Marie McInerney reported on the Australian College of Nursing's National Nursing Forum in Hobart on 21 – 23 August 2019, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia. http://croakey.org
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Equity, access and the power of nursing at #NNF2019

A rainbow greets delegates to nipaluna/Hobart for #NNF2019, where the dreams that you dare to dream really do come true. Image credit: Belynda Jane Abbott

They’re Australia’s single largest group of health professionals, living and working in some of the most remote corners of the continent and advocating tirelessly for their patients. So why are nurses still being sidelined in national debates on health?

This was the focus of the Australian College of Nursing’s National Nursing Forum in Hobart this week, which aimed to showcase leadership, advocacy and innovation in the nursing profession. Croakey journalist Marie McLnerney covered the event for the Croakey Conference News Service and previewed the discussions below.

Cultural safety, climate change and aged care were just some of the issues on the agenda, and the College was offering a $500 prize for the best tweet on the #NNF2019 stream.

With snow atop Mount Wellington, Croakey also ran a #BeanieSelfieChallenge, offering free subscriptions to the best entrants, urging delegates to get snapping!
Marie McInerney writes:

The Australian College of Nursing (ACN) has sounded a warning that the nursing profession continues to be “wilfully ignored and even locked out of health care discourse and policy making”, at the expense of greater health access and equity in Australia.

Speaking ahead of its National Nursing Forum in Hobart, ACN CEO Adjunct Professor Kylie Ward said nursing is still too often “forgotten or ignored” in policy settings, right up to Ministerial level, largely because it remains a female-dominated profession.

Ward said that nurses are “under-represented, disproportionately represented or not represented at all”, particularly compared to medicine and pharmacy, and are “invisible” in media reporting on health.

“You look at any board, any committee, any strong discussion that is taking place around the country, we fight to get a nursing representative (on it) but there will be several medical representatives,” she told Croakey.

“At that very core level, there’s an unconscious discrimination.”

Asked for examples in policy making, she said that there had been only “very limited engagement” of nurses in early and subsequently unsuccessful attempts by governments and their agencies to develop and roll out a national electronic patient record.

This compared to the way the Australian Digital Health Agency engaged with nurses on the development of My Health Record from its inception, she said.

But Ward said that disregard for nursing expertise is widespread, with the profession still battling for the right to work to their full scope of practice.

This year, both the Australian Medical Association and Royal Australian College of GPs strongly opposed recommendations from the MBS Review Nurse Practitioner Reference Group, which described the requirement for nurse practitioners to work with a medical professional as a ‘system inefficiency’ and a ‘barrier to care’.

The Group’s report also suggested extending MBS rebates to include nurse practitioners in item descriptors for team care arrangements, health assessments, urgent after-hours home visits and aged-care services, as well as significantly boosting the rebates for existing nurse practitioner attendance items.

Ward said that the ongoing restriction of nurse roles contributed to health equity and access issues, including in remote Australia where nurses still live in many areas where most other health specialties are ‘fly in fly out’.

Finding a voice

Nurses number nearly 400,000 in Australia, making them not only the single largest group of health professionals in Australia, but also the most widely and evenly distributed, Ward said.

Yet read, listen or watch news stories on Australian health care and “you would be forgiven for thinking nurses either don’t exist or at the very least have nothing constructive to contribute to the health care conversation”, she recently wrote.
Last year the Australian Primary Health Care Nurses Association (APNA) conference highlighted the poor representation of nurses in TV medical hits like Grey’s Anatomy and Australia’s All Saints, where they were too often relegated to the background.

But there’s a broader issue in news media, and one that goes beyond Australia.

Nurses were the source of only two percent of quotes in articles about health, and were never sourced in stories on health policy, according to the landmark 2018 US Woodhull Study. (You can read more on that research and its implications in Australia here).

By comparison, physicians made up 21 percent of quotes in healthcare stories; healthcare executives or administrators comprised 10 percent; researchers working on healthcare-related topics nine percent; and patients or their families four percent.

When nurses were quoted, they “mainly commented on the nursing profession itself, and were rarely used as sources based on their expertise or knowledge of broader healthcare topics”, the study found.

That has many implications, Ward said, including that “smaller and sometimes less relevant groups are being given an unjustified opportunity to shape the public healthcare agenda”.

These issues will be centre stage at #NNF2019, where the theme will be ‘Nursing Now — The Power of Policy’.

The three-day event in nipaluna/Hobart will showcase the international Nursing Now global campaign being run by the World Health Organization and the International Council of Nurses to raise the profile and status of nursing worldwide.

“Including nurses in policy making, health care teams, and enabling nurses to work to their full scope of practice will significantly diminish the health care disadvantage experienced by many Australians, particularly the elderly, people with complex chronic conditions and people with mental illness,” Ward said.

The College’s Fourth History Conference, ‘The Power of History – Nursing Now’, drew plenty of delegates to Hobart for an early start to proceedings. We clipped some of the tweets from a fascinating range of sessions below.
You can track Croakey’s coverage of the conference here.

Equity, access and the power of nursing at #NNF2019

Belynda Jane Abbott @Belynda_Jane · Aug 20
Dr Lesley Siegloff illuminating the changes in nursing education! Proposing we look at a strategic approach to nursing placements and the future of our profession! @acn_tweet #NNF2019 #ACN4thHistoryConference @NursingNow2020

ACN @acn_tweet · Aug 20
Professor Odette Best MACN explores the historiography of Indigenous Australian Nurses from 1890-1950. #NNF2019

Belynda Jane Abbott @Belynda_Jane · Aug 20
Dr Odette Best talking about an important part of our history - Indigenous Australian Nurses. We are yet to fully understand their important impact on healthcare due to many challenges and barriers. @acn_tweet #NNF2019 #ACN4thHistoryConference
You can track Croakey’s coverage of the conference here.

Equity, access and the power of nursing
at #NNF2019

Dr Elaine Bennett MACN Director Research, Ngala. The Nursing History of an early parenting organisation in Western Australia over 120 years. #NNF2019

Dr Karen Dawes discusses isolation practices in infectious diseases. We are still isolating and what is the burden of isolation on patients and nurses? It’s huge in my experience, goes back to loneliness becoming an indicator of quality care #NNF2019

Dr Karen Dawes MACN examines nurses in infectious diseases wards between 1850-1960. #NNF2019

Croakey
“Conference News Service”
Speaking up and speaking out

The relative invisibility of nursing in public policy and debate is not for want of the profession taking a strong stand on many public health issues.

Last year the ACN, Congress for Aboriginal and Torres Strait Islander nurses and midwives (CATSInaM) and other nursing groups came under attack from vested interests and right wing media outlets over new codes of practice that require nurses and midwives to improve the cultural safety of health services and systems for Indigenous patients and colleagues.

Ward said cultural safety would be a priority topic at #NNF2019, with a keynote to be delivered by Melanie Robinson, CATSInaM CEO.

The ACN has also been vocal in its support for the Reproductive Health Care Reform Bill 2019 which was seeking to decriminalise abortion in New South Wales.
“Decriminalisation of termination of pregnancy by registered health professionals ensures safe quality care for women and allows health practitioners, such as nurses and doctors, to provide care without risk of being incarcerated,” Ward told the NSW Parliamentary Committee on Social Issues.

Another keynote speaker at #NNF2019 was Luke Yokota, the inaugural Chair of the ACN Men In Nursing Working Group to talk about the ACN’s national efforts to address the shortage of men in nursing, where women still make up 90 percent of numbers.

“We still haven’t really moved to a place where it’s okay for men to care,” Ward said of stigma that persists around men going into nursing.

Yokota also participated with other emerging leaders in the profession in a Millennial Panel discussion on reducing the carbon footprint of the health care sector which currently contributes about seven percent of Australia’s total carbon dioxide emissions — roughly the same as South Australia — driven by hospitals and pharmaceuticals.

The ACN has been outspoken on climate change and was signatory to an open letter from an unprecedented coalition of health, welfare, and environment groups ahead of the May federal election, calling on politicians to recognise climate change as a core public health issue.

Croakey readers will appreciate that the call was very clearly ignored last week in the Federal Government’s new Long Term National Health Plan.

Aged care was also on the agenda at #NFF2019 with the ACN having urged the Royal Commission into Aged Care Quality and Safety to mandate a minimum requirement that a registered nurse be on-site and available in residential aged care at all times.

#NFF2019 also showcased the work of Australian nursing’s leading lights, with a dedicated stream of sessions to feature their work.

This follows the launch this year of the inaugural Health Minister’s Award for Nursing Trailblazers, part of the Australian Nursing Now campaign.

It was won by Canberra based palliative care nurse practitioner Nikki Johnston who led the ‘INSPIRED’ program integrating specialist palliative care into residential care for older people.

Ward said Johnston’s work is indicative of what nursing innovation could deliver for the health sector.

According to the award citation, the INSPIRED program had significantly reduced the length of hospital stays and in-hospital deaths, delivering significant cost savings and better quality deaths for participants, including better symptom control, advance planning, closeness with relatives and spiritual care.

“That was all nurse-led,” Ward said.

“If the government puts money aside and lets people be creative and innovative and allows nurses to develop in ways they’ve never been able to before then we’ll see some real (health) reform, now and into the future.”
The Australian College of Nursing’s National Nursing Forum was held from August 21-23 in nipaluna/Hobart. See the full program [here](#).

Croakey journalist [Marie McInerney](#) covered the event for the Croakey Conference News Service and on Twitter at [@CroakeyNews](#).
Imagine waking up after the 2022 federal election to headlines of an “historic upset”, where a #WeCare movement powered by Australian nurses and midwives stormed Parliament to create a new power base that put “people before politics, policy before power”.

That was the rallying call put to more than 600 leading nurses and midwives on the opening day of the Australian College of Nursing’s (ACN) National Nursing Forum in nipaluna/Hobart, from former South Australian Labor MP and nurse and midwife Annabel Digance.

Many of the delegates battled wild winter weather to get to the three day leadership event, which opened with a welcome ceremony from the Pakana Kanapilla performers on the traditional lands of the palawa people of lutruwita/Tasmania.

