, Tasmania, before travelling to Perth, WA, along with a group of nurses from Tasmania and New Zealand. Margaret worked at Sir Charles Gairdner Hospital until 1970 before returning to Scotland to work and to apply for a permanent visa. She returned to Australia in 1973, initially working at Mona Vale Hospital, then relocating to Gosford Hospital. Later, she moved to Woy Woy Rehabilitation Centre, where she worked for nine years. Margaret undertook a two-year Associate Diploma in Gerontology at Cumberland College, graduating in 1988. Margaret retired shortly after to care for her mother, who had followed her to Australia.

The cape is still as bright and as fresh as it was when it arrived in Australia with Margaret in 1966.

2000-2022 – Lieutenant Colonel Jo-Anne Margaret Ikin (nee Hem) (Retired) RN RM MCHN GDCFH GDMH MAE SMRIPRN MACN

Both nurse and midwife, Jo-Anne has dedicated herself to caring for others throughout her career, with a major component of that career involving the Australian Army.

In May 1990, already a nurse and midwife, Jo-Anne enlisted in the Army Reserves as a medic while still working at the Royal Women's Hospital, Melbourne as a midwife.

In January 2000, Jo-Anne joined the Australian Regular Army commissioning as a Lieutenant Nursing Officer and was immediately posted to 2HSB in Brisbane. After completing her military training, Jo-Anne was selected in December 2000 for deployment to East Timor with 2HSB to work at the United Nations Hospital in Dili. During this time, she was instrumental in the delivery and resuscitation of 34-week Timorese twins. Upon her return to Australia, Jo-Anne was recognised for her nursing service and received the RAANC Nursing Association Award for clinical excellence.

In 2002-2008, following completion of a Master in Adult Education at Latrobe University, Victoria, she was promoted to Captain and in 2003 posted to the Army Logistic Training Centre where she was working in the Health Services Wing as a clinical instructor. Enjoying her military career and continuing to maintain her clinical competence by working casual shifts as a midwife, Jo-Anne was then posted to the Logistic School of Operations in 2006 as a health logistic instructor before being posted back to Health Services Wing in 2008 on promotion to Major as the Officer Commanding. During this posting, Jo-Anne established a new training continuum for Medics that allowed them to gain civilian registration as enrolled nurses and was awarded a Forces Command Commendation for this significant work, which enhanced capability and competency for Defence.

Jo-Anne moved into a training development role in 2010 and was also appointed Deputy Head of Corps for the Royal Australian Army Nursing Corps. This was followed by a posting into the SO2 Corps position.

Jo-Anne was deployed on the Army Aboriginal Community Assistance Program (AACAP) to the Northern Territory assisting two Indigenous communities with nursing and midwifery services in 2014. From 2015 to 2017, she was posted to Army Headquarters in Canberra in a clinical governance role. Highlights included the creation of the Army Nursing Levels, recognising clinical nursing qualifications for military nurses. Her last posting was to Joint Health Command on promotion to Lieutenant Colonel commencing in 2017, where she was responsible for the training in relation to the Defence Electronic Health System and was also heavily involved in the tender evaluation for the replacement Defence e-health system.

Jo-Anne was selected as the Army Nursing Contingent Commander for the 75th Anniversary commemoration of the Bangka Island massacre on Radji Beach, where she joined the Director of Defence Force Nursing and led 12 Army nurses for a tour and representative duties in Indonesia. She describes this as an absolute honour

Australian Military Nursing – Serving Humanity by Brian Wood, presented to Jo-Anne by Health Services – S02 Corps (Health) 2012-2014

and the highlight of her military career. In recognition of her leadership in this role and enduring passion for military nursing, Jo-Anne was subsequently appointed in 2018 as the Acting Director of Defence Force Nursing for six months and later fully appointed in the role from January 2019 until July 2020. In this role, Jo-Anne re-established the ADF Nursing magazine, improved linkages with ACN and other external organisations and was keen to ensure military nurses were recognised for the important capability they provide to Defence, the Australian community and overseas. This was highlighted by the Governor General in 2020 when his excellency invited Jo-Anne and other military nurses to Government House in recognition of their Service for the Year of the Nurse/Midwife.

Jo-Anne retired from the ADF on 25 May 2022.

