Jennifer Doggett reported on the National Nursing Forum for the Croakey Conference News Service.

Croakey Health Media is a non-profit public interest journalism organisation based in Australia.  
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Focus on the future of nursing through COVID and beyond

On the future of nursing: family violence nurse educator, Simone Sheridan (image source ACN)

Introduction by Croakey: The experiences of nurses across Australia, from regional health centres through to ICUs at the epicentre of COVID outbreaks, were the focus of the 2021 National Nursing Forum, staged by the Australian College of Nursing from 26-28 October.

Croakey editor Jennifer Doggett reported from this virtual event for the Croakey Conference News Service, and previewed its discussions in the article below.

You can follow the discussions at Twitter via the conference hashtag #NNF2021.

Jennifer Doggett writes:

The COVID-19 pandemic has been tough on many professions but nurses have felt the impact more than most.

Nurses have played a critical role in all areas of Australia’s pandemic response.

Ex-nurses have come out of retirement while others have left non-clinical roles to upskill and retrain to meet the increased workforce demands.
Their contribution to the pandemic and their ongoing role in the health system were showcased at the Australian College of Nursing’s National Nursing Forum (NNF) from 26-28 October.

Originally scheduled for 2020 to celebrate the World Health Assembly’s International Year of the Nurse and the Midwife, this event had been postponed twice and moved to a virtual platform to accommodate COVID restrictions.

The theme for this year’s NNF — ‘Champions of Change’ — was explored in different ways via the keynote plenary sessions, workshops and concurrent sessions.

Notable speakers included Federal Health Minister Greg Hunt, Shadow Minister Mark Butler, and former Federal Health Minister and now Chair of VicHealth Nicola Roxon, as well as Tania Vogt, CEO of the Nursing and Midwifery Board of Australia and ACT Chief Nurse and Midwifery Officer Anthony Dombkins.

Nursing challenges

In the lead up to the conference, nursing leaders spoke out via ACN on the current challenges facing the nursing sector in Australia.

ACN CEO, Adjunct Professor Kylie Ward, called for nurses to play a greater role in leadership in both the health system and wider community.

“When you invest in nurse leadership you get innovation, inclusion and integration of care – a holistic approach to wellbeing,” she told Croakey.

“I would like to see a nurse on every board in Australia, I would like to see more nurses as political leaders, I would like to see the nursing voice far more represented in government.”

Glynis Thorpe, a clinical nurse consultant with the Royal Flying Doctors Service, is passionate about realising the untapped potential of nurses.

She described her frustration at not being able to see patients under a mental health plan, despite holding a Medicare Provider Number, due to lack of infrastructure for independent nursing practices and also lobbying against the move by GPs.

“If only half of the 1,016 nurses eligible for a provider number took up this option they could provide 10,000 extra interventions each week. This means Australians currently waiting eight weeks or more to see someone could access care sooner from a skilled and experienced health professional,” she said.

Also canvassed about her thoughts by ACN ahead of the conference, Simone Sheridan, a family violence nurse educator, nominated the sexual harassment of nurses as a high priority issue for the profession.
“Sexual harassment of nurses is something that has happened for many years but we have been taught to tolerate it. Now with the ‘Me Too’ movement, people are speaking up and saying that this is not OK,” she said.

Sheridan says that the future of nursing should be, “increased respect, increased visibility of what we do and increased funding and resources.”

**Focus on COVID-19**

A range of presentations on COVID-19 will showcased the diverse ways in which nurses have contributed to Australia’s pandemic response.

This included a panel of emerging nurse leaders, including Emma Bugden, Liam Jackson, Hollie Jaggard and Suzanne Volejnikova-wenger.

The experiences of nurses in regional areas were reflected in presentations by Fiona Brew, who in 2020 led a team of nurses who spent hours in the snow testing Colac residents for COVID-19, and by Associate Professor Jennifer Weller-Newton, who has researched the unique experience of regional healthcare workers facing the compounding pressures of geographical isolation, workforce and equipment limitations, and border closures.

Ways to support staff who are either COVID-19 positive or close contacts in quarantine were outlined by a presentation from Karrie Long, Director of the Nursing Research Hub at Royal Melbourne Hospital (RMH), which experienced the highest incidence of healthcare worker infection in Victoria, with 262 staff infected with COVID-19, 68 percent of whom were nurses.

The challenges of ensuring that urgent surgery continued throughout the pandemic were also be addressed by Ashley Wheeler, General Manager Surgical Services at St Vincent’s Hospital in Melbourne.
Nursing beyond COVID

Of course, other health problems didn’t disappear with the arrival of COVID-19, so throughout the pandemic, nurses have also had to care for non-COVID patients, while keeping themselves and patients safe from the risk of infection.

Presentations on non-COVID issues at the NNF addressed current and emerging issues facing nurses in all parts of our health system, addressing clinical, organisational, political and cultural barriers that still prevent nurses from reaching their full potential.

The serious and pervasive problem of bullying in nursing was addressed by Dr Peter Hartin, a Senior Lecture in Nursing at James Cook University, who undertook a PhD examining how the issue in Australia has changed over the past four decades.

His presentation included the findings from testimonies of 70 registered nurses across Australia, which highlight the important role that management plays in tackling bullying in nursing.

The conference also addressed the complex issue of voluntary assisted dying (VAD) with a presentation by Dr Robin Digby, a registered nurse and post-doctoral fellow at Alfred Health and Deakin University, on staff perspectives on the introduction of VAD into an acute hospital.

Cultural safety issues were discussed, including responses to complaints from Australian Aboriginal and Torres Strait Islander people, families and/or communities.

The challenges of nursing in a limited resource setting were discussed by Captain Jan Becker, an Australian helicopter pilot and nurse working in Tanzania.

Volunteers at the Amana Hospital, Tanzania (Image source https://www.midwifevision.org/what/)
Looking to the future

Future directions in nursing were discussed in a number of sessions, to showcase the many ways in which nurses are on the frontier of health service innovation.

The role of clinical academic nursing leaders in contributing to best practice, continuity and evidence-based patient care were addressed in a joint presentation from Professor Jeroen Hendriks, Donna Stevens and Rebecca Badcock.

The conference also heard that nurses have been performing prostate biopsy procedures in the United Kingdom for a number of years and the evidence suggests this model has resulted in patient outcomes equal to or slightly better than when performed by doctors.

Dave Heath, the first nurse accredited to perform prostate biopsy in Australia, spoke about his professional journey and the process to establishing a nurse-led prostate biopsy service in a regional health institution.

The work being undertaken by the ACN Men in Nursing Working Party was presented by its Chair, Luke Yokota, who detailed how this group is challenging the way gender stereotypes can lead young men and boys to discount a career in nursing.

ACN says the broad ranging conference program provided content and interactive opportunities suitable for nurses, health service managers, researchers, policy makers and others with an interest in nursing and broader healthcare issues.

See here for more information about this event including online registration: https://www.acn.edu.au/events/national-nursing-forum

Disclaimer: Jennifer Doggett provides consultancy services to the Australian College of Nursing.
Australian nurses look to champion change ahead

Introduction by Croakey: The future of nursing in Australia was under the spotlight at the Australian College of Nursing’s (ACN) National Nursing Forum, as nurses continue to play a critical role in the nation’s response to COVID-19.

Held under the theme of ‘Champions of Change’, the three day #NNF2021 event was originally scheduled for 2020 to celebrate the World Health Assembly’s International Year of the Nurse and the Midwife, but was postponed twice due to the pandemic.

More than 750 delegates attended the virtual event, a record number, with many tweeting their enthusiasm at coming together, if online, after two challenging years, as the post below shows.

Jennifer Doggett reported below on Day One discussions. ACN nurses were also tweeting from the conference via Croakey’s rotational Twitter account at @WePublicHealth.

Jennifer Doggett writes:

The opening day of the Australian College of Nursing (ACN)’s 2021 National Nursing Forum demonstrated that while nurses are clearly ready for change, the system may still not be ready for all that nurses can be and do.

Throughout Day 1 of the three-day conference speakers described how nurses are driving innovation in clinical practice, health service management and workforce policies and practices.