The theme of #NFF2019, which trended nationally on Twitter during its packed opening plenary session, was ‘Nursing Now – Power of Policy’.

The event showcased the international Nursing Now campaign to raise the profile and status of nursing worldwide and local strategies to give the profession greater influence and broader scope of practice in Australia.

A series of keynote addresses from leading practitioners and academics on the opening day urged nurses and midwives to “step up into the political arena”, to “grasp the power of policy”, and to break nursing’s tradition as “the silent profession”.

#AusVotes2022: imagining a victory for people over politics at #NNF2019
Digance is known, particularly in the health sector, for steering what is known as Gayle’s Law – SA legislation passed to strengthen the safety of nurses in remote areas following the 2016 murder of Gayle Woodford in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands.

Power, policy, politics, people

Delivering a keynote address titled ‘Power, Policy, Politics, People’, Digance told delegates their voices were needed to weigh in on social inequity and a host of healthcare issues, including the looming foray into healthcare of tech juggernauts Facebook, Microsoft and Google.

Nursing has collective strength and “a huge body of voices”, but it needs the courage to step up and into the political arena, said the former MP, who won an “unwinnable” seat in 2010 but was ousted in the 2018 state poll.

Now Associate Professor at Flinders University’s College of Business, Government and Law, Digance said the profession must eschew “self defeating conversations”, such as ‘I’m just one person’ or ‘It’s always been that way’.

“We need to stop that self-silence because self-silence diminishes,” Digance said.
Ahead of the event, ACN’S CEO Adjunct Professor Kylie Ward warned that nursing is “wilfully ignored and even locked out” of health care discourse and policy making in Australia and that nurses are “under-represented, disproportionately represented or not represented at all”, particularly compared to medicine and pharmacy.

Digance also sounded the alarm on their lack of representation in Parliament.

Nurses number nearly 400,000 in Australia, making them the single largest group of health professionals in Australia.

Yet she said there are just two currently in Federal Parliament – Labor MP and former ACTU head Ged Kearney, and the newly-elected independent Member for Indi, Dr Helen Haines.

By comparison, Digance said, there are 24 lawyers and, perhaps more concerning, 19 political lobbyists among the 227 politicians comprising both houses of Parliament in Canberra.

“For me, this is a really big red flag because this could lead to risky policy,” she said of the discrepancy.
Too often, she said, we hear the “overused line” from politicians and big business that “people are our most important asset”, when the sheer numbers of people who were homeless, could not afford dental care or live on the paltry Newstart payment of just $40 a day told a different story.

Digance talked about her time in Parliament and her efforts to amplify the voices of nurses and midwives or to address their concerns in policy.

It revealed to her how undervalued nursing still is, where prominent politicians had no idea of the level of expertise shared by a room full of nurses, and where the profession was still often thought of in stereotypes, including as “pan maidens”.

It was also “ cringeworthy” how many politicians would rush to declare their credentials on nursing issues by saying their “mothers/wives are nurses/midwives”, she added.
Digance highlighted the #NursesPlayCards hashtag which went viral earlier this year after a US politician argued against better conditions for nurses, saying that some “in small rural hospitals probably play cards for a considerable amount of the day”.

It prompted a series of fantastic tweets, Instagram posts and memes, such as:

- “US nurses don’t play games. We also don’t eat, drink, or pee for 12 hours at a time, because we are too busy saving lives!”.
- #nursesplaycards pic.twitter.com/aYIWJCkevd”

— Nursesplaycards (@nursesplaycards) April 20, 2019

But while a great show of solidarity, it wasn’t enough, she said.
Digance asked:

“As we head towards the next federal election what collective steps will we have taken, how will we look as a group, what will be our story? Will we have developed strong political acumen, and political networks, will we have a network of political nurse educators to influence and champion legislation and policy so we are at the political table?”

And with a mock front page article from The Australian to inspire, she urged them to imagine the headlines after the 2022 election:

“Political upset. Australians put people first, people before politics, policy before power.”
You can track Croakey's coverage of the conference here.

I might for the first time, actually read @australian if this happened after the next election... let's just try? #wecare #NNF2019 #auspol

Body politic: a clarion call for nursing at #NNF2019

It's clear from #NNF2019 that nurses need to stand up and be counted in policy and politics. How strong! Nurses in Australia are 411,595 strong and have more votes than the state of Tasmania or more than NT and ACT combined. Let's hear your voice @shepherdannam1 @acn_tweet @CroakeyNews

So empowering to hear this keynote from Annabel Digance - A nurse and a politician @acn_tweet @kylieward to the #NNF2019 nurses need to be loud and more present in the political space.
Autonomy and the body

The forum’s opening session also heard from Associate Professor Georgina Willetts, Head of Discipline & Course Director in Nursing at Swinburne University.

A registered nurse and midwife, Willetts is also the great great granddaughter of Sir Henry Parkes, former Premier of New South Wales and a leading colonial politician who was instrumental in bringing the first Florence Nightingale-trained nurses to Australia.

Willetts was schooled in nursing “on the cusp of change”, when training moved from being hospital-based into tertiary settings. Despite this professionalisation, she said it still struggles for respect and influence.

“Nursing now meets all the accepted criteria for a profession: it has its own systematic body of theory, professional authority, the sanction of the community and a regulated code of ethics,” she said.

“So why have we as a profession struggled so much in achieving recognition?”

She said it was due, in part, to the “intangible” nature of nursing practice, where the therapeutic relationship, patient advocacy and holistic approach “are often unseen”.

“This relative invisibility and continued affiliation with medicine has compounded our struggle to legitimise our autonomy,” she said.

But she said there was also a stigma around nursing linked to its so-called “body work”, where – as some have written – the relational boundaries between nurses and patients blur spaces that are ordinarily taboo.
“We do a lot of personal things to the body that probably no other profession does,” she later told Croakey. “This is, for me, where a patient gets their trust: we wash them (or) if a patient gets sick, we clean them up.”

It’s “not necessarily saving lives, doing all the fancy stuff”, but it’s also not menial, she said.

While a nurse is doing that, they are assessing the patient: “what their skin looks like, how they move, how they talk.”

But Willetts said many nurses do not talk about these parts of their work to outsiders, because of the risk it is seen as “disgusting or revolting”.

That continues to reinforce the dominance of the doctor/nurse relationships, and the idea of nursing as “a complementary vocation”.

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"Nursing work is intrinsically connected to the subjective nature of the patient and the patient’s body. As a result this can be seen as dirty or menial work. This continues to reinforce the dominance of the doctor nurse r’ship." @GeorgiWilletts #NNF2019

Nursing is connected to the bio-psycho-social aspects of the human being @acn_tweet #NNF2019 presented by Associate Professor Dr Georgina Willetts FACN - we need to prevent the erosion of the profession 👏👏👏
"We too are products of our society and we know often what we do is not socially acceptable (to talk about). Need to not run from this so-called ‘body work’ we do, but embrace, claim and demand respect for it.”
@GeorgiWilletts #NNF2019

Body work- the abject, the intimate, the sick. Nursing’s value and the barriers to advancing the profession are tied to the body and our attitudes to care of the physical. #NNF2019

All health professions are under stress, but the difference for nursing is the need for the nurse to be consistently available to patients. @GeorgiWilletts #NNF2019 on stress, exhaustion, burnout, compassion fatigue etc. #NNF2019

Our roots are deeply embedded in the community, we have their support, we need to step up to the political space and fight for our communities. We know the answers, we are many of those answers #NNF2019

Willetts said:

“One of the challenges that the future of nursing faces is to not run from this so-called body work, but to embrace it, claim it and demand the respect needed for such practice.

I think we need to be louder.”
Watch our interview with Willetts:

From the Twittersphere

With the ACN running a contest for best conference tweet, as well as providing delegates with pedometers to compete for most steps at #NNF2019, it’s little wonder the forum trended nationally on the opening day.

See below for a selection of some of Wednesday’s Twitter highlights, including a neologism or two (#nurding ftw!).
How amazing is this country! The trip from Canberra to Hobart for #NNF2019 Nursing certainly does take you to amazing places!

Welcome to Country dance from the Pakana Kanaplila performers here in nipaluna/Hobart for #NNF2019

Politics, policy and power are often unpredictable – participation is vital if we are to be influential: #NNF2019 MC Dr Veronica Croome
You can track Croakey's coverage of the conference here.

@CroakeyNews hard at work communicating the proceedings of ACN national forum in Hobart #nnf2019

Anna M Shepherd FACN GAICD
@shepherdannam1

#Nurding oops did I start a revolution of Nurses in IT #NNF2019

Anna M Shepherd FACN GAICD
@shepherdannam1 • Aug 21

Without data, evidence, evaluation and good outcomes Nursing is invisible #NNF2019 #strongertogether #humanity4humanity

twitter.com/SharonDownman1...

Matthew Toohey
@TooheyMatthew

Replying to @shepherdannam1 and @coopesdetat

Nursing sounds like an excellent name for evidence-based, data-informed nursing. (A blend of ‘nerd’ and ‘nursing’, from one of the budding linguists at #NNF2019.)

Murph Murphy
@murphy028

Quote of the day ‘Do first, then seek forgiveness if need be’ #NNF2019 @AnnabelDigance
You can track Croakey's coverage of the conference here.

#NNF2019 is trending!! Keep it up - we're loving all of your tweets! ❤️ #ACNtribe #nursing

Body politic: a clarion call for nursing at #NNF2019

Anna M Shepherd FACN GAICD
@shepherdannam1

Nurses are a huge body of voices. Together with courage we can #leanin #riseup and share our wisdom. ‘How very little can be done under the spirit of fear?’ Says Florence Nightingale #NNF2019

What action will YOU take? #NursesRyouReady #Nurses4vbhc #DealmeinFlorence

If Nurses don’t find their VOICE now, they won’t be funded for their contribution. Croakey “Conference News Service”
You can track Croakey’s coverage of the conference here.