Acknowledgement: The author acknowledges the generosity of John Brotchie and Christine Parker, Robyn Levey and Lieutenant Colonel Jo-Anne Ikin for the donation of some of these items, information and photos to the collection.

Reference

Sister Florence Nightingale Shore (source: https://www.cwgc.org/stories/stories/sister-florence-nightingale-shore/)

KAREN DANSEY FACN (HON)
ACN MANAGER CORPORATE SUPPORT

Mementos from Timor

Presented to Jo-Anne from the Staff at Health Service Wing December 2009

Karen with (L to R) Ken Griffin, Australian Primary Health Care Nurses Association CEO, Bob Katter, Independent MP for Kennedy, Adjunct Associate Professor Leanne Boase, Australian College of Nurse Practitioners CEO

FACING ONE OF LIFE'S BIGGEST **transitions**

Reflections on retirement

As I face one of the biggest transitions in my life so far, having crossed the biggest hurdle – making peace with my decision – I realise that I have been a part of the nursing profession for 42 years, not a bad innings. When I reflect back on my 18-year-old self, I struggle to recognise her.

I'm quite sure that had I grown up in a different era, I would have had a number of labels attached to me, including "generalised anxiety disorder"! Back in the 80's I described myself as "painfully shy". In fact, as a first-year student, I still remember the pain of receiving my first clinical placement report from the charge sister on the ward. She wrote, "I think Karen should find a different career as I don't think she is at all suited to nursing". When she had the "chat" with me, she was neither supportive nor kind. In fact, she was cruel and clearly felt that I was a waste of her time. I still remember her name. I decided that day that I would never be like her. In that moment, I learned a very important lesson that has stayed true throughout the years. You can learn as much, if not more, from the worst leaders as you can from those who inspire you the most. What she will never know is that I completely ignored her advice, and in fact, a fire in my belly was ignited and I promised myself that I would prove her wrong. In hindsight, I think that perhaps she did me a favour!

The thing I worry about the most as I approach R Day is not knowing who I am if I am not working. Nursing and health care have been such a big part of my life. The passion that was ignited in those early days has never left me and I'm not sure where I will direct that energy in retirement. I have found that it has been important to reframe my thinking to the endless possibilities once time is no longer my scarcest resource.

The most magical part of any nursing career is how different each person's trajectory can be. For me, my natural need to challenge myself and my predisposition to becoming bored easily have provided me with so many amazing opportunities over the years. I have also been fairly reckless at times! In 1989, on a whim, I decided to seek work overseas. I had grown up in England and trained and worked in the NHS, and had recently developed a bit of a travel bug, which led to backpacking through Europe and the United States. As with a lot of us Brits, I wanted to escape the cold and the wet for warmer climes with my sights initially set on the US. Alas, that was not to be due to far too much red tape associated with achieving the holy grail – the Green Card. Feeling despondent one day, I was sitting having a break in the ward office when a friend passed me a copy of the Nursing Times.

It was open at a full-page ad for Paediatric Intensive Care Unit (PICU) nurses to live and work in Sydney, Australia. Now this was fate, as only a few weeks before, I had been to visit a palm reader who had told me with total conviction that I had Australia written all over my palm! It was meant to be. Six short weeks later, I landed at Sydney airport with two suitcases, a permanent residency visa, a job in PICU at the Royal Alexandra Hospital in Camperdown and a room in the nurses' home, not knowing a soul! Every single person I knew on the planet was 25,000km away. I say that I have been reckless at times, and I have also often used other words to describe this decision! However, all these years later, I am so glad that I was brave and that I backed myself. Even if it was due to naivety and idealism at the time.

I often wonder how on earth I managed to convince that painfully shy, socially awkward young woman to "jump off a cliff" (several times) and put my destiny in the hands of fate. To this day I remain quite fatalistic in many ways. There have been many what I describe as sliding door moments, where I have had to make a blind choice and hope

Karen leading an Institute of Leadership masterclass

Karen, as a first-year student nurse

Graduating with a Bachelor of Nursing Conversion degree

for the best. In hindsight, it is because I have never played it safe that I have been afforded the opportunities that have come my way.

I think that in order to move into retirement, I need to find the right balance between retiring from full-time work and remaining connected to the profession. I need to reflect on what has driven me through the challenges, choices and opportunities I have faced in my career. I need to reflect on what it is about this wonderful profession that has kept me captive for most of my life and that has infiltrated my DNA. It is that part that I need to keep nurturing whilst I learn to relax and no longer be a slave to the clock.