A stand-out example was Sonia Martin, winner of the 2021 Health Minister’s Award for Nursing Trailblazers, who founded the nurse-led primary health care outreach service Sunny Street serving a population of people experiencing homelessness.
Ahead of accepting the award from Health Minister Greg Hunt, Martin provided the following advice to other nurses keen to follow her example as a champion of change:

“Find a problem that needs to be fixed – mine was health and equity. Find your why and find your purpose – that is where you will also find your passion.”

Martin added that, to be an innovator, you also need a community of support around you and to move outside of the healthcare space into an entrepreneurial and innovation space.

“It’s also vital to make sure patients and the community are at the centre of what you do,” she said, adding that winning the award would help promote the connections between homelessness, poverty and access to primary health care and the need for government action to address these drivers of poor health.

She also stressed the need for nurses to be recognised as innovators and leaders who can make a difference.

Other examples of nursing innovation included Jennifer Boak, Manager of Community Nursing Services at Bendigo Health, who outlined the development of a new tool for identifying complex patients.
In other sessions Rachael Bennett, Clinical Nurse Educator at St Vincent’s Hospital Sydney and Professor Diana Slade, Director of the ANU Institute for Communication In Health Care, described how **better bedside nursing handovers** were promoting a more inclusive and collaborative approach to clinical handover and resulting in fewer hospital-acquired complications.

On a broader level, Associate Professor Denise Heinjus highlighted the demands placed on nurses at the Royal Melbourne Hospital in the early days of the COVID-19 pandemic and the creativity and flexibility of their response in this stressful and uncertain environment. More to come on that in later stories.

**Barriers to change**

Yet despite this widespread evidence of nurses’ ability to lead and drive innovation in health care, speakers also described experiencing systemic, cultural and practical barriers to nurses fulfilling their full potential to be champions of change.

An emerging pattern from the presentations was of success and innovation being recognised at the local service level but failing to translate into increased nursing influence at higher levels.

This was neatly illustrated by Health Minister Hunt, who was effusive in acknowledging the important role played by nurses during the COVID-19 pandemic and who recognised the outstanding achievements of the award finalists.

However, the Minister failed to address the failure of his government to **let nurses lead the COVID-19 vaccination roll-out** which they say would have delivered a more efficient and comprehensive result than the GP-centred approach that was pushed by the medical profession.
Some positive messages and a longer term perspective on the progress that has been made in increasing nursing influence was provided at #NNF2021 by nursing leaders, including the Chief Nurse and Midwifery Officers from the ACT and Tasmania.

ACN President, Emeritus Professor Christine Duffield also told delegates about the changes being made at ACN to increase nurses’ contribution to government policy and program development. This includes a restructure of ACN’s current “communities of interest” into faculties.

Duffield outlined ACN’s vision of “a world where the voice of nurses is expected, respected and heard” and its mission “Shaping health, advancing nursing” which is founded on six pillars: Advocacy, Community, Education, Leadership, Policy, Social Impact.

Valuable advice on driving change at the political level came from Former Minister for Health and current Chair of VicHealth, Nicola Roxon.

She advised nurses to not “let the perfect be the enemy of the good” and to take all opportunities for incremental improvement.

She also urged delegates to “know their enemies” when pushing for change, citing her experience, during her time as Minister from 2007-2011, with opposition from doctors and pharmacists to allowing nurses to access some MBS item numbers.
You can track Croakey's coverage of the Conference here.

See these Twitter threads of her address: via @CroakeyNews and @WePublicHealth.

See below for a selection of tweets from #NNF2021 Day 1.

Welcome to Country

A beautiful welcome to country by Elder Brendan Kerin #NNF2021

Brendan Kerin, a Marrawarra and Barkindji man, providing a Welcome to Country for #NNF2021 and sharing his story as the second generation of his family to be stolen from his parents.
You can track Croakey’s coverage of the Conference here.

Australian nurses look to champion change ahead

#NNF2021

Opening sessions

@GregHuntMP aims to provide long term support for our nurses through the National Nursing Strategy & a 10 yr Nurse Practitioner Plan - working with those on the ground. Australian nurses are the best in the world & should be recognised as the best in the world
@acn_tweet #NNF2021

Federal Minister for Health and Aged Care - Greg Hunt presenting at the #NNF2021. Thanking the work of Nurses (and healthcare workers) in their roles assisting during the pandemic.
Australian nurses look to champion change ahead #NNF2021

Sonia Martin accepting an award from Greg Hunt for her work providing outreach services to people experiencing homelessness - an impressive and inspiring program targeting a group with a high level of unmet need. Congratulations to Sonia and the other finalists. #NNF2021

ACN President and Chair - Christine Duffield FACN provides the new strategic directions for the College. As well as summaries of what the College has achieved in the last five years. #NNF2021

Professor Duffield is outlining future plans for ACN - responding the Disability Royal Commission and the nursing and violence taskforce, supporting nursing leadership and restructuring communities of interest into faculties. #NNF2021
Australian nurses look to champion change ahead #NNF2021

Dr Karen Yates @karen_yatesRNRM

Mental health nurses have done clinical supervision well for a long while. Important for nurses in other areas and definitely midwives, to implement it more widely. Paul Spurr at #NNF2021

Paul Spurr highlighting the importance of clinical supervision to support nurse and midwife well-being and prevent burnout. #NNF2021

Kylie @kylieward

An exciting start to the day with ACN Strategic Directions announced and ACN MinisterTrailblazers showcased. Proud day to be a nurse #NNF2021

Dr Samantha Jakimowicz @samjak66 · 23h

Here we go .... #NNF2021 connecting nurses around Australia. @kylieward welcoming Minister Greg Hunt to open our Forum @acn_tweet @GregHuntMP
Australian nurses look to champion change ahead #NNF2021

Panel discussions

Leaders reflected on the need to improve the morale of the nursing workforce which is exhausted & demoralised by the stresses of COVID-19, on top of an already challenging work environment. Peer and management support are key to helping nurses prioritise their wellbeing. #NNF2021
Australian nurses look to champion change ahead #NNF2021

A big thank you to powerful female leaders Adjunct Professor @kylieward FACN, @douce_francine MACN, @FionaBrewGVH MACN, Nicola Roxon and Associate Professor Denise Heinjus for the wonderful panel discussion. #NNF2021 #Leaders

Wise words from Denise Heinjus ‘Stay calm, create calm. Establish who is responsible for what and surround yourself with people who have more knowledge. Mutual trust and respect!’ @acn_tweet #NNF2021

Francine Douce describes herself as a “quiet disrupter” and encourages young nurses to ask "why" #NNF2021
Australian nurses look to champion change ahead #NNF2021

Nicola Roxon and Kylie Ward reflect on gender issues in nursing and law and the need to include the voices of all marginalised and silenced communities, including men in nursing. #NNF2021

Nicola Roxon nominates the actor playing Elizabeth Bennett as the person who would play her in a movie about her life - due to a similar desire to challenge the status quo and be authentic #NNF2021
You can track Croakey’s coverage of the Conference here.

Australian nurses look to champion change ahead #NNF2021

Beaming in

First Nations COI are here for #NNF2021 @acn_tweet @usqedu @USQ_NM_Research @qnmuofficial @anmf_federal @DrAlethaWard1
You can track Croakey’s coverage of the Conference here.

Dr Aletha Ward
@DrAlethaWard

Looking forward to #NNF2021 @cn_tweet @blacknursinghx

Hayley
@HayleyL_Pollock

Ready to celebrate all things nursing at this year’s virtual @acn_tweet National Nursing Forum! Participating from my home on Wurundjeri country. Sad we’re virtual this year, but grateful I can keep my slippers on and ACN blanket on my lap! #NNF2021 🍀
Australian nurses look to champion change ahead #NNF2021
Australian nurses look to champion change ahead #NNF2021

You can track Croakey’s coverage of the Conference here.

My #NNF2021 blanket came in my favourite colour - black @acn_tweet #beautifulday in #Canberra

USQ mascot for #NNF2021 @acn_tweet @anmf_federal @qnmuofficial @DrMelissaTaylor @DrAlethaWard1 @mel_russ1972 @CroakeyNews @DrMelissaCarey

Translate Tweet
Australian nurses look to champion change ahead

#NNF2021

Wrapping Day One

I forgot to mention who has taken over @WePublicHealth today! My name is Liam Jackson - a Nurse/Midwife in Melbourne, and a graduate of ACN’s Emerging Nurse Leader Program. Excited to be showing you the highlights of day one at #NNF2021!