**Body politic: a clarion call for nursing at #NNF2019**

Paul Rumpff
@paulrumpff

A bit damper for the start of #NNF2019 but there is still snow and the beanie works a treat #warmastoast

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Murph Murphy
@murphy028

Hobart here I come #NNF2019

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Croakey
“Conference News Service”
Body politic: a clarion call for nursing at #NNF2019

I can’t decide which beanie to choose?
#BeanieSelfieChallenge @acn_tweet #NNF2019
‘Past the time for politeness’: nurses urged to take action on climate and health

A national nursing conference has put the carbon footprint of the health care system high on the profession’s agenda, and spurred calls for urgent action on the “extraordinary waste” that can be generated in hospitals “in just one shift”.

A plenary panel discussion at the National Nursing Forum hosted by the Australian College of Nursing (ACN) prompted stories of frustration and concern about the carbon footprint of the health care sector which contributes around seven percent of Australia’s greenhouse emissions – about the same as South Australia.

Nurses, students, academics and researchers on stage and in the audience voiced concerns about the terrible waste of food and single-use medical items in hospitals; excessive plastic and glass packaging for medications and devices; and the environmental impact of anaesthetic gases.

One delegate said that the hardest part of her job was that, in relation to recycling and waste, “my work is the complete opposite to my personal practice”.

Panellists at #NNF2019 urged action on health’s contribution to global emissions and waste
Speaking later with Croakey, panellist Melinda Goode, a former marine scientist who will complete her Masters of Nursing (Graduate Entry) this year, urged nurses to “ask the tough questions” in their workplaces and in broader policy settings.

“Why do we do the things the way we do them? Why can’t we do them differently? Why isn’t climate change one of our priorities?” she encouraged her colleagues to ask.

“We’re there to treat those impacted (by climate change) but we’re contributing (to it). That doesn’t sit well,” Goode said.

ACN CEO Adjunct Professor Kylie Ward facilitated the #NNF2019 plenary panel session, which put four young nurses on stage to talk about the issue from a “millennial perspective”.

The session also tapped into the work of other delegates, including leading nursing academic Professor Linda Shields, who in retirement is heading a study on a new way of treating hospital waste so it can be used for agriculture or water treatment.

Shields said single-use medical items have helped to cut the rate of infections in hospitals but “we are getting to the point where hospitals are finding it much cheaper to use (them) regardless of the environmental cost, so that’s a really big problem”.

Panellist Nick Hayward, who is in his final year of nursing studies and working as an acute care Assistant in Nursing, said he “couldn’t agree more” with a comment from a delegate that “we are past the time for politeness” on the need for action on climate and health.

He said:

“If any of us here are not addressing this issue, if we’re not engaging on this issue… looking for solutions and asking questions about single-use products or waste, then you are culpable, you are part of the problem.”

‘Altogether, in one shift, there’s just extraordinary waste’

The ACN joined a coalition of health, welfare and environmental groups ahead of the May federal election to call on MPs to recognise climate change as a core public health issue.

However, despite the World Health Organisation (WHO) declaring climate change as “the greatest health challenge of the 21st century”, it did not rate a mention in the Federal Government’s new Long Term National Health Plan.

The Federal Government also has not responded to calls to develop a Climate Health Strategy that would drive change towards lower carbon operations in the health sector and improve the sector’s capacity to respond to climate threats to health.

As this article in the MJA outlines, the World Health Organization has suggested seven focus areas for reducing the carbon footprint of hospitals: energy efficiency, green building design, alternative energy production, transportation, food sustainability, waste reduction and water conservation.

The #NNF2019 session heard how hard being “climate friendly” can be in health care.

One delegate talked about how complicated recycling processes can be too much effort for people working under pressure.
Another told of the frustration of a colleague who was a dedicated recycler until they had been told the hospital did not have a recycling contract and everything had gone to landfill anyway.

Panellist Luke Yokota, a registered nurse, described going through “countless consumables” – plastic, cardboard boxes, glass containers – “just to draw up an antibiotic”.

“All together in just one shift there’s extraordinary waste,” he said.

But the session also heard about positive work, including the PVC Recycling in Hospitals program that collects used polyvinyl chloride (PVC) products like IV bags, face masks and oxygen tubing and recycles them into new products including play equipment.

It was started ten years ago as a pilot program at Western Health in Victoria and is now operating in around 130 hospitals and healthcare facilities in Australia and New Zealand, although it needs to sign up more to be financially viable, according to the ABC last month.

The ACN is also taking action as an organisation, collecting the plastic bottle tops that can’t be recycled for Lids for Kids which turns them into prosthetics for children.

### Uniquely placed for action

The forum highlighted dissonance between overwhelming evidence about the implications for health of climate change and everyday policy, practice and planning.

That included some gentle chiding about the bottled water on stage during a discussion about the over-use of plastic, but was also illustrated by a later presentation on lessons for nursing leadership from February’s “one in 500 year” flooding event in Townsville which did not mention climate change.

Like others, the International Council of Nurses have warned that such extreme weather events are increasing in frequency and intensity as a result of climate change.

Asked in the panel discussion at #NNF2019 what she felt would make a difference, panellist Catelyn Richards, a registered nurse, said it was important to draw the link in mainstream nursing education between reducing the carbon footprint and health.

Like many others in the session, Richards said she sees nurses as uniquely placed for action and advocacy, particularly amid a mounting climate emergency campaign.

She said:

> “I think a lot of people are afraid of the word ‘emergency’ but I can think of a large group of people who aren’t afraid of that word, and that’s nurses.”

Belinda Fenney-Walch
@FenneyWalch

7% of Australia’s carbon emissions are related to healthcare. Food waste. Single-use plastics. Anaesthetic gases. #NNF2019
7% of Australia’s carbon footprint is contributed by healthcare facilities, particularly anaesthetic acid: Melinda Goode MACN #NNF2019 #carbonfootprint

Carmen @Carmen41103837 · Aug 22
Great discussion... hospital waste case in point. Interesting comments about the propensity of single use items after a move away from re-usable. How relevant to question this and whether evidence currently exists that this has improved infection control in our health services

Linda Shields @Lshields50 · Aug 23
Very pleased to see Emerging Nurse Leaders picking this up and running with it. Hospital waste contributes a huge amount to landfill, with residues such as cytotoxic drugs, other drugs, heavy metals leaching into ground and water

ACN @acn_tweet · Aug 22
Nick Hayward MACN: i know people, friends of mine, who are putting off having kids because they don’t want to leave the planet in this state to them anymore. #NextGen #carbonfootprint #NNF2019

ACN @acn_tweet · Aug 22
Catelyn Richards MACN on climate emergency: People are generally afraid of the word ‘emergency’ but there’s one very large group of people that isn’t- Nurses! #carbonfootprint #ClimateEmergency #NNF2019

Meg Bransgrove @megbransgrove · Aug 22
Make those small changes, paper cups, paper straws, make the small suggestions to impact the bigger picture - Millennial Panel #NNF2019 @nurse_robbie

Meg Bransgrove @megbransgrove · Aug 22
3 tweezers in one dressing pack for ANTT, who even uses that 3rd pair of tweezers! Get rid of it! ACN Millennial Panel #NNF2019 @nurse_robbie

Croakey News @CroakeyNews · Aug 22
"Lot of people are afraid of the word ‘emergency’ re climate change. That’s one word nurses aren’t afraid of." #NNF2019

Meg Bransgrove @megbransgrove · Aug 22
If you aren’t questioning and advocating for change to address the climate emergency then you are culpable too – Nick Hayward on the Millennial Panel - what is that saying when good people do nothing... #NNF2019
“Past the time for politeness”: nurses urged to take action on climate and health

@acn_tweet

You can track Croakey's coverage of the conference here.

Croakey News @CroakeyNews - Aug 22

Room accepting the irony of having bottled water on stage when the #MillennialPanel is discussing reducing our carbon footprint #NNF2019, but still important to hear calls for hospitals, restaurants, health services to use tap water. We have great water on tap here.

Paul Rumpff @paulrumpff - Aug 22

@acn_tweet we need reusable coffee mugs too. What about all the printed material in the bags, including the program? We have the app, let’s get that working properly and lose the paper #NNF2019

Meg Bransgrove @megbransgrove - Aug 22

We need to remember our water is the best quality, why do we need bottled water, it is detrimental to the environment - comment from the audience to the Millennial panel #NNF2019

You can track Croakey's coverage of the conference here.
You can track Croakey's coverage of the conference here.

"Past the time for politeness": nurses urged to take action on climate and health

"We can lead this, we have the numbers, we have the knowledge." A call to arms to Australia’s nurses and midwives from Melinda Goode to take leadership role on reducing the carbon footprint of healthcare, and beyond

#NNF2019
Past the time for politeness': nurses urged to take action on climate and health

Read more on how hospitals can reduce their environmental footprint.

Climate change has been highlighted at a number of recent medical meetings covered by the Croakey Conference News Service, including the annual congress of Australian and New Zealand psychiatrists and the annual scientific meeting of Australasian emergency doctors.

Earlier this year, delegates to Doctors for the Environment Australia’s annual conference declared a climate emergency, while — at the National Rural Health Conference — Professor Peter Sainsbury called for climate mitigation and adaptation to be codified into national standards and accreditation for health services.
A registered nurse at Brisbane’s **Princess Alexandra Hospital** and a clinical facilitator and tutor at Griffith University, Yokota told the Minister that he felt if gender presented a barrier to any man into nursing “then we have failed as a community”.

"I’m the epitome of diversity", @LukeYokota talking about his Japanese, Australian and First Nations family background. “I’ve experienced how the way you look determined how you were treated.” #NNF2019
Stigma and stereotypes

Currently men make up just over 11 percent of the nursing workforce, and are mainly employed in critical care areas, management and mental health.

Yokota’s Working Party is aiming to lift that number, to better reflect the diversity of the broader community, counter stereotypes and to help address a predicted workforce shortfall of 125,000 nurses in Australia by 2030.