However, that is easier said than done. I have been fortunate to have a diverse career, limited in some ways due to personal circumstances but rich in experience. I have been a clinician, an educator, a project manager, an innovator, a clinical re-designer, an advocate, a change agent, a health facility planner, a fundraiser, a counsellor and, most importantly for me, a leader. I have been a nurse, a midwife, a CNC, a NUM, a DON, an EDON, a health service Executive, a peak body DCEO and a charity CEO and will retire as a key leader at our profession's peak body, the Australian College of Nursing (ACN). I have worked in tertiary, secondary and primary care settings across paediatric, PICU, neonatal, surgical, maternity, ambulatory care, community health, maternal and child health, asthma education, mental health, justice health, alcohol and drug and aged care specialties. I have overseen, as executive sponsor, the building and commissioning of health infrastructure projects (new and expansions) including hospitals, community health centres, subacute mental health services and community dosing services. I have re-imagined service design and introduced significant changes across a range of settings and services. It has been exhausting and rewarding in equal measure.

I learnt early in my career that I am no maintainer. I get bored easily and am constantly seeking to learn. I think my CV is reflective of this in its diversity. There were times when I was burnt out and needed to do something different, which is when I moved to new roles, many of which weren't traditional nursing roles. However, even when I wasn't in a nursing role, I was a nurse. This is important because it goes to the point that nursing permeates your DNA. It impacts the way you think, the way you work, even the way you live, and eventually, it needs to inform the choices we make about the transition to retirement.

So, what do I mean by "I am a nurse"? What does that phrase mean to me? This is the question I am seeking to answer to find the balance between stopping work and remaining connected to the profession. I think I need to start with my leadership statement that is informed by my personal values. This is who I strive to be.

I lead with passion and authenticity to achieve collective goals for the betterment of my community. I am inclusive and collaborative, recognising and valuing the power of the collective. I understand and acknowledge my weaknesses, I take responsibility for my mistakes, and I embrace failure as an opportunity to learn. I practise self-reflection and use these learnings to improve. I encourage others to challenge themselves with permission to sometimes fail, thereby supporting innovation, trust and ultimately success.

Reflecting on this statement, it is clear to me that in retirement, I will need purpose and connection. To that end, I will continue to contribute through a variety of avenues, including sitting on boards, teaching at the ACN Institute of Leadership and volunteering in my local community. As with paid roles, it will be important to find values alignment in the opportunities I find along the way and not be afraid to say no on occasion. I wonder how I will go?

KAREN GRACE FACN

ACN is proud to announce the inaugural launch of the Institute of Leadership (IOL) program ***Transition to Retirement for Nurses Program***, a values-driven initiative that honours the personal and professional journey of retiring nurses. This program offers space for reflection, renewal, and reconnection, celebrating legacy while supporting nurses in this meaningful next chapter.

Scan here to learn more about ACN's Institute of Leadership or contact the team at **leadership@acn.edu.au**

FROM INSTITUTIONS TO Inclusion

Deinstitutionalising healthcare accessibility through socialised health care

Health care is a human right, yet even within publicly funded systems, equitable access remains elusive for many. Long wait times, financial hardship, limited health literacy, cultural insecurity, and geographic isolation continue to divide equitable healthcare experiences of our most vulnerable (Australian Institute of Health and Welfare [AIHW], 2023). These disparities are not associated with one singular variable; they are byproducts of institutionalised rationalisation that siloes care, restricts access, and prioritises quantity of care over quality of care.

To truly reform accessibility, we must move away from institution-centric models and explore alternative approaches, reimagining health care as a socialised, inclusive, community-embedded service that supports the social determinants of health for the whole person (Australian College of Nursing [ACN], 2024). This means embedding care within the environments people live in, shifting from predominantly reactive to proactive care, and designing services in collaboration with those who use them.