Liam Jackson @themalemidwife · 11h
Day one #NNF2021 with @acn_tweet ACNlatselfie with my freshly brewed coffee from @GriffithNursing

What a beautiful end to the first day of @acn_tweet #NNF2021

Sarah Rowan urges delegates to choose curiosity over fear #NNF2021
Australian nurses look to champion change ahead #NNF2021

That's a wrap for Day 1 of the #NNF2021 so much to digest, ponder and discuss, thanks to presenters, sponsors and delegates and a special shoutout to the witty facilitation from amazing Mistress of Ceremonies Ronnie Croome!

What was your favorite joke from our wonderful MC? #NNF2021

Veronica “Ronnie” Croome provides some oomlo relief as #NNF2021 “Mistress of Ceremonies” “Ironically the year of the rat started with a plague” 😁

What an incredible first day!! 😊 @acn_tweet #NNF2021 Bring on the next two days!! 😊😊😊
Australian nurses look to champion change ahead #NNF2021

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**Analytics**

### The #NNF2021 Influencers

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<th>Top 10 Influential</th>
<th>Prolific Tweeters</th>
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### The Numbers

- **Impressions**
  - 13,302M
  - 1,186
  - 25
  - 11

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#NNF2021 Participants
Why nurses deserve more than political platitudes: a big wrap from the National Nursing Forum

Introduction by Croakey: The message was clear from senior Coalition and Labor federal politicians at the Australian College of Nursing’s (ACN) National Nursing Forum last week: nurses are critical and are playing a crucial role in the pandemic.

Despite no new policy and practice announcements from the Federal Government or Opposition, Croakey’s Jennifer Doggett found multiple examples of nurse-led initiatives presented to the NNF which are addressing some of the most pressing challenges facing our health system.

“If political leaders are stuck for policy ideas in the lead-up to the next election, NFF 2021 could be a great place to start,” she writes in the post below, the latest in a series of stories for the Croakey Conference News Service.

Jennifer Doggett writes:

Politicians rarely agree on many issues – but the importance of nurses appears to be one of them.

The recent National Nursing Forum – the annual conference for the Australian College of Nursing – included keynote addresses from three portfolio holders in federal parliament: Minister for Health and Ageing Greg Hunt, Shadow Minister for Health Mark Butler, and Minister for Aged Care and Senior Australians Senator Richard Colbeck.
All three Ministers praised nurses for their service to the Australian community and in particular noted their crucial role in supporting Australia’s response to the COVID pandemic.

At the opening session of the conference, Hunt called Australian nurses “the best in the world,” stating, “you’ve kept Australia safe. Our nurses and other health professionals are our heroes”.

On Day 2 Mark Butler acknowledged the risks faced by nurses during the pandemic, saying:

“Nurses are right up the front of the frontline. Nurses, through every phase of this pandemic, have turned out to work every single day, often putting their own health on the line. It is a bit of an overused terminology to say that nurses have been heroes but I don’t think we can say it enough.”

Day 3 saw Senator Colbeck reiterating the vote of thanks from Hunt and Butler, with a particular emphasis on nurses’ important role in protecting older Australians in residential aged care.

While these sentiments were no doubt welcomed by the 750 attendees at #NFF2021, they could also be forgiven for feeling that they deserved more than words from their political leaders.

Disappointingly, despite their effusive praise for nurses’ contribution during the pandemic, none of the portfolio holders made any announcements of new nursing policies or offered any additional funding to support nursing initiatives.

This was not clearly not due to any lack of appreciation of the need for action in this area.

In fact, all three political leaders identified some major challenges facing nursing in their keynote speeches.

Minister Hunt nominated the uncertain future for nurses as an issue, saying that he wanted to give them “long term certainty and financial support.” But beyond referencing the National Nursing Strategy and 10 year Nurse Practitioner Plan (already under development) there was nothing new from him to address the need for nurses’ increased career security.
Shadow Minister Butler identified workforce issues as a major problem, citing the “parlous state” of Australia’s health workforce strategy.

He emphasised the importance of making sure that our health workforce is equipped to deal with future challenges, with all health professionals working to full scope of practice. However, he did not provide any details about how a future Labor government would achieve this goal.
Minister Colbeck said he welcomed input from nurses into the Royal Commission into the Quality and Safety of Aged Care.

But he also did not provide any new information about how the Government is working with nurses to implement these recommendations, or respond to criticism from nursing groups about the slow pace of the reforms.

Given the lack of tangible commitments from the politicians at the NFF, nurses could be forgiven for feeling cynical about the commitment of both political parties to nursing issues.

Of course, it could be that the major parties are waiting for the upcoming election campaign to make any major policy announcements.

If that is the case, the NFF could provide political leaders with some useful ideas to include in their parties’ election platforms.

The three days of the conference showcased the many areas in which nurses are already finding solutions to the challenges facing our health system. Some examples which should be of particular interest to policy makers are outlined below.

**Chronic disease management**

One major health issue facing any future government in Australia is the rising rate of chronic disease.

This is due to a range of factors, including our ageing population, and poses a number of challenges to the Australian health system.

The structure of our health system was developed a generation ago when our greatest health burden came from short-term, acute conditions, such as infectious diseases and injuries, and it is not well equipped to provide the sort of multi-disciplinary, long-term and coordinated care that we need today.

Finding new models of care should be a priority for policy makers, and a number of sessions at the NFF demonstrated the central role of nurses in improving the prevention, management and care coordination of chronic disease.

For example, Liz Tomlinson, Clinical Nurse Educator at St Vincent’s Public Hospital in Sydney, presented the results from a nurse-led foot care project within the Renal Ambulatory Care unit.

The project was developed in response to a trend of increasing hospitalisations and rates of amputations within the unit’s patient population.

It involved three key areas: development of a foot screening tool, referral pathway for the high-risk foot clinic and staff and patient education.

The program effectively demonstrates some of the key features required for effective chronic disease management:

- interdisciplinary collaboration (in this case between podiatrists, specialist renal nurses and consumers)

- consumer education and empowerment (education on self-care practices)

- integration of services (health promotion, screening and referral now taking place at one point of care in the patient’s journey during their scheduled dialysis treatment).
Its impressive results include a reduction in outpatients requiring admission to the inpatient setting for management of lower limb wounds and amputations from 338 days in 2016 to 59 days in 2019.

In another presentation, Jeroen Hendriks, Professor of Cardiovascular Nursing at Flinders University and the Central Adelaide Local Health Network, focussed on the development of a model of nurse-driven, specialised and comprehensive care for patients with atrial fibrillation.

This program is currently being evaluated by a randomised controlled trial comparing the nurse-led team-based approach to the usual care provided by one single health care professional, such as a cardiologist.

The outcomes of this and other research on nurse-led models of care can be used to inform new models of nurse-led chronic disease management to provide more cost-effective care to consumers as well as addressing workforce shortages in medical specialties.

Aged care

Aged care is likely to be a focus for both the Government and Opposition in their election platforms.

The Royal Commission into Aged Care Quality and Safety identified high levels of need in almost all areas of aged care and while the government committed a major package of funding in the 2021/22 Federal Budget, more is needed to implement all the Commission’s recommendations.

A number of sessions at NNF could provide political leaders with ideas for innovative, nurse-led aged care programs in both community and residential settings.

For example, Matiu Bush, a nurse practitioner in community health, outlined ACN award-winning work on addressing loneliness and isolation of older people in the community.

Bush developed the One Good Street initiative which seeks to reduce hospitalisation of older people by harnessing the power of local volunteers and, during the COVID lockdown, sought to reach out to isolated and lonely members in a safe way.
One example was to hire an out-of-work photographer to take pictures of people in front of their houses.

Another innovative strategy developed by Bush to support the well-being of older people is the CaTPin (from ‘conversation as therapy’), which is a wearable and objective indicator of loneliness and isolation.