Its e-book features the stories of 28 Australian male nurses who talk about why they have gone into nursing, the barriers they confronted or continue to face, and their experiences in the profession.

Like their female counterparts, male nurses come from a range of backgrounds, hail from all corners of Australia including rural and remote areas, and have entered the profession through diverse pathways.

A few went straight into nursing from school, while others came via other careers — including the defence forces, advertising and “climbing the corporate ladder” — that failed to deliver the job satisfaction they have since found in nursing.

Some were the first male nurses to be employed in their organisations, and the first to be encountered by some patients.

Many have had some experience of stigma and stereotypes. They talk about how nursing rarely comes up for boys in school career counselling, about being asked why they didn’t want to go into medicine instead, and the sidelining that can happen at work, including awkwardness around performing some procedures for female patients.
“Why on earth would you want to be a nurse?” was a common question for Ben Chiarella, who left a job in the corporate sector and a Master of Business behind him to go into nursing, and is now clinical lead on telehealth home monitoring for Live Better in Orange.

His response?: “A career in one of the largest workforces in the world, with extensive and varied opportunities in a profession that has meaning and provides tangible benefits at both micro and macro levels for societies and health across the globe.”

But for some in his life, he writes, there has been a continuing misconception that “this nursing change was a dead-end move and I was potentially underselling myself”.

Others speak about the “toxic masculinity” that can be at the heart of these misconceptions, and that are challenged by the Men in Nursing mantra that it’s “okay for men to care”.

Nick Hayward, who came to nursing after working as a retail manager, writes in the e-book about realising that his own initial responses to people’s questioning of his career choice were reflections themselves of gender stereotypes about men and positions of care.

He would find himself telling other men that he had “needed a change”, talking about his mum and sister having been nurses, or emphasising the “technical challenges of nursing”.

He writes that it only occurred to him recently that these answers were “anything but genuine”.

“They reflect a conflict between the masculinities I have been raised in and had my behaviour measured against, and the somehow vaguely unacceptable answers I would prefer to give, or the emotionally honest stories I would rather tell.” said Hayward, who is in his final year of nursing studies and working as an acute care Assistant in Nursing at Royal North Shore Hospital in Sydney.

He realised those more honest answers were:

- “I really love caring for people. I feel good knowing that I can help people in their time of need.
- I helped a guy up to the toilet the other day and he told me it was nice to chat to a bloke in a nurse’s uniform for a change. Reminded me of my granddad.
- I cry after work sometimes because it’s hard meeting people near death and not knowing if I’ve helped them – but I’m glad I get the chance.”

Hayward concedes the barriers he has faced may not measure up against discrimination and disadvantages experienced by many others in his profession or under his care, but says they are problematic nonetheless.
It’s okay to care: challenging gender stereotypes at #NNF2019

Australia’s Workplace Gender Equality Agency agrees. It has campaigned for men to pursue careers in female-dominated industries such as health care, saying gender diversity can help with workforce shortages and improve innovation and performance.

While a problem in and of itself, gender bias also becomes a self-fulfilling cycle that limits the role of men in nursing and undermines the profession, according to researcher Ann Anthony.

“This cycle results in different learning experiences for men and women as nursing students, limits recruitment and retention of men, and perpetuates traditional male-female stereotypes that make the profession irrelevant to the diverse population that the profession claims to represent and serve,” she wrote.

Other male nurses at #NNF2019 told Croakey those stereotypes endure at times, when they may be expected to step up for the physically harder duties at work or to have “broader shoulders” when it comes to care fatigue.

“There’s also the assumption that you can take the most verbally or physically abusive patients because you’re a man and you can take care of yourself,” said one who asked not to be named.
Advancing nursing for all

Launching the e-book at #NNF2019, Yokota said he wanted to make it clear that the Men in Nursing strategy is “not only about championing men in nursing (but also) about continually advancing nursing, advocating equality for women and men in nursing and beyond”.

The responses he got when he decided to become a nurse shook his confidence, he said, but he persevered. Though he couldn’t pinpoint exactly why he wanted to be a nurse, what he did know was that it was a profession that cared for people and was highly regarded in the community.

“These were the types of attributes I valued in a career,” he said.

While he believes the majority of people and most patients support men in nursing, his efforts are to target “the undercurrent, the toxic masculinity and how stereotypes play out today” that may make a boy or man discount the idea of becoming a nurse.

@LukeYokota asking why the caring traits of men are dismissed #NNF2019

#NNF2019 #itsoktocare #ACNJoinourtribe What an inspiring young male nurse ❤️
The Men in Nursing strategy has not set any particular target. Its end goal is to make sure that any boy or man in Australia who wants to pursue nursing is able to do so, he added.

The main objectives of the Working Group are to:

1. Increase the number of men entering the nursing profession after school as their first profession.
2. Meet the predicted shortfall of nursing workforce demand.
3. Remove the stigma that nursing is a profession for women only.
4. Encourage men to work in areas of nursing outside of critical care, mental health and administration/management.
5. Retain men in nursing.
6. Understand the issues faced by men entering and staying in the nursing profession.
7. Send an overarching message to the community that it’s okay for men to care.

Further reading: What are five barriers that men face in the nursing workforce?
Watch our interview with Luke Yokota:

We also spoke with Chris O’Donnell, a Director of Nursing for the Office of the Chief Nursing and Midwifery Officer in Queensland, and chair of the Australian College of Nursing Queensland. You can watch our interview here:

More from Twitter

Luke Yokota MACN declares #itsokaytocare and launches ACN’s #MeninNursing ebook. #NNF2019 #ACNtribe #Nursing
You can track Croakey’s coverage of the conference here.

It’s okay to care: challenging gender stereotypes at #NNF2019

#NNF2019

The ACN Men in Nursing eBook is a fantastic collection of stories that share the experience and inspirations of Men in Nursing #itsoktocare #NNF2019 @acn_tweet @LukeYokota

Men in Nursing - Australian College of Nursing
ACN is strongly dedicated to addressing the shortage of males in our profession and promoting the many lucrative ... acn.edu.au

This is @nick_hayw an incredible man offering his wisdom for the #MenInNursing campaign “Don’t be afraid to be vulnerable” ~ inspiration to all men, nurses and humanity #NNF2019 @LukeYokota @acn_tweet

The quality of these interviews are astonishing. Can’t wait to see these go live! @LukeYokota @JohnKei77122604 @acn_tweet @kylieward #NNF2019 #MenInNursing #inspiring #RoleModel

#MenInNursing
“When you go into hospital, you hope to receive the best care possible, from male or female. I became a nurse because I wanted to bring the best care that I can, and bring them a smile as well.” Janry RN
#NNF2019 #MenInNursing #nurseleader @acn_tweet

“A singing to your patient is therapeutic... you don’t need any medications to keep them calm when you sing to them” 🎵 Absolute GOLD From Klyde #NNF2019
#MenInNursing #interviews #inspirational #expression @acn_tweet @LukeYokota

You can track Croakey’s coverage of the conference here.
You can track Croakey's coverage of the conference here.

It's okay to care: challenging gender stereotypes at #NNF2019

Brothers, nurses & friends #MenInNursing #NNF2019
#interviews #inspirational 🔥
‘What will your legacy be?’ — trauma and triumph at #NNF2019

The Australian College of Nursing (ACN) has kicked off a fundraising appeal to honour the courage, dedication and sacrifice of legendary World War Two army nurse Lieutenant Colonel Vivian Bullwinkel.

The plan to erect a commemorative sculpture in the grounds of the Australian War Memorial in 2020 was announced at the ACN National Nursing Forum in nipaluna/Hobart.

As you can read in more detail below, Bullwinkel experienced extraordinary trauma as the sole survivor of the 1942 Bangka Island massacre off the Indonesian coast. ACN Chief Executive, Adjunct Professor Kylie Ward said:

“Vivian overcame the atrocities of war with heroism, strength and tenacity. Her incredible achievements and commitment to caring for the sick and wounded are an example to all nurses and Australians alike and should not be forgotten.”

Bullwinkel’s experience was one of a number of powerful stories of “post traumatic growth” shared at #NNF2019, which was attended by more than 600 nursing leaders from across Australia.
Marie McInerney was there for the Croakey Conference News Service, and reports below. Bookmark this link for all our coverage from the event.

Marie McInerney writes:

The packed hall of nurses was already hushed by Sharon Bown’s story of survival and trauma when the former RAAF Wing Commander turned their attention to the woman in a scarlet cape rising above the Tomb of the Unknown Soldier.

There are 15 tall stained glass panels in the heart of the Australian War Memorial, said Bown.

Each features a figure in the uniform and equipment of the First World War, and is cast to typify their quintessential qualities.

Perhaps most prominent is the panel featuring the only woman; a nurse, featured with the Red Cross as the symbol of charity, and a pelican feeding her young from the mother bird’s bleeding breast, the ancient symbol of devotion.

That nurse may no longer reflect the diversity of the profession today, Bown said, but she is an accurate depiction of the nurses who served in the world wars and is the “strong resolute foundation on which nursing is built”.

Both “gracious guardian” and “enlightened witness of war”, Bown said the nurse gazes out of the Hall of Memory, past the 1,200 names of the war dead on the Roll of Honour and down Anzac Parade towards Parliament House in Canberra.

“She reminds us every day of the true cost of service and of conflict.”
It’s a cost Bown knows well, having survived a near-fatal helicopter crash in 2004 in Timor Leste, where she was deployed as an aeromedical evacuation nurse.

She’s written graphically about the injuries and psychological scars that resulted from the accident in her autobiography, One Woman’s War and Peace.

But in front of an audience of hundreds of nurses from across Australia she also spoke of her struggle within the Australian Defence Force (ADF) to prove she was still capable of serving as a registered nurse following the crash.

It was a time in the ADF when it was “simply easier for us to administer someone’s medical discharge than it was to facilitate a rehabilitation program, to even entertain idea of keeping them within service”, said Bown.

Four years later, despite having suffered a broken back, shattered jaw and post-traumatic stress disorder, she was appointed to command a critical care team of nurses, surgeons and anaesthetists in Afghanistan.