BEYOND THE CLINIC WALLS: WHAT DEINSTITUTIONALISATION LOOKS LIKE

Deinstitutionalising access doesn't mean dismantling our health institutions; it means decentralising them. It's about delivering care where it is needed, not where it is convenient. In practice, this shift involves:

- **Flexible care models:** Combining street outreach, telehealth, nurse-led clinics, and in-reach services to meet people where they are, geographically, physically, emotionally, psychologically and socially (Kavanagh et al., 2023).
- **Integrated systems:** Bridging holistic multidisciplinary teams that are inclusive of health and social care to ensure wraparound support rather than fragmented services (Department of Health and Aged Care, 2024).

Deinstitutionalising healthcare accessibility in Australia's health system necessitates a shift from rigid institutional structures to adaptable, community-focused, patient-centred and trauma-informed models of care.

- **Optimising nursing scope:** Empowering nurses to safely work at their optimum scope of practice, including prescribing, planning, and leading care within nurse-led models (Australian Health Practitioner Regulation Agency [AHPRA], 2024; Nursing and Midwifery Board of Australia [NMBA], 2025).

ADDRESSING THE INVISIBLE BARRIERS

Access is not just about availability; it is about dignity. Our community's most vulnerable are often forgotten, not due to lack of services but because services are not designed for them. Barriers like shame over hygiene, fear of discrimination, past trauma, low health literacy, and inflexible service hours contribute to the disengagement of many Australians from accessing equitable health care (Knaus, 2024).

Deinstitutionalisation is, at its heart, about rehumanising health care. It means shifting from "what is wrong with you?" to "what are the experiences that you have had?". It means building services based on compassion and trust, not transaction.

THE SOCIAL DETERMINANTS OF HEALTH: THE REAL DRIVERS OF HEALTH INEQUITY

We cannot meaningfully talk about access without acknowledging the social determinants of health. Health outcomes are deeply influenced by non-medical factors: housing security, financial stability, employment, education, food access, social connection, racism, and trauma (AIHW, 2023; National Rural Health Alliance, 2024).

Examples include:

- **People without secure housing** face increased exposure to the elements, difficulty accessing medications, and a constant state of stress. Yet many services require a fixed address to enrol (Knaus, 2024; Freud et al., 2023).
- **Low socioeconomic communities** often forgo preventative care or medications due to out-of-pocket costs, even in a socialised system (The Australian, 2024).
- **Culturally and linguistically diverse communities** may experience stigma, unconscious bias, institutionalised racism, or mistrust when navigating a healthcare system that has historically failed to understand or reflect their needs (ACN, 2024).

A system that focuses solely on the clinical encounter, while ignoring the conditions in which people experience life, cannot be truly equitable and cannot be considered holistic.

EMBEDDING SOCIAL CARE INTO HEALTH CARE

A person's postcode should not be more predictive of their health than their DNA. Yet one's access to the social determinants of health shape every aspect of a human's wellbeing. A socialised healthcare model must embed these realities into its design:

- **Community health hubs** that offer medical, mental health, and social support in a single, accessible location (Healthy Communities Foundation Australia, 2023).

- **Collaborative care planning** that is co-designed with patients, acknowledging both medical needs and life circumstances.
- **Care pathways** that incorporate housing support, food security, and financial counselling, not just medications and referrals.

SUSTAINABLE CHANGE REQUIRES SUSTAINABLE SUPPORT

Nurses are uniquely positioned to lead this transformation. With our relational practice, advocacy mindset, and holistic view of health, we are the bridge between clinical systems and community needs. Expanding nursing roles to include prescribing, care planning, and safe independent practice, especially in mental health and outreach, must be incorporated into any reform agenda (AHPRA, 2024; ANMF, 2024).

Furthermore, nursing education must evolve to prepare graduates for this new future. Tertiary curricula must embed health equity, social determinants, and inclusion health—not as electives, but as core components of the professional nursing identity (ACN, 2024).

CONCLUSION

Deinstitutionalising health care accessibility in Australia's health system necessitates a shift from rigid institutional structures to adaptable, community-focused, patient-centred and trauma-informed models of care. It means designing care that values relationships over bureaucracy, trust over transaction, and qualitative over quantitative care. Australia's healthcare system needs to transform from access in theory to access in practice. From service delivery to human dignity. From institution to equal inclusion.

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MITCHELL BANNAH MACN
ACN EMERGING NURSE LEADER (STAGE 5), DEPUTY CHAIR – DARLING DOWNS REGION, LEADERSHIP SUPPORT – NEXT GENERATION FACULTY