Other sessions which provided innovative and practical solutions to improving the lives of older Australians included presentations by Leslie Coo and Julie Westaway on improving continence care and Elizabeth Roberts who described how a nurse-led falls prevention program resulted in a significant reduction in falls with harm at her busy inner city hospital.

The importance of taking a broad social, emotional and environmental approach to identifying the care needs of older people was discussed by Jennifer Boak from Bendigo Health.

She discussed how care of older people in a community setting can be improved through new models of detection of complexity. While her specific focus was on the development of this model, her presentation contained some important messages about the need to “look beyond the model and see the person” relevant to all areas of aged care.

Indigenous health

Addressing the health and life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians should be a high priority for all political parties at the next election.

This requires action at many levels, both inside and outside the health system, as outlined in the 2021 Close the Gap report from the Lowitja Institute.

One element of ensuring the health system provides culturally safe and equitable care to Aboriginal and Torres Strait Islander people was outlined in a presentation by the current and former presidents of the Nursing and Midwifery Council NSW (NMC) Dr Bethne Hart and Professor Greg Rickard.
Hart and Rickard discussed NMC’s journey towards cultural safety, including their research on the intersectionality of cultural safety and regulation to identify the challenges and questions for nursing regulators when responding to complaints from Aboriginal and Torres Strait Islander people, families and/or communities.

This involved analysing several complaints to the Civil and Administrative Tribunal about poor nursing care provided to Aboriginal people where the outcomes of this care resulted in serious harms and deaths.

Hart and Rickard identified a number of common factors to all these health system failures, including a lack of identification of Aboriginality and a failure on the part of health care providers to respond to cultural differences and to include families in their care.

While the presentation focussed on the learnings from this research for regulatory processes, health professionals, service providers and policy makers could find some valuable lessons in this research for how to increase cultural safety and improve quality of care for Aboriginal and Torres Strait Islander people.

Politicians and their advisers interested in understanding how to support better nursing and midwifery care for Aboriginal and Torres Strait Islanders could also benefit from reading this book by ACN Fellow Professor Odette Best and Professor Bronwyn Fredericks, which addresses the relationship between Aboriginal and Torres Strait Islander cultures and mainstream health services.

Read the Twitter thread of the presentation here, or via a PDF.
International issues

International aid and development does not usually rate highly as a priority for Australian voters in election campaigns.

But next election provides an important opportunity to change this record, given the disproportionate impact of COVID-19 on developing countries which are now struggling with the health, social and economic burdens of the pandemic.

There is certainly room for improvement in this area, given that Australia’s already low contribution to foreign aid was cut by an additional $144 million or 4.9 percent in the last Federal Budget.
If politicians want an example of what nurses can achieve in low resource setting they could look at the presentation about the HOT (hands on training) resuscitation program in Tanzania by Captain Jan Becker, the founder of Midwife Vision International.

Becker, a clinical midwife educator from Queensland was volunteering at a Tanzanian hospital with her daughter, who also trained as a midwife and is now a medical student. After seeing six babies die one day in the maternity ward they realised that the midwives there were not using evidence-based resuscitation skills, resulting many preventable neo-natal deaths.

They developed an immersive training program in simple resuscitation skills, called the HOT program, which centred on guided resuscitation with an experienced midwife.

This program has significantly reduced neonatal deaths and demonstrates how major gains in low-resource environments are possible through investing in nursing education and training and supporting local nurses to become educators and leaders.

Read this Twitter thread of the session, or via this PDF.
Health equity

Improving the health of the most at risk in our community is also not an issue that receives as much political attention as it should, given the significantly poorer health status experienced by many groups in our community.

If political parties want to address these inequities, there were many examples provided at NNF of how nurses can make a difference to the health of marginalised populations often forgotten by the mainstream health system.

As earlier reported at Croakey, these include 2021 award winner Sonia Martin who started the medical outreach service Sunny Street with Dr Nova Evans.

Martin used her extensive experience in nursing to identify a need for outreach services targeting people who are experiencing homelessness and living on the streets.

The role of nurses in improving health outcomes for men and boys was also a focus of a number of presentations with some important learnings for politicians and policy makers.

Research from the Australian Institute of Health and Welfare (AIHW) shows that men experience a greater share of the total disease burden (53 percent) than females (47 percent), including experiencing almost three-quarters (69 percent) of the total burden from injuries and a greater proportion from cardiovascular diseases (59 percent).

Progress in this area is being made by the Healthy Male Nursing Reference Group (HMMRG), established to support the National Men’s Health Strategy 2020-2030.

Vanessa Jones, Health Promotion Manager at Healthy Male, discussed the work, demonstrating how nurses are well placed to advocate for change and support for men, particularly those from priority populations including Indigenous males, males in rural and remote areas, males from CALD backgrounds, those identifying as LGBTI+, veterans, and males in the criminal justice system.

It also highlighted the ways in which nurses can influence the health system for improved outcomes for Australian boys and men from a systems-level through to the grassroots.
Health workforce

The need to address health workforce shortages was mentioned in the keynote speeches by all three political leaders, who noted that the COVID-19 pandemic had increased pressure in many areas of our health system.

Workforce issues were also addressed in a number of presentations of strategies to attract and retain nurses within the profession.

This included a nurse leadership program developed at Alfred Health to build capability across three domains, leadership, management and governance. Another, the ‘Transition to Professional Practice’ program, supports nursing students moving to become registered nurses through the development of key clinical skills and mentoring by senior nurses.
Strategies to attract men into nursing were discussed by Luke Yokota, Chair of the Men in Nursing Working Party, who presented progress that this group is making in increasing awareness of men in nursing while also addressing the barriers and perceptions that men face entering the profession.

He discussed the local and national media coverage the group has received as well as the resources they have produced to promote the message that 'it’s ok to care’ to Australian men.

Other sessions focussed on supporting nurses to work at their full scope of practice, including a presentation from the first Australian nurse to perform prostate biopsies, David Heath.

Heath has now done over 200 biopsies and argued that Australia is lagging behind other countries, such as the UK in harnessing the potential contribution that could be made by nurse practitioners.

**Conclusion**

Given that predictions of a late 2021 election have given way to consensus around a likely March 2022 poll, political parties still have some time to develop their policy platforms.

This provides an opportunity for political leaders to turn their complimentary words about nurses into actual policy and funding commitments which support nursing priorities and concerns.

The NFF provided multiple examples of nurse-led initiatives which are addressing some of the most pressing challenges facing our health system. If political leaders are stuck for policy ideas in the lead-up to the next election, NFF could be a great place to start.

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*Disclaimer: Jennifer Doggett provides consultancy services to the Australian College of Nursing.*
‘Building the plane while we were flying it’. Nursing on the COVID frontline

Introduction by Croakey: Learning from nurses’ experience throughout the Australia's COVID-19 pandemic can help equip our health system for future pandemics and other health challenges, as the recent Australian College of Nursing National Nursing Forum demonstrated.

In the #LongRead below, Jennifer Doggett reports from multiple sessions at the forum on how COVID-19 and its resulting lockdowns have had major and diverse impacts on nursing across Australia, causing stress, disruption and exhaustion while also prompting innovation, flexibility, and generosity.

Jennifer Doggett writes

As Melbourne nurse Karrie Long put it, “one pandemic year equalled three normal years” for a hospital working at the frontline of the COVID pandemic in Australia.

Long was one of many nurse leaders who presented at the recent National Nursing Forum on experiences on the nursing frontline in the pandemic, ranging from a metropolitan hospital at the “epicentre” of the pandemic in Australia to the ripples across health care in Arnhem Land.
The presentations conveyed a general picture of stress, uncertainty, changing advice and unsafe practices as the hospital and broader health system struggled to meet the demands posed by a new and potentially catastrophic health threat.

However, they also described positive examples of nursing and health system leadership and resilience and creativity in responding to a unique and constantly changing work environment.

It’s clear from #NNF2021 that the COVID-19 pandemic has provided the health sector with far more than 18 months of learnings – critical work as Shadow Minister for Health Mark Butler outlined, warning delegates that “we still have a long way to go with this pandemic”.

Butler reiterated the request he has made repeatedly to the Prime Minister to release the hospital modelling given to National Cabinet to guide the re-entry process.

He also called for greater support for public hospitals which he said are “already under very serious pressure” to prepare them for an increase in COVID cases once the lockdowns end and borders re-open.