Now retired from the ADF, Bown is renowned as an advocate for a rehabilitation program that sees the retention of wounded, injured and ill servicemen and servicewomen like herself “as survivors of trauma who bring a unique capability to our organisation”.

As a sought-after public speaker Bown also takes her message about the power of post traumatic growth — the stories of “those incredible Australians who thrive despite the trauma” — beyond the defence community to a broader audience, including at the closing session of the three-day National Nursing Forum, which was focused on raising the profile, status and influence of nursing.

Bown welcomed news of the honour to be paid to Vivian Bullwinkel who, as Singapore was set to fall in February 1942, was with a last group of nurses, patients, women and children to make their escape on the SS Vyner Brooke.

As the Australian War Memorial tells, the next night Japanese bombers found the ship in the Bangka Strait. It was attacked and sunk. Bullwinkel drifted for hours clinging to a lifeboat before she struggled ashore on Bangka Island with other survivors.

When Japanese troops arrived, they gathered 22 nurses together and ordered them into the sea, where they were machine-gunned.

Bullwinkel, badly wounded and feigning death, was the only survivor.

Later, back on the beach, she found a wounded British soldier from another massacre. They hid out for 12 days, and she cared for him until he died.

Eventually, Bullwinkel surrendered to the Japanese and was interned with other nurses, enduring three years of hardship and brutality.

‘Is there anyone in the room who is not standing up?’

Bown told the NNF it had taken her transition out of the ADF to truly acknowledge what she had achieved in her own career on the frontline, particularly in Afghanistan where, she said, she had experienced some of her “darkest hours”.

While not all nurses will be called to war service, she urged delegates to reflect and really acknowledge the “immense capability” of their profession, which she believes is underestimated by policymakers external to the profession, but too often by nurses too.
“We have an insight into life that, by the privilege of our profession, is twofold: not only we are the carers, but as human beings we too have required care,” she said, adding that at no time had she learnt more about nursing than when she was, post-crash, a recipient of care.

Bown also urged delegates to consider the power of policy beyond the clinical realm.

In that hushed hall, she asked them to stand if, in their nursing career, they had seen the impact of economic policy on the health and quality of life of those who have too little, as well as those who have too much.

She asked them to stand if they had seen the impact of climate change on health and wellbeing, not just here in Australia, but particularly for our Pacific neighbours.

She asked them to stand if they had seen the impact of education for those who couldn’t afford it, those who didn’t receive it, or those who were simply denied it; or if they had seen the impact, for those who are denied it, of access to high-quality well-regulated health care.

“Is there anyone in the room who is not standing up?” she asked.
Marking the global Nursing Now campaign, the three-day National Nursing Forum explored, in depth, the power of policy and the imperative for nurses to step up and seek influence on health care policy and practice.

Bown said not all would want to be visible and outspoken, but each had the opportunity to effect change.

“The lives each of you influence through your work ripple out through families, communities and into the world,” she said.

“What will your legacy be? What ripple will you create?”
Speaking up

At the conference dinner the night before, NNF delegates had heard one resounding answer to such a question from Mitch McPherson, the 2017 Tasmanian Young Australian of the Year, whose mantra now is that “nothing is so bad that you can’t talk about it”.

McPherson told the heartbreaking story of the death by suicide of his younger brother Ty, a devastating loss that made him examine the signs he had missed, and his own approach to life.

“When you’re touched by suicide, you’re left with an enormous amount of emotions you’re not ready to deal with,” he told the conference dinner, describing how he entered a world of “darkness and sadness”, of “grief and guilt”.

McPherson now speaks openly about how he spent too much time focused on his own “petty worries” about work and life, instead of looking outwards, and particularly being awake to the signs that his little brother was “in a terrible time of need”.

After his brother’s death, people asked his family if they had known he was struggling. Their initial answer was “no, he was happy, fun, had everything going for him”.

"Darkness and sadness, grief and guilt". Mitch McPherson opens up about the death of his brother, Ty
But McPherson said, gradually, they began to learn more about mental health, and to realise there had been signs.

“He was struggling, he wasn’t himself,” he said. “The reality was, we were ignorant. We know now you have to look out for changes.”

Spreading that word has since become McPherson’s passion. He has run from Burnie to Hobart on the Tour De Tig — his brother’s nickname — and started up the suicide prevention charity SPEAK UP! Stay Chatty.

He shared five practical things people could do to make a difference:

- Conversations matter
- Get help when you need it
- Always remember...
- Listening saves lives
- It’s ok to not be ok
- Be kind

www.staychatty.com.au

We’ve clipped some of the tweets from his address below.

@NewGradRN_Maddi

@mitch_mcp is such an emotive yet relatable speaker and it was hard last night. It was hard to hold back tears, reflecting on the people I’ve lost over the years and asking myself, “what can I do about this from now on?” His energy and drive was infectious. #StayChatty #NNF2019

@CroakeyNews

"Did you know he was struggling? Our answer was no, he was happy, fun, had everything going for him. After a while we learnt more about mental health. We know now you have to look out for changes." Mitch McPherson talking about the loss of his brother Ty #NNF2019 #staychatty
'Mental Health is everyone's business' Mitch from Speak Up! Stay Chatty talks about the importance of recognising mental health issues and that people aren't 'strange' if they have any. #NNF2019

“What will your legacy be?” — trauma and triumph at #NNF2019

“Nothing is so bad that you can’t talk about it.”
#NNF2019 Conference Dinner speaker: Tasmanian of the Year Finalist, Tasmanian Young Australian of the Year, Mitch McPherson mitchmcpherson.com.au
#staychatty #SuicidePrevention
You can track Croakey’s coverage of the conference here.

Scott King @Astral741 · Aug 22
What an inspiring story and enigmatic young man, Mitch McPherson. Your story and passion was palpable. Thank you for sharing and raising awareness of the issue of suicide #SuicideAwareness #SuicidePrevention #NNF2019

Sabina Knight @nworan · Aug 22
Inspired by the power of folk taking the lead for making a difference - Mitch McPherson & his crew responding as they know how to the devastating personal impact of suicide - powerful for practitioners staychatty.com.au #NNF2019 @acn_tweet

NP Hazel Boucher
@NPHazel
Speak Up Stay ChatTY ... care for each other, thanks Mitch #NNF2019
There was also an entire session on military nursing ahead of Bown’s plenary. See below for some of the tweets.

**Kim Stevens @sassyrabbit49 · Aug 23**
RESPECT....our *military* nurses deliver incredible care under difficult conditions. Kylie Hasse from the army. #NNF2019

**Jodie Watt @jodiewhat**
Amazing session in the Military Nursing COI, I wonder how many people are now thinking about joining the military #NNF2019 @acn_tweet

**Anneke Woodhouse @AnnekeCRey · Aug 23**
Amazing insight into being a *military* nurse from Maj Kylie Hasse MACN, working in adverse environments, team dynamics were challenged and individuals boundaries were pushed #NNF2019
Some absolutely inspiring and astounding stories from the Military Nursing COI members today, including that of Vivian Bullwinkel. If you haven't already joined the COI, do it now at acn.edu.au/membership/coi #NNF2019

Being a military nurse is also about creating moments to bond with your team no matter what the conditions: Maj Kylie Hasse MACN loving this session by this amazing nurse leader! This is what the #NNF2019 is all about!

Soooooo proud to witness these inspiring Australian Defence nurses from my Mid Career Nurse Leaders cohort present on their incredible experiences. Feel very privileged to have met them and shared this journey! Well done @KylieHasse Sam Carpenter and Lauren Keany! #NNF2019
And don’t miss this Croakey interview with military nurses, Commander Wendy Thomas and Captain Amanda Garlick, and with Professor Linda Shields, who has written about the role of nurses in Nazi Germany.
Watch these video interviews from the National Nursing Forum #NNF2019

On stage at #NNF2019: L-R Luke Yokota, Adjunct Prof Kylie Ward, Dr Warrick Bishop, Prof Patsy Yates

The Australian College of Nursing (ACN) 2019 National Nursing Forum shone a spotlight on the work of nurses across Australia, celebrating success and innovation but also highlighting barriers that they say prevent best practice and contribute to inequities in access to and outcomes in health care.

Journalist Marie McInerney covered #NNF2019, which brought together more than 600 nursing leaders from across Australia to nipaluna/Hobart.

Below you can watch interviews with keynote speakers, presenters and delegates that were originally broadcast live via Periscope and logged more than 3,000 views.
Getting a seat at the table (and in Parliament)

Former South Australian Labor MP and nurse and midwife Associate Professor Annabel Digance played a key role in passage of Gayle’s Law, introduced in South Australia after the tragic 2016 murder of nurse Gayle Woodford.

Digance told Croakey the landmark legislation to protect remote nurses was, for her, “unfinished business” until it was rolled out across Australia.

In her keynote address, she urged nurses to get more involved in policy and politics, asking them to imagine waking up after the 2022 federal election to the news that a #WeCare movement powered by Australian nurses and midwives had stormed Parliament to create a new power base that put “people before politics, policy before power”.

She talks here about barriers for nurses to influence change, including many stereotypes, and offered tips for engaging with politicians: “You may not have success straight away...(but) have the courage to say I know I’m right, this has to change.”

“We need to be louder”

Another keynote speaker, Associate Professor Georgina Willetts spoke about the future of nursing from a unique historic perspective: four Florence Nightingale trained nurses founded the profession in Australia at the behest of Willetts’ great great grandfather Sir Henry Parkes, the ‘Father of Federation’.
In the interview, Willetts urges nurses and the broader health community to better value their unique roles, skills and insights, including those gained through so-called “body work”, which is so often maligned but is “at the heart of the trust” between nurse and patient.

“I think time has come now where we need to step forward...to really have our voices heard. I think that will be beneficial to all of health care,” she said.

You can also listen to this ABC Radio interview with Willetts, who delivered the 13th Henry Parkes Oration in 2015 on: From Nightingale nurses to a modern profession: the journey of nursing in Australia.