Butler stressed the need for a collaborative approach across jurisdictions to combat the next stage of the pandemic and called on the Commonwealth to avoid “picking fights” with the states and territories.

The keynote and concurrent sessions at NNF explored diverse experiences in nursing throughout COVID-19 which varied according to location, role and stage of the pandemic.

“We all have our own COVID story and not everyone’s is the same,” noted Karrie Long.

In the opening session of the conference, ACN CEO Kylie Ward highlighted the crucial role of nurses in all areas of the health system during COVID-19, stating that “without nurses, Australian would have had no pandemic response.”
However, ACT Chief Nurse and Midwifery Officer, Anthony Dombkins also made the point that throughout the pandemic nurses have continued to work in non-COVID areas of healthcare. “COVID does not define nursing,” he said.

Leading with kindness

The Royal Melbourne Hospital (RMH), which in 2020 was caring for 40 percent of Australia’s COVID cases, was the focus of key presentations at the conference.

In one, Associate Professor Denise Heinjus, RMH’s Executive Director Nursing Services and Residential Aged Care, said the hospital’s core values of “leading with kindness, people first and excellence together” helped set the tone for their early response.

She also noted that RMH made a decision to avoid using “warlike” language when discussing COVID.

A major challenge in the early days of the outbreak was a shortage of PPE but Heinjus said that staff were reassured that no-one would be asked to provide care without adequate protection.

The responsibility RMH had for outreach into the community included making initial assessments of high risk aged care facilities and in some cases taking over their management to ensure residents were protected.

Nurses asked to provide care in these facilities were shocked by the conditions they experienced and described them as the most stressful shifts in their career, she reported.
Balancing the need to manage infection control with supporting the residents in Melbourne’s public housing towers, who experienced a hard lockdown without notice and under police guard, was also extremely difficult, Heinjus acknowledged.

The hardship being experienced by the residents and the chaotic situation made it difficult for the RMH nurses to provide quality care and screening services.

Another distressing experience for nurses in the early days of the pandemic was the creation of a temporary mortuary at RMH for patients who died.

Heinjus ended her presentation by emphasising the need for ongoing support for nurses and other hospital workers. She said:

- “Staff are tired and many are grieving. Families are stressed and burnt out.
- We need to support our workforce for the next waves of the pandemic.”

**Code Yellow: caring for staff**

One way in which support for staff, from clinicians to cleaners, at the RMH had to be stepped up was discussed in a separate presentation by Karrie Long, Director of the Nursing Research Hub.

She described how the rising numbers of COVID patients at RMH during Melbourne’s 2020 second wave led to increases in the number of staff either infected or needing to be quarantined due to contact with someone who was positive.

As many RMH staff lived and worked together, when one staff member tested positive, many others would need to be quarantined, placing additional pressure on the hospital’s already stressed workforce.

To support staff in quarantine or home isolation RMH set up a nurse-led taskforce which over a four month period in 2020 made 4,000 phone calls to around 700 staff infected and quarantining at home.

The calls aimed to provide emotional and practical support, identifying any specific needs they had for food or other supplies, and also provide clinical assessments and advice for those with COVID symptoms.

More than 14 staff experienced more than one instance of 14 day quarantine, and one person spent 41 days in quarantine, Long said, describing the importance of a multidisciplinary team, including a social worker and mental health nurse.
Long described the project as an example of “value-based leadership” adding that “investing in staff well-being is vital to protect our greatest workforce.”

“This was one of the greatest responsibilities I’ve ever had, probably one of the proudest moments in my career,” she said.

Some of the challenges she identified in implementing the taskforce were a lack of clarity around governance and scope of the taskforce.

“These were not our patients, these were our colleagues,” she said, noting that the unprecedented situation meant the team was “building the plane while we were flying it”.

She also reported some data and technology issues as most of the nurses working in the taskforce were not used to working from home and did not have the technological infrastructure required already in place.

**Preparing for COVID patients**

While RMH was dealing with the first wave of infections, another major public hospital in Melbourne was preparing for a likely influx of patients as the pandemic progressed.

Ashley Wheeler, General Manager of Surgical Services, described how St Vincent’s took advantage of the empty wards, created as the hospital moved patients to private facilities in anticipation of incoming COVID patients.

These wards provided a space to establish a simulation ward to develop test and modify COVID models of care prior to receiving patients, helping the hospital prepare for the different demands involved in treating COVID patients, such as the use of PPE, handover arrangements, entry and exit protocols and the safe management of Code Blues (medical emergency) and Code Reds (fire or smoke).

It helped to develop consistent processes across all areas treating COVID patients and was used to train over 750 staff.
The benefits provided by the simulation ward included greater consistency across all wards with COVID patients and increased staff confidence, particularly important for surgical nurses who were being moved to medical wards and needed upskilling in infection control processes.

Wheeler noted that this training had set the hospital up well to deal with the Delta strain outbreak this year.

In a separate presentation, Wheeler discussed a new nurse-led surgical framework and model of care implemented at St Vincent’s to manage the safety and monitoring of surgical patients whose procedures were postponed during the height of the pandemic.

This included the development of multi-disciplinary pre-admission telehealth services, transforming the traditional face-to-face model that had remained unchallenged for decades.

Some of the changes made through this model, such as the implementation of more flexible work arrangements, have now been implemented permanently, resulting in reduced sick leave and improved staff satisfaction.

Impact on nurses, patients and families

NNF heard that nurses had been adversely impacted by the demands placed on them during the pandemic but had worked hard to shield their patients from any potential effects on quality of care.

Dr Suzanne Sheppard-Law undertook a cross-sectional survey of nurses working in health-care settings and found that 80 percent of respondents reported experiencing generalised anxiety as the pandemic progressed, a statistically significant increase from their baseline scores.

One recommendation coming out of this study was to support nurses to undertake mindfulness practices and other self-care strategies to minimise stress.

The specific impact of necessary but harsh infection control measures was also discussed by Dr Robin Digby from Deakin University, who held focus groups with staff working on the frontline in an acute hospital to discuss the effects of isolation on patients, families and staff.

The staff participating in the groups acknowledged that isolating patients, restricting visitors and limiting staff movements within the hospital were good pandemic management, but they felt that this came at considerable cost to patients, families and staff.
All groups highlighted the importance of good communication as important to reducing the impact of isolation, leading to Digby’s recommendation that hospitals develop the infrastructure needed to support alternative means of communication to cope with future pandemics.

### Heading into the storm

An “outsiders” perspective was provided by Hannah Rohrlarch and Annabel Thomas, South Australian nurses who responded to a request from the Victorian Government for help in managing the 2020 outbreak in residential aged care facilities (RACFs).

They described walking into a situation of chaos on their arrival in the Melbourne RACFs, including inconsistent and disorganised PPE and infection control processes.

Adding to the chaos were the large numbers of agency nurses being used in the RACFs as many of the permanent nurses were either themselves infected with COVID or in quarantine.

Rohrlarch and Thomas emphasised that this was not the fault of the nurses at the RACFs who were working under extreme conditions with inadequate guidance and support.

They described their role as supporting existing RACF leadership to implement strategies to protect residents from the risk of infection, including separating the facilities into red and green zones to keep COVID positive patients isolated.
They also outlined the comprehensive measures undertaken to prevent the nurses from spreading infection to each other or the broader community while in Melbourne. That included separating the nurses working at different facilities, providing them with hotel accommodation on separate floors, travelling in private cars to and from the RACFs and implementing special arrangements for laundry and meals.

Despite the many challenges they experienced, Rohrlarch and Thomas reported that the relief and gratitude they received from staff, residents and families at the RACFs meant that they would both put their hands up to do this again.

**Regional nursing experiences**

While there were some issues in common with urban centres, regional healthcare services reported additional unique challenges as the pandemic unfolded, given their geographical isolation from city centres, limited access to equipment and a smaller pool of staff with the skills and experience to care for COVID patients.

Associate Professor Jennifer Weller-Newton, from the Department of Rural Health at the University of Melbourne, described the use of reflective practices in helping nurses to explore their role as frontline healthcare workers in a regional healthcare service and to support their well-being during the challenging times.

Her research involved encouraging healthcare workers to provide her with a monthly reflection of their lived experience represented as an anecdote, story, poem, collage, image, or painting. An analysis of these reflections identified some common themes, including relentless fatigue and workforce pressures, coupled with a sense of solidarity and pride.

Weller-Newton found that this reflective practice offered participants a moment of stillness and space in an otherwise chaotic and stressful environment and she recommended that further innovative avenues be considered to enable health care workers to experience ongoing reflectivity in their work.

Another story from regional Australia came from emerging nurse leader, Emma Bugden, who described the challenges of working in remote Arnhem Land in the early stages of the pandemic, and how it exacerbated existing challenges for nurses in her community, such as significant staff shortages.
The border closures and movement restrictions meant that agency nurses were no longer available so some nurses were required to work for 12 months straight without any recreational leave.

Adding to the workforce pressures was frequently changing and sometimes unsafe advice from health authorities, particularly around the use of PPE, she said.

Bugden outlined how in the early days of the pandemic nurses were told not to use PPE – even when it would be unsafe for them to treat patients without it – because it was in such short supply. They were also discouraged from wearing PPE when treating people with flu-like symptoms because of concerns among health authorities that this might lead to panic in the community.

Staff were also warned that there could be backlash from the community if any COVID cases were detected and told they would have to be evacuated quickly, which she said was a very stressful situation for the nurses and their families.

There were also additional restrictions placed on their movements due to the biosecurity laws which meant that nurses living and working in remote communities were often unable to leave the boundaries of their community for months on end.

Many communities also experienced widespread food shortages as the number of barges delivering food halved and online food shopping was restricted.

Despite these challenges, Budgen reported that nurses found innovative ways to cope with the stressful environment including bonding together for support and mentoring.

**The Colac experience**

Colac is about as far away from Arnhem Land as is possible on mainland Australia but while the challenges in the regional Victorian town were different from those at the Top End, the situation was equally demanding for the nursing workforce.

In 2020 Colac experienced the biggest regional outbreak thus far in Australia with a total of 145 people infected ranging in age from 8 weeks to 92 years.
Colac Area Health CEO and registered nurse Fiona Brew described how Colac was on its own in responding to this outbreak as the authorities were focused on the bigger second wave in Melbourne.

She outlined the steps they took including setting up an incident management centre to investigate the clusters appearing in local abattoirs, childcare centres and schools and in the Bulla ice-cream factory.

They investigated the living conditions of the abattoir workers and discovered that some of them were sharing accommodation with up to 12 other people, including shift workers who would sleep in the same beds.

Introducing hotel quarantine to isolate people who were positive, or in close contact with people who were positive, involved looking at a range of issues, such as ventilation and infection control.

Brew reported that some of the challenges for health services included meeting the communication needs of Colac’s large cultural and linguistically diverse population.

Many of the abattoir and factory workers spoke languages other than English and needed interpreters to understand the information being provided by health professionals and local authorities. However for some, such as Farsi, they had to find local people to act as interpreters. They also needed interpreter services to produce infographics and written material in other languages, including Arabic, Farsi and Mandarin.

There were also issues with the food was provided to residents in hotel quarantine or home isolation which was often not culturally appropriate and did not include some important items like pet food.

Brew told the NNF that key lessons from Colac’s experience included the importance of trust in local health services and of businesses keeping employee contact data up-to-date, the need for same day testing, the role of workplace-based testing and the need to involve community leaders in the response.

**Learning from experience**

The experiences of nurses throughout the pandemic, and the research that is being undertaken on these experiences, are a rich and diverse resource which has the potential to improve the delivery of health care across geographical areas, health sectors and communities.

As Australia moves slowly towards a “living with COVID” or even “post-COVID” environment, these lessons should be used to strengthen the capacity of our health system to combat future pandemics and to address other longer-term health challenges facing the Australian community.
Grab a cuppa, and take in some of the National Nursing Forum highlights – plus bonus cute dog snaps

Photo courtesy of a tweet by Hayley Pollock

Introduction by Croakey: Australian nurses Liam Jackson (@themalemidwife), Erin Mercieca (@erinmercieca) and Hayley Pollock (@HayleyL_Pollock) took the reins at @WePublicHealth over the three days of the recent Australian College of Nurses National Nursing Forum.

Their tweets from multiple keynotes, presentations and panel events have been included across our #NNF2021 coverage for the Croakey Conference News Service, and a selection also follows below.

And don’t miss the Dogs of #NNF2021.
Day 1 – Liam Jackson

@WePublicHealth · Oct 26
I forgot to mention who has taken over @WePublicHealth today! My name is Liam Jackson - a Nurse/Midwife in Melbourne, and a graduate of ACN’s Emerging Nurse Leader Program. Excited to be showing you the highlights of day one at #NNF2021!

@themalemidwife · Oct 26
Day one #NNF2021 with @acn_tweet #ACNHatselfie with my freshly brewed coffee from @GriffithNursing

#NNF2021 @WePublicHealth · Oct 26
Today we all gather together virtually - coming from many parts of Australia (and the world). We also acknowledge the Traditional Custodians of the various lands on which all delegates meet today. Today, I acknowledge the Wurundjeri people of the Kulin Nation.

#NNF2021
A beautiful welcome to country by Elder Brendan Kerin
#NNF2021
You can track Croakey’s coverage of the Conference here.

#NNF2021 @WePublicHealth · Oct 26
Federal Minister for Health and Aged Care - Greg Hunt presenting at the #NNF2021. Thanking the work of Nurses (and healthcare workers) in their roles assisting during the pandemic.

#NNF2021 @WePublicHealth · Oct 26
@GregHuntMP announcing Sonia Martin as the winner of the 2021 Trailblazers Award. Congratulations Sonia! #NNF2021

#NNF2021 @WePublicHealth · Oct 26
Six Pillars for ACN’s new mission
1. Advocacy
2. Community
3. Education
4. Leadership
5. Policy
6. Social Impact

#NNF2021 @WePublicHealth · Oct 26
ACT Chief Nurse and Midwifery Officer - Anthony Dombkins discusses Clinical Supervision and its impact on improving the clinical practice of ACT Nurses and Midwives #NNF2021
You can track Croakey’s coverage of the Conference [here](#).

Grab a cuppa, and take in some of the National Nursing Forum highlights – plus bonus cute dog snaps #NNF2021

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**Day 2 – Erin Mercieca**

#NNF2021 @WePublicHealth

Welcome back to Day 2 of @acn_tweet #NNF2021. We acknowledge the Traditional Owners of the lands on which we are meeting today and pay our respects to Elders past, present and emerging.

#NNF2021 @WePublicHealth

‘Graduates of today are our leaders of tomorrow’ - "LEAPing into the Future: a program to support our workforce" poster by Katelyn Stevens @TheRMH highlights the importance of developing foundational leadership skills in our emerging nurses #NNF2021

#NNF2021 @WePublicHealth

We must have accountability, transparency and staffing mandates in our aged care systems says @Mark_Butler_MP #NNF2021
You can track Croakey’s coverage of the Conference here.

Grab a cuppa, and take in some of the National Nursing Forum highlights – plus bonus cute dog snaps

#NNF2021

Innovative presentation by A/Prof Jane Frost MACN on using an ‘escape room’ for interprofessional students to learn, work together and reflect on clinical scenarios. #NNF2021 @acn_tweet

Vanessa Jones MACN from @healthymale.au explains why we need a more gender diverse nursing workforce in the Influencing Change stream #NNF2021

Nurses need the opportunity to contribute to policy to prevent workarounds and tailor safe and meaningful patient care says Kate Rowan-Robinson MACN #NNF2021 @acn_tweet

We are all key in ensuring regulation in our profession says Tanya Vogt from @NurMidBoardAust #NNF2021 @acn_tweet
You can track Croakey’s coverage of the Conference here.

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Day 3 – Hayley Pollock

Welcome to the final day of @acn_tweet #NNF2021 ❤️ @HayleyL_Pollock here with you for today, tuning in from Wurundjeri land! We acknowledge the Traditional Owners of the lands on which we are virtually meeting today and pay our respects to Elders past, present and emerging 🖤💛❤️

Grab your morning coffee ☕️ we’re less than 5 minutes away from kicking off Day 3! #NNF2021 @acn_tweet

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Thank-you for engaging on Twitter today during the #NNF2021. It has been wonderful hearing all of your thoughts! @erinmercichea signing out now! See you all at 0845am tomorrow for the final day! @acn_tweet
You can track Croakey’s coverage of the Conference here.