Racism, cultural safety & Florence Nightingale

Melanie Robinson, CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), gave a wide-ranging interview after her keynote address, talking about truth telling, the Uluru Statement, and the “disappointing” focus that international nursing is placing on Florence Nightingale in the Year of Nurses and Midwives in 2020.

She talks about the need for non-Indigenous people to step up on cultural safety, particularly in the wake of the tragic death of Naomi Williams at a NSW hospital in 2016, and also to create culturally safer workplaces for Aboriginal and Torres Strait Islander health professionals.

“We are all culture bearers”

University of Southern Queensland academics Adjunct Professor Odette Best and Dr Melissa Carey talk about their research into how well Schools of Nursing and Midwifery are prepared for new requirements for teaching Indigenous health within the curriculum.

They said it also raised concerns that cultural safety can be reduced to “ethnicity” when nearly half of the staff surveyed believed a cultural safety curriculum was about Aboriginal and Torres Strait people and should be taught by Aboriginal and Torres Strait people only.
You can also watch this interview with Odette Best at the ACN’s 4th History conference, where she talks about the importance of creating a historiography of Aboriginal and Torres Strait Islander nurses, and about the “contradictory (but) interesting” work that Florence Nightingale did around the health and wellbeing of Aboriginal people.

The essential role of nurses in palliative care

Distinguished Professor Patsy Yates FACN officially launched the ACN’s White Paper ‘Achieving quality palliative care for all: The essential role of nurses’ at #NNF2019.

Yates, Chair of the ACN’s End of Life Care Policy Chapter, said the White Paper summarised the evidence showing what nursing can contribute to better end of life care, particularly around symptom management, goals of care discussion, co-ordinating care management, and particularly for communities that are typically under-served in palliative care.

She also talked about the implications for nurses with the advent of voluntary assisted dying in Australia – with laws now operating in Victoria and under discussion in Western Australia and Queensland. It’s critical to make sure health professionals are adequately prepared, including for working in a system “that may sometimes challenge their own values”, she said.

“Why do we do things the way we do them?” Challenging health’s carbon footprint

ACN CEO Kylie Ward led four emerging nursing leaders and #NNF2019 delegates in a plenary panel discussion on how the health sector (which currently generates seven percent of Australia’s greenhouse gas emissions) can reduce its carbon footprint.

Here the panelists Melinda Goode, Nick Hayward, Catelyn Richards and Luke Yokota talk about their biggest concerns and calls to action for health professionals and the sector.
Working in the Pacific: on the frontline of climate change

Sally Sutherland, a nurse educator, who had just returned from working in the South Pacific, talked about her poster presentation about a mentoring project and observing firsthand the impacts of climate change on health systems and health.

It’s okay to care: challenging gender stereotypes

Registered Nurse Luke Yokota launched the Men in Nursing e-book at #NNF2019, his first major initiative after being appointed last year as the inaugural Chair of the ACN Men in Nursing Working Party.

His appointment came after he put a question about the stereotypes and other barriers faced by men in the profession to Health Minister Greg Hunt at the 2018 National Nursing Forum.

While men make up only just over 10 percent of nursing’s ranks, Yokota says the working party doesn’t have a specific higher target in mind, but wants “to make sure any young man or boy anywhere in the country who wants to pursue nursing can”.
Shifting health from its “horse and buggy” beginnings

Chris O’Donnell, Director of Nursing at Queensland Health and the Queensland chair of the ACN, talks about his journey into nursing via advertising, choosing nursing over medicine, and the importance of having more men in the profession – “the composition of nursing has to reflect the community it serves”.

He also talks about the need for policy, funding and practice to unlock the clinical potential of nurses, allowing them to work to their full scope of practice.

Watch these vox pops with delegates

Learning from history: Marilyn Gendek, chair of the ACN community of interest in history, talks about some of the lessons and highlights from the pre-NNF 4th History Conference, and gives a wrap of Day 1 keynotes from Luke Yokota (men in nursing), former SA MP and nurse Annabel Digance and nursing academic Associate Professor Georgina Willetts.
You can track Croakey’s coverage of the conference here.

Watch these video interviews from the National Nursing Forum #NNF2019

Workforce: Talking to Adjunct Professor Alanna Geary, Executive Director of Nursing and Midwifery at the Metro North Hospital and Health Service; Debbie Maclean, Nursing Director, Townsville Hospital and Health Service, and Alison Bowen from Redcliffe Hospital.

Full scope of practice: Royal Hobart Hospital oncology nurse Favour David-Onu urges a bigger role for nurses to address “stagnation” in the profession.

Military nursing and Nazi nurses: Commander Wendy Thomas and Captain Amanda Garlick on serving as a nurse in the Australian Defence Force, plus Professor Linda Shields on nurses in Nazi Germany.
Celebrating ‘Nursing Now – Power of Policy’

As three days of discussions ended, #NNF2019 participants celebrated the power of coming together to showcase leadership, raise barriers to better practice, and efforts to raise the profile and influence of nursing in Australia, and internationally through the Nursing Now campaign.

#NNF2020, to be held as part of the international Year of Nurses and Midwives, will take place from Wednesday 19 – Friday 21 August 2020 in Canberra.

Watch the full playlist
Nurses added to Preventive Health Committee but representation and focus concerns remain

Delegates at the Australian College of Nursing’s National Nursing Forum call for nursing to have a greater profile and influence in health policy

Health Minister Greg Hunt has responded to criticism that nurses were left out initially from his Preventive Health Strategy Expert Steering Committee, with the Australian College of Nursing (ACN) confirming late last week it had since been invited to represent the profession.

However, concerns remain about the narrow focus that may frame the Federal Government’s 10-year National Preventive Health Strategy, and that nursing has to continually invite itself “to the party” on far too many health policy issues.

The ACN warned in the lead up to its National Nursing Forum that nursing continues to be “wilfully ignored and even locked out of health care discourse and policy making”, at the expense of greater health access and equity in Australia.

Last week it issued a media release saying the 10-year Preventive Health Strategy was “doomed to failure” if nurses were not at the centre of its development.

ACN CEO Kylie Ward said it was “not only disappointing to see the nursing profession overlooked for inclusion on the Preventive Health Strategy Expert Steering Committee announced yesterday, but actually alarming in terms of the impact this will have on outcomes for all Australians”.

The Australian Nursing and Midwifery Federation (ANMF) also spoke out about the lack of nursing representatives on the first announcement of the Expert Steering Committee, saying “the Steering Committee cannot genuinely be described as ‘expert’ without nurses having a seat at the table”.

You can track Croakey's coverage of the conference here.

ANMF Federal Secretary Annie Butler said:

“Whether it’s immunisation, educating people about the need for regular health checks, identifying risks for chronic disease or offering support for pregnant women, nurses and midwives are at the centre of preventative health strategies, as part of their normal daily work routines and are also expert in collaborating with other health professionals to achieve intended outcomes.

That’s why the ANMF and our members find it disappointing that nurses have once again been denied a voice on the primary committee tasked with developing a strategy to improve preventative health outcomes for all Australians.”

Others also spoke out, with high profile registered nurse Robbie Bedbrook noting that Health Minister Hunt rarely fails to remind nurses that both his wife and mother were members of the profession, yet did not follow up by including nurses in policy formation.

“Stop telling us we’re invited to the party and then slamming the door in our face,” Bedford said in this blog post. See other responses via Twitter at the bottom of this post.

Minister responds to concerns

However, the Minister did quickly respond to the concerns of nurses.

The ACN told Croakey:

“The Minister for Health, Greg Hunt has responded to ACN’s concerns and undertaken to ensure nursing is represented at every level throughout the development of the National Preventive Health Strategy.

ACN commends the Minister for his commitment to improving preventive health in Australia and understanding the central role of the nursing profession.”

Croakey asked the Minister’s office for confirmation, and to respond to concerns that there are no oral health or Primary Health Network representatives on the committee, and that it lacks a “health in all policies” approach.

A spokesperson for the Minister said in an email:

“The Expert Steering Committee – chaired by Dr Lisa Studdert, Department of Health Deputy Secretary – includes experts across the public health, research, medical, nursing, allied health, research, health promotion and consumer sectors. The nursing workforce is represented by the Australian College of Nursing.

Whilst the Expert Steering Committee is overseeing the development of the Strategy, there will be many opportunities for stakeholders to provide their ideas and vision for how preventive health should be approached in Australia.

All stakeholders, including representatives from the Primary Health Networks and oral health sector, will be provided with an opportunity to contribute to the development of the Strategy, either through topic-specific consultation workshops in the coming months, or a public consultation in early 2020.”
Health promotion expertise sidelined

Professor James Smith, Editor-in-Chief of the Health Promotion Journal of Australia, said that:

The health promotion community has long advocated for greater investment in health promotion and prevention.

The Australian Health Promotion Association was established in 1990 and is Australia’s only professional association specifically for people interested or involved in the practice, policy, research and study of health promotion.

Indeed, AHPA has recently embarked on a practitioner registration process that recognises the important role the health promotion profession plays to improving the health and wellbeing of all Australians. It also publishes the highly reputable peer-reviewed Health Promotion Journal of Australia.

Yet, there are no representatives, Life Members or Fellows of AHPA that are represented on the recently released Preventive Health Strategy Expert Steering Committee, despite targeted advocacy efforts for more than a decade.

This is a significant oversight that the Australian Government should rectify immediately if it is serious about developing an innovative, evidence-based preventive health strategy. Importantly, a much greater focus on the social, cultural and ecological determinants of health is required if the strategy is to be successful.

Here are a few links to articles that talk about the importance of health promotion in Australian health policy contexts:

- **Health promotion: A political imperative**
- **Positioning health promotion as a policy priority in Australia**
- **The case of national health promotion policy in Australia: where to now?**
- **Climate change and health promotion in Australia: Navigating political, policy, advocacy and research challenges.**

Ironic investment in oral health

In further news on preventive health, Australian Healthcare and Hospitals Association (AHHA) Chief Executive Alison Verhoeven has welcomed the Federal Government’s announcement of a $14 million grant for development of a vaccine for gum disease but said in a statement it was also “rather ironic” in wake of a lack of investment in preventive oral health.