Grab a cuppa, and take in some of the National Nursing Forum highlights – plus bonus cute dog snaps

#NNF2021

Welcome to the #NNF2021 @richardmcolbeck MP! Great to have you. Always great to hear our #auspol leaders speak to the importance of the nursing profession! @acn_tweet #NNF2021

Time to tune in to the Nurses and Violence taskforce panel. Great to be able to discuss such and important issue, particularly after this morning’s ministerial address from @richardmcolbeck! @acn_tweet #NNF2021

It’s great to hear that our politicians support a zero tolerance policy for violence against nurses. As nurses, what does a zero tolerance policy mean to you? What does that look like in practice? @acn_tweet #NNF2021

The contribution that our profession can make in saving life’s and advocating for children experiencing domestic and family violence is invaluable @kylieward @acn_tweet #NNF2021

Julienne Onley FACN is definitely a Champion of Change with her work with international students and removing racism from the profession. #NNF2021
You can track Croakey’s coverage of the Conference here.

You can track Croakey’s coverage of the Conference here.

Grab a cuppa, and take in some of the National Nursing Forum highlights – plus bonus cute dog snaps

Grab a cuppa, and take in some of the National Nursing Forum highlights – plus bonus cute dog snaps

Also, meet the dogs of NNF

Also, meet the dogs of NNF

The amazing Ruth Zionzee FACN (DLF) 😊. Ruth has never missed an National Nursing Forum and #NNF2021 is her first virtual forum.

The amazing Ruth Zionzee FACN (DLF) 😊. Ruth has never missed an National Nursing Forum and #NNF2021 is her first virtual forum.

Thanks for tuning in to the final day of the @acn_tweet #NNF2021! Countdown to next year in Darwin is on! 293 days! @HayleyL_Pollock signing off 🙌🏻🙌🏻

Thanks for tuning in to the final day of the @acn_tweet #NNF2021! Countdown to next year in Darwin is on! 293 days! @HayleyL_Pollock signing off 🙌🏻🙌🏻

#NNF2021
@WePublicHealth

#NNF2021
@WePublicHealth

Also, meet the dogs of NNF

Also, meet the dogs of NNF

Eevee appreciated the debut and is looking for more cameos in the future 😻❤️🐶 #DogsOfNNF2021 #NNF2021

Eevee appreciated the debut and is looking for more cameos in the future 😻❤️🐶 #DogsOfNNF2021 #NNF2021

Someone stole my @acn_tweet #NNF2021 hat #DogsOfNNF2021

Someone stole my @acn_tweet #NNF2021 hat #DogsOfNNF2021
You can track Croakey’s coverage of the Conference here.

Grab a cuppa, and take in some of the National Nursing Forum highlights – plus bonus cute dog snaps

#NNF2021

Another #DogsOfNNF2021 has joined the party! 🐾

Odette Best @blacknursinghx - 2h
USQ Nursing mascot is back in the mix! Where is my ACN hat? @acn_tweet

Sure do! Orla is tuning in from the chair behind my desk! #DogsOfNNF2021

My conference buddy is slacking off today. Into session 2 alone I guess #DogsOfNNF2021 #NNF2021

Mooching off my registration but she’s ready and excited for Day 2 #NNF2021 #DogsOfNNF2021
You can track Croakey's coverage of the Conference here.

Grab a cuppa, and take in some of the National Nursing Forum highlights – plus bonus cute dog snaps

Sorry for my #Chihuahua Abbey who made her debut on the Masterclass this morning! #DogsOfNNF2021 #NNF2021 @acen_tweet 🐶🐾❤️
Calls to address widespread violence against nurses

**Image source: Australian College of Nursing**

**Introduction by Croakey:** The COVID-19 pandemic has exacerbated growing rates of abuse and violence experienced by nurses in and out of their workplaces, the recent Australian College of Nursing (ACN) National Nursing Forum heard.

The ACN launched its Nurses and Violence Taskforce position paper at the three-day conference, where issues of bullying and violence were the focus of a number of sessions.

Croakey’s Jennifer Doggett reports on the discussions below, in her final article from the Forum for the Croakey Conference News Service, which also features Twitter coverage of a range of masterclass sessions featuring nursing and midwifery leaders.

Bookmark all the #NNF2021 coverage here.

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**Jennifer Doggett writes:**

Australia was already facing a nursing shortage prior to the COVID-19 pandemic, which has prompted the exodus of 20,000 nurses from the profession this year.

One reason for this, according to the Australian College of Nursing (ACN), is the growing rates of abuse and violence experienced by nurses in their workplaces, again exacerbated by the pandemic, including reports of a surge in abuse from the families of COVID-19 patients.
Victorian community health organisation *cohealth reported* in September that it had been forced to close its Melbourne CBD vaccination hub and homelessness services after several incidents where health workers in the city were physically and verbally abused while on their way to work, targeted because they were wearing their cohealth identification.

Aged Care Minister Richard Colbeck also weighed in on the issue at the ACN’s recent National Nursing Forum, expressing his disappointment that nurses working in aged care felt unsafe wearing uniforms home last year in the first coronavirus wave, and said they continue to be threatened by violence when travelling to and from work in uniform.

And the issue is not confined to Australia, with *The Lancet* reporting last year on emerging patterns of violence against health facilities, ambulances and staff in Europe, the Middle East, the US, Latin America, Asia, the Pacific and Africa – nearly 20 years after a groundbreaking report from the World Health Organization identified violence as a major threat to health.

**Younger workers and women at risk**

In response to growing findings and concerns from nurses, ACN established a *Nurses and Violence Taskforce*, co-chaired by its CEO Associate Professor Kylie Ward and Professor Georgina Willetts, who currently leads an Academic Nursing team at Swinburne University.

The Taskforce has developed a *position paper* on ‘occupational violence against nurses’, which was released at #NNF2021 and calls for a whole of system approach.
The paper reports a recent campaign by Worksafe Victoria which found that up to 95 percent of healthcare workers have experienced verbal or physical assault.

That’s in the context, it said, of overall concerns of occupational violence, which is a major issue in Australia, with younger workers and women at particular risk. Among concerns identified over the years by Safe Work Australia are:

- 15 percent of mental disorder claims are caused by exposure to workplace violence (Safe Work Australia 2015).
- There is a 55 percent higher chance among young workers (under 24 years) of being awarded a mental disorder claim due to exposure to workplace violence compared to workers 55 years or older (Safe Work Australia 2015).
- More than twice the rate of claims due to workplace violence are recorded among females compared to males — 11.3 versus 4.7 claims per 100 million hours worked (Safe Work Australia 2021).
- The Victorian Government found WorkCover claims related to occupational violence between 2009-2014 totalled $3,971,281.

Saying the unacceptable experience of occupational violence against nurses is widespread, the ACN position paper commits it to “work tirelessly to support the introduction of legislation and initiatives that will ensure our workplaces are safe for the nursing profession”.

It also identifies the need to understand the specific nature of occupational violence in nursing as a critical first step and explains that occupational violence is not limited to hospitals and must be inclusive of all healthcare working environments where nurses engage, for example rural, remote, community, mental health, and aged care.

The paper also addresses the diverse ways in which nurses experience violence in their work, saying research suggests patients and families are frequently perpetrators of occupational violence.

However, the paper says occupational violence also includes unsafe working cultures where acts of ‘horizontal violence’ and psychologically unsafe working cultures result in devastating impacts.
Data is key

It is clear that reducing violence against nurses is vital to ensure Australia can attract and retain nurses in our health workforce to meet the growing healthcare needs of our ageing population.

Federal and state/territory governments, as well as health service managers, have an important role in developing a system-wide approach to this issue, which needs to focus on nurses’ unique experiences as both victims of violence and as health professionals responding to the impact of violence.

The ACN position paper notes that while there have been some state-based initiatives to address violence towards nurses, including research, training programs and policies, there has never been a nationally consistent, whole of system approach to this issue.