She said big examples of that failure of investment were gross underfunding of Australia’s public dental health services and that that nearly three million Australians, more than 11 percent of the Australian population, do not have a fluoridated water supply—a well proven technology that effectively and efficiently prevents oral disease.
Verhoeven said:

“Waiting lists for public dental care are huge, and too many people avoid urgently-needed care, resulting in pain, health and nutrition issues, disfigurement and related social problems.

It’s time the Australian Government reversed its cuts to adult public dental services of the past few years and allowed the most vulnerable Australians to get the immediate treatment they need right now.”

(It’s worth remembering that Labor committed ahead of this year’s federal election to a $2.4 billion Pensioner Dental Plan, which would give aged pensioners up to $1,000 of subsidised dental care every two years, as part of a “vision of universal access to dental care in Australia”).

Verhoeven also called again for a sugar tax, saying that Australians are among the highest consumers of sugar-sweetened beverages in the world, at an “alarming 76 litres each per year”.

This has a massive impact on tooth decay rates, as well as diabetes, obesity, heart disease and stroke, she said.

“A 20% tax, as supported by the World Health Organization, will reduce all of these health risk factors, deliver considerable health system savings, and generate an estimated $400 million in revenue annually,” she said.
Great to hear. I think nurse representation should also come from the #primary health sector. #futureofnursing

I'm grateful to the #nursing orgs who have successfully lobbied for our eventual seat at the table.

Never forget that @GregHuntMP is the son & husband of a nurse and yet we still got left behind.

THIS WAS NOT AN ACCIDENT.

Each next table will require a fight.

#beloud

Good news. Better late than never but still very bittersweet considering the circumstances... I'm grateful to the nursing organisations who lobbied hard this past week (thank you).

Are we getting an official announcement from @GregHuntMP about correcting this oversight?

The Hon @GregHuntMP has responded to ACN's concerns and ensured nursing is represented in the development of the National Preventive Health Strategy. ACN commends the Minister for his commitment to improving preventive health and understanding the central role of our profession.
You can track Croakey's coverage of the conference [here](#).

Nurses added to Preventive Health Committee but representation and focus concerns remain

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**Media Release**

AHHA @AusHealthcare - 19h

$14m Government investment in oral health disease vaccine is ironically welcome. Great project, but what about the basics? Proven answers, like fluoridation to the 2 million without it, better public dental services and a sugary drinks tax. *cow.js/dJT50wrKF7*

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**Tweets**

AHCRA @AusHealthReform

This is not the first time that the composition of government advisory panels has raised concerns. #conflict #relevance #expertise #COI @GregHuntMP

"Gregory, are you trying to tell me I’m insane?"

nurserobbie.com/blog/gaslight

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**Croakey Conference News Service**

Nurses added to Preventive Health Committee but representation and focus concerns remain

#NNF2019
Another missed opportunity to include recognised experts on much welcomed preventive health strategy steering committee

Nurses added to Preventive Health Committee but representation and focus concerns remain
croakey.org/nurses-added-t... By @mariemcinerney

Health Minister Greg Hunt has responded to criticism that nurses were left out initially from his Preventive Health...

Imagine if these committees were set up, not on the basis of professional representation but on the basis of community need? How different might they look?

#SDOH #HiAP
You can track Croakey's coverage of the conference here.

Nurses added to Preventive Health Committee but representation and focus concerns remain

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Melissa Sweet
@MelissaSweetDr

Replying to @MelissaSweetDr and @mariemcinerney

For starters, you might privilege the voices of people & communities who are most excluded from opportunities to be healthy. You might ensure a focus on addressing health impacts of poverty, colonisation, trauma, racism, #climatecrisis, housing insecurity/unaffordability

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Melissa Sweet
@MelissaSweetDr

Replying to @MelissaSweetDr and @mariemcinerney

But of course this would require the health sector, health professionals to share their power...perhaps even give up their seats at the table so others can be heard & influence policy #SDOH #HiAP @CroakeyNews @mariemcinerney @nurse_robbie @ACOSS @HealthJusticeAu
Truth telling and context: how it matters to Indigenous patients, health workers, health policy

It is up to non-Aboriginal and Torres Strait Islander health professionals and policy makers to “share the load” in creating a culturally safe health system for Indigenous patients and health workers.

That was a big message from a number of speakers at this year’s Australian College of Nursing (ACN) National Nursing Forum in nipaluna/Hobart, including from Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) CEO Melanie Robinson.

Robinson’s keynote address began where she said policy must, in the stories of families and communities like hers, and in “truth telling” about the context in which we live and work, in the face of ongoing inaction by the Federal Government on the Uluru Statement of the Heart.
Marie McInerney writes:

Melanie Robinson’s conference slide (see feature image, above) points to where some of her most effective policy work in Aboriginal and Torres Strait Islander health has been done in Perth.

But it also notes as a crucial point that the city where she did that work was once an “exclusion zone” for her people. Not back in the early days of colonisation but as recently as the 1950s.

Now CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Robinson was previously Acting Director of Aboriginal Health at the Child and Adolescent Health Service in east Perth, on Whadjuk land.

Between 1927 and 1954 it was a prohibited area for Aboriginal people, requiring Noongar people, the Aboriginal people of south-western Western Australia, to have a pass for work and for entering the area, and subject to a 6pm curfew.

“That’s not ancient history,” she said in her keynote speech to the Australian College of Nursing (ACN) National Nursing Forum. “Those people are still alive and still tell those stories.”

Finding out and telling those stories wherever she goes, particularly at mainstream conferences, is part of Robinson’s commitment to “truth telling” in the absence of a broader response urged from the Federal Government by the Uluru Statement from the Heart.

There’s the history that Australians learn at school about “settlement”, and “how great it was”, and then there’s the real story of massacres and discrimination, she says.

“I think we need to look at where we’re living, what actually went on there, what the true story was…and start sharing that with people,” she said.

“It’s not about blaming anyone but acknowledging as a broader group at a conference that we did this to people, we did trauma to people,” she said. “Telling the truth.”

Robinson, who was appointed to head CATSINaM in February 2019, has worked in diverse roles in nursing over the past 30 years, including clinical practice, education, and policy.

Policy to bring change

In a keynote address that explored the role of nurses in policy making, she won many hearts among the 600 plus delegates for the stories of her family and community that meant she didn’t want “to make policy that wasn’t going to make change”.

With cultural connections to the Gidja and Ngarinyin people, she grew up on Gibb River Station on Ngallagunda community in the Kimberley in north western Australia before moving to Derby as a young girl.

This gave her, she said, a deep personal understanding of the impacts of colonisation and the particular health challenges faced by rural and remote communities.

Her beloved grandmother was a member of the Stolen Generations, growing up at the Beagle Bay Mission near Broome, and dying at the age 52 from rheumatic heart disease which continues to have a terrible toll on Aboriginal and Torres Strait Islander people.

“All of this formed my journey,” she said, describing life growing up in a remote community where the wet season cut them off for three months a year and people relied on the Royal Flying Doctor Service for retrievals.
One memory remains etched in her mind and that of others in the community, when a young boy suffered profound burns after a jerry can of petrol caught fire.

“We remember the screams of that boy. That trauma stays with families”.

It’s better now, she says, because people have phones so therefore greater access to health care, but remote Australia remains a difficult place.

“Whenever I sit in Canberra, I like to highlight the challenges we have in our rural and remote areas, because we take a lot for granted (in urban areas).”

Robinson’s keynote focused on her efforts as a policy advisor in Western Australia to build a better framework to encourage and support Aboriginal health workers, through university and then into good mainstream roles which many struggle to access.

She is “super proud” of the work she and her office did on the development of the WA Health Aboriginal Workforce Strategy 2014-2024, which “sets the bar across Western Australia” and is a “really important lever to really drive change”.

A shared load

But there is much to be done, particularly to address racism in health care which can be fatal for Aboriginal and Torres Strait Islander patients and debilitating for Aboriginal and Torres Strait Islander health professionals.

Robinson has written previously about the tragic 2016 death of Wiradjuri woman Naomi Williams and what it says about the need for Australia’s health system and workforce to engage meaningfully with cultural safety.

In an interview after her #NNF2019 address, she said racism in the health system is “alive and well”, with CATSINaM members and students reporting that they “see it every day in their clinical placements, in their workplace”.

She called on non-Indigenous people to shoulder the “shared load” of embedding cultural safety in health care.

It was a call echoed in research presented there by Professor Odette Best, who has Wakgun, Goreng Goreng, Boonthamurra, Kombumerri and Yugambeh connections, and her colleague Dr Melissa Carey, who is of Anglo/Celtic and Māori descent (Ngati Raukawa Iwi).

The University of Southern Queensland academics said new requirements for teaching Indigenous health in Schools of Nursing and Midwifery will “force a paradigm shift” within the curriculum and schools, yet little is known how about prepared they are to do so.

Their research found some strength in the capacity at USQ, which has a long history of teaching Indigenous health through an Indigenous lens.

But it also highlighted concerns around cultural safety being reduced to “ethnicity”, with nearly half of the staff surveyed in their work believing a cultural safety curriculum was about Aboriginal and Torres Strait people and should be taught by Aboriginal and Torres Strait people only.

Best said this reinforced the notion that “white people don’t have a culture”, when the medical model in Australia is “very much a white-cultured response around health care”.

Truth telling and context: how it matters to Indigenous patients, health workers, health policy

#NNF2019

You can track Croakey’s coverage of the conference here.
Failing to recognise that we are all “culture bearers” leads to “othering” of certain cultures, added Carey:

“I think as nurses it’s really important that we have the understanding that we’re all working from a context of knowledge and understanding based on how we were raised and the culture we grew up in,” she said.