The paper states that this should start with the collection of specific data on occupational violence experienced by nurses. Currently this data is integrated with other work health and safety data, which means it is impossible accurately capture the scope of the occupational violence nurses face in their workplaces.

A key recommendation from the ACN paper is for state and federal governments to develop a national approach to data collection and analysis on occupational violence in healthcare. ACN has also called on governments to publish the results of this in the Australian workers compensation report.

Other recommendations include the development and implementation of a national campaign to highlight key issues around occupational violence and address inappropriate behaviour both within the community and across workplace environments.

This includes advocating for the introduction of mandated psychologically safe processes across all work environments where nurses work and developing a National Work Health and Safety Code of Practice on Psychological Health at Work and a Work Health and Safety Code of Practice for Managing the Risk of Occupational Violence.
Need for a systematic approach

A recently published report from NSW argued that a systematic approach to addressing occupational violence is needed across healthcare from government level, down to the frontline worker.

It says this requires a shift in public attitudes and behaviours towards healthcare workers and that cultural change is also required to prioritise psychological safety, improve work environments and reduce occupational violence.

This reflects the findings of an independent national review of the model Work Health and Safety laws by Marie Boland, which identified the importance of organisational cultures which promote psychological health, saying:

“Psychosocial safety climates are a type of organisational climate that prioritise employees’ psychological health. Psychosocial safety climates are a predictor of work conditions, worker health and engagement.”

Other aspects of organisational violence

Other issues relevant to nursing and violence were presented by nursing leaders at #NNF2021, including the role of nurses in supporting people who may be experiencing domestic or family violence.

Dr Jacqui Pich, Course Director of the Bachelor of Nursing at the School of Nursing and Midwifery at University of Technology Sydney, argued for violence prevention to be built into undergraduate nursing programs as well as for broader organisational and public interventions.

In 2014, Pich led the national VENT Study, Violence in Emergency Nursing and Triage, on Australian Emergency Department nurses’ experiences with patient-related violence, in which triaging was identified as a significantly high risk nursing activity, with nurses almost three times more likely to experience violence when performing this role.
In another session, Dr Peter Hartin, Senior Lecturer, Nursing and Midwifery at James Cook University, discussed the evolution of bullying in nursing over the past four decades. His research found that bullying in nursing is a pervasive problem but the evolution of bullying is poorly understood.

He described how bullying in nursing has changed from mostly overt and physical manifestations in the 1980s to verbal bullying in the 1990s, partly fuelled by power imbalances at that time between university and non-university educated nurses.

He said that workforce shortages and pressures in the 2000s contributed to bullying, which has become entrenched as part of nursing culture in the 2010s.

Since then, he said, bullying has evolved to look more like micro managing and unrealistic workplace demands, with nurses often told to “suck it up…as that’s what nursing is…”

Hartin argued that the myriad ways in which bullying in nursing is defined in Australia has important implications for research, practice, education, and policy.
A lack of support from management also contributes to an entrenched culture of bullying #NNF2021

Peter Hartin "We need middle managers and senior managers to work together to address bullying. Many anti-bullying policies are window dressing - they are pointless if not supported by management." #NNF2021

Peter Hartin - we need to define the problem of bullying in a way that puts people at the centre of the issue and accurately reflects their experience. #NNF2021
You can track Croakey’s coverage of the Conference here.

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Calls to address widespread violence against nurses #NNF2021

See also this Twitter thread on discussions by Adjunct Professor Kylie Ward, Professor Georgina Willetts and Dr Leesa Hooker, a nurse/midwife academic and Senior Research Fellow at the La Trobe Rural Health School, President of the Nursing Network on Violence against Women International (NNVAWI).

Masterclasses in nursing & midwifery

The National Nursing Forum featured a range of masterclasses and other panel events that sought insights and advice from nursing and midwifery and other health experts. They included former Labor Federal Health Minister Nicola Roxon, ACN chair Professor Christine Duffield, ACN CEO Kylie Ward, former Victoria Chief Nurse and Midwife Officer Fiona Brew, Associate Professor Denise Heinjus and Tasmanian Chief Nurse and Midwife Francine Douce.

See the tweets below for some of the discussions and speakers.
Great discussions in the @acn_tweet #NNF2021 Masterclass. @Belynda_Jane says we need to empower new graduates and give them a chance to speak up!

What would @suehawesqld do differently if she had her time again? Spend more time reflecting and be more connected! So important! #NNF2021

I’d make sure I would push...we are told to be quiet too often I think... - Hon. Nicola Roxon MP

What would Tony Dolan MACN do differently? He'd use his reflective skills rather than keep going and going. Reflecting on achievements is important for growth. #NNF2021 @acn_tweet

'Look a bit wider' - what is happening in other professional groups that we could implement into nursing? says Tony Dolan MACN in #NNF2021 Masterclass
Francine Douce - Chief Nursing and Midwifery Officer for Tasmania. "I never thought (when I started nursing) that I'd be doing it 35 years later...that I'd be the chief nurse of Tasmania...and that I would be working in public health during the COVID-19 pandemic.

Interested in research? Choose your supervisors carefully says Emeritus Prof Christine Duffield FACN. Pick a topic that is meaningful for you. #NNF2021 @acn_tweet

Emeritus Prof Christine Duffield FACN has had a significant career and takes on any challenge that she is thrown into. Wonderful hearing her responses in the Masterclass Session #NNF2021 @acn_tweet

'As a researcher you have the power to influence but you don't have the power to effect change' says Emeritus Prof Christine Duffield FACN. Research and practice both vital in making a difference. @acn_tweet #NNF2021
Calls to address widespread violence against nurses #NNF2021

We need to ensure that nurses and midwives are actively involved in EMR implementation says @NaomiDobroff @becjed @acn_tweet #NNF2021 #RisingStars

Shelley Nowlan FACN describes her experience of Imposter Syndrome. She highlights the importance of allowing yourself time to transition from novice to expert through learning and challenging yourself @acn_tweet #NNF2021

In conversation with @kylieward Shelley Nowlan FACN says we must try to flip failures and make them a success. Make the most of disruptions! @acn_tweet #NNF2021

Hon. Nicola Roxon (MP) "I trained as a lawyer - and when I left the high court people were shocked that I went to the unions... when I left politics people thought it was unusual I went to join boards... but I wanted to be an advocate for people (and women)."
You can track Croakey’s coverage of the Conference here.

Calls to address widespread violence against nurses #NNF2021

Nurses are very good at adapting whilst ensuring quality, safe and effective care - Tanya Vogt from @NurMidBoardAust #NNF2021

How do you prevent project burnout? Shannon Wallis MACN ensures that her own health is under control and that she surrounds herself with passionate people #NNF2021

Persistence is key in staying humble, relevant and grounded in leadership roles says Lorna Cook MACN #NNF2021

Final reflections from Hon. Nicola Roxon: There is an opportunity in a post COVID era to look at what we learnt and see how we can build back - bigger and better. Always take opportunities as they present themselves!

"1 Pandemic Year=3 Normal Years" says Karrie Long MACN from @TheRMH in #NNF2021 Trailblazer stream. Something we have all felt as healthcare workers.

Our 2021 Trailblazers all share something in common - @kylieward describes their courage to convert ideas and possibilities to reality @acn_tweet #NNF2021
2021 Nursing Trailblazer Sonia Martin describes the fear of jumping in to something new to start Sunny Street and resigning from her hospital role. You miss 100% of the shots you don’t take! Take the risk! @hi_sunnystreet @acn_tweet #NNF2021

Partner with people you normally wouldn’t partner with. There is so much capacity when we partner with other professions says Matiu Bush MACN #NNF2021

#NNF2021 Twitter analytics

The #NNF2021 Influencers

Top 10 Influential

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Highest Impressions

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The Numbers

- 32,944M Impressions
- 2,974 Tweets
- 174 Participating
- 10 Organisations
- 17 Key Interactivity

Twitter data from the #NNF2021 hashtag from Mon, October 25th 2021, 5:40PM to Sat, November 7th 2021, 5:40AM (Australia/Sydney) - Symplur.

#NNF2021 Participants

Calls to address widespread violence against nurses #NNF2021