Watch our interview with Best and Carey below, where they also discuss concerns about the Australian Health Practitioner Regulation Agency (AHPRA) consultations on a proposed definition of ‘cultural safety’ that may diverge from the “beautiful” definition developed by the late Maori scholar Dr Irihapeti Merenia Ramsden.

Croakey also spoke separately with Best at the ACN nursing history forum, which preceded #NNF2019, to discuss her work on creating a historiography of Aboriginal and Torres Strait Islander nurses and midwives, a group she says can “flip the deficit narrative” in Indigenous health, and bridge critical gaps in Australia’s labour workforce history. See the interview here.

Best has interviewed Aboriginal and Torres Strait Islander nurses and midwives with more than six decades’ experience in Australia’s health system and she said “without fail, every single woman talked about the racism they copped”, and not just from patients:

“People get uncomfortable about (this) because everyone loves nurses and midwives, but as a workforce there are issues of racism within nursing that have impacted foundationally and fundamentally on most Aboriginal and Torres Strait Islander nurses and midwives.”

“Cultural safety is core business and important for all. Thank you for cutting through the BS and giving us clarity Dr Odette Best #NNF2019 @acn_tweet"
Cultural safety is a fully theorised and developed model of care, whilst it started as a model of care it certainly didn’t end there - Dr Odette Best #NNF2019 @usqedu @acn_tweet

Culture gets defined as ethnicity, says @blacknursinghx on problematic understandings of cultural safety. “It’s incredibly important for non Indigenous people to teach cultural safety because ‘guess what, white people have culture!’” #NNF2019

Research Findings: Cultural Safety

- 69% (n=28) of participants considered the Cultural Safety curriculum should be taught to Indigenous students.
- “As this study relates to Aboriginal and Torres Strait Islander Health curriculum it must always be developed and led by these staff or the experts in other disciplines.”

“Please engage with the literature around cultural safety as defined by Maori scholar Dr Irihapeti Merenia Ramsden”: Takeaway message from @blacknursinghx “We have a well defined model”. #NNF2019
Why cultural respect matters

Belinda Fenney-Walch and Rosie Smith, a palawa woman and great-granddaughter of the legendary Fanny Cochrane Smith, gave a compelling presentation at #NNF2019 about why cultural safety matters. See their slides, and some of the tweets, below.
Truth telling and context: how it matters to Indigenous patients, health workers, health policy

#NNF2019

Why cultural respect matters

“When you walk into a room, you scan. It’s automatic. You look for things that are familiar to you, things that make you feel safe and welcome. For Aboriginal people, that’s the flag, Acknowledgements of Country, our colours and pictures. They tell us we are welcome and safe here.”

Why cultural respect matters

- Because we have much to learn.
- Because there’s a reason why Aboriginal and Torres Strait Islander People ‘discharge against medical advice’.

Why cultural respect matters

“I feel proud seeing the flag. It’s cool; makes you feel valued. Like it’s OK to be there, they’ll understand if I get confused. It immediately makes the hospital more accessible to me. I feel like I have a right to be there.”
You can track Croakey's coverage of the conference here.

Truth telling and context: how it matters to Indigenous patients, health workers, and health policy.

#NNF2019

Why cultural respect matters

“Every picture is about white people, white culture. We’re invisible.”

Why cultural respect matters

“If I say I’m Aboriginal, and you question it, what does that mean for our relationship? You’re questioning my whole identity! Why would I trust you with other information about my health and what’s going on? I’ll just clam up and keep quiet, thanks.”

Why cultural respect matters

My aunt was in Emergency and the staff kept assuming she was drunk. They kept asking “what’s she had to drink?” I kept saying “She’s never drank alcohol in her life.”

Why cultural respect matters

“Staff don’t seem to know how to work with Aboriginal patients. It’s easy! Just treat us kindly and respectfully. We don’t expect you to know everything about our culture.”
Why cultural respect matters

I’m an Aboriginal Health Worker. I’ve had Aboriginal people come to me and say “I don’t want to go back, I’d rather go home and die.”

Recording Aboriginal and Torres Strait Islander identity is important, for whole range of personal and structural reasons, including holds governments to account. #NNF2019

“Some receptionists won’t ask if I’m sure its because they don’t and they think it’s disrespectful. “You need to ask everyone, not just a single person.”

“Staff don’t seem to know how to talk to Aboriginal patients. It’s easy! Just talk to everyone and respectfully. We don’t expect everything about our culture.

“Mainstream health services/profs don’t have to be experts on all things Aboriginal and Torres Strait Islander but they need an awareness of local history and culture and the impacts of colonisation.” #NNF2019
Asked how to make Tasmania’s School of Medicine more welcoming for Aboriginal people? Got to get rid of those white people first, Rosie Smith #NNF2019 #environmentmatters

Cultural respect? Listen. It’s that simple. @acn_tweet #NNF2019 An important and beautiful message delivered by Belinda Fenney-Walch and Rosie Smith
You can track Croakey’s coverage of the conference here.

Truth telling and context: how it matters to Indigenous patients, health workers, health policy

We’ve also clipped some of the Twitter reaction to Robinson’s keynote at #NNF2019.

@MelRuss72 reminding the room that the word ‘stakeholder’ obscures the people nurses consult every day - our patients, consumers, carers, community members... experts of their own experience #NNF2019 @acn_tweet
You can track Croakey’s coverage of the conference here.

Truth telling and context: how it matters to Indigenous patients, health workers, health policy

#NNF2019

Meg Bransgrove
@megbransgrove

Our stories shape our values, our values shape policy, our stories need to be told! Loving listening to Melanie Robinson’s story #NNF2019

SallySutherlandF
@SydSally

@CATSINaM Melanie Robinson’s story reminds us all #NNF2019 @acn_tweet of the health inequalities that stills exist for our indigenous sisters and brothers. Eloquent, proud and inspirational!

Anna M Shepherd FACN GAICD
@shepherdannam1

@MelRuss72 you are outstanding. Thank you for sharing your humility, your force for community and your humanity. Nothing is impossible in your world #NNF2019 #humanity4humanity

ACN
@acn_tweet

My story hopefully leads to where policy originally started from, says Melanie Robinson MACN, introducing us to her beautiful family, her “mob”, and her aunty Sylvia who was also a nurse and inspired Melanie to become one. #NNF2019
Melanie Robinson reminds us how much inequality exists in our rural and remote areas, we take a lot for granted and we need to remember that some communities don’t have phone reception and a truly isolated #NNF2019

“I didn’t want to write policy that wasn’t going to make change” says @MelRuss72 of the challenges in policy development and implementation. #NNF2019

As part of her truth telling journey, @MelRuss72 says she is starting to tell stories. Talks about her early policy work, located on Whadjuk Country in east Perth which had been an Aboriginal exclusion zone. #NNF2019
You can track Croakey's coverage of the conference here.

Truth telling and context: how it matters to Indigenous patients, health workers, health policy

#NNF2019

Jodie Watt
@jodiewhat

“You need to understand the health system to write good policy. you need to engage with and understand stakeholders” @MelRuss72 #NNF2019

Scott King
@Astral741

Wonderful heartfelt and heart breaking story of the career and life of Melanie Robinson and her pathway as a nurse and into policy. So inspirational and empowering. #NNF2019

Croakey News
@CroakeyNews

#NNF2019 keynoter @MelRuss72 CEO of @CATSINaM sharing her family’s story here. “My granny and the women in our family are really strong and that's where I get my strength from.”
You can track Croakey’s coverage of the conference here.

Truth telling and context: how it matters to Indigenous patients, health workers, health policy

#NNF2019

MADDI
@NewGradRN_Maddi

What I love about these big conferences is hearing about the history of Australia with no shame, just acceptance. As a child growing up in Australia, I wish I learnt more about our ATSI cultures and languages. @MelRuss72 is doing a great job at sharing this culture. #NNF2019

MADDI
@NewGradRN_Maddi

@MelRuss72 giving insight about rural and remote communities from personal experience: “For three months of the year = wet season, that means no cars, no planes, you’re left on your own to deal with the trauma. It means we carry trauma together as a community.” #NNF2019
The Empathy Museum: addressing compassion fatigue in the caring professions

A Virtual Empathy Museum has been established with the aim of helping nursing and other caring professions to become more compassionate.

And an Empathy Symposium will be held in Sydney in December, with the aim of having empathy included as an integral component of every nursing curriculum, reports Marie McInerney below.

This is the final Croakey Conference News Service report from the Australian College of Nursing’s 2019 National Nursing Forum (see all the #NNF2019 stories here).

Marie McInerney writes:

Sydney nursing educator Dr Samantha Jakimowicz’s interest in ‘compassion fatigue’ in the caring professions was sparked when working as an intensive care nurse around ten years ago.

One of her patients was a young man with significant mental health issues who was on a ventilator in a ward without windows.

He hadn’t been outside for weeks.

“All he wanted to do was to see the sky,” Jakimowicz told Croakey.
After some negotiation, she finally organised for him to be taken into the atrium of the hospital so he could look out the windows.

The intensive care doctor caring for the young man later sent Jakimowicz a podcast on empathy fatigue, saying the experience made him realise he had become fatigued – but their discussion about the patient’s needs had reinvigorated his sense of compassion.

This case led her into research on compassion fatigue, and to being part of a collaborative project, the Virtual Empathy Museum, which is gathering, producing and sharing resources to build or reignite empathy among health professionals.

The project is led by UTS in Sydney, where Jakimowicz is a nursing lecturer, and funded by an Australian Technology Network of Universities grant.

Free to all, the Virtual Empathy Museum opens virtual doors to many resources, including patients’ stories.

In one of those, Greg, a homeless man, talks about what it’s like to present to an Emergency Department where clinicians presume he is an addict.

“I’d rather be sick than be shamed,” he says in a video that traces his life and how he came to be homeless.

The Digital Stories room also features the experience of a young woman who acquires a brain injury through a car accident. As well as much fabulous care, she remembers how some nurses made her feel “embarrassed, humiliated” with suboptimal levels of care that also caused distress for her mother, a registered nurse.

A third video tells a gruelling story of family violence. Trapped with a controlling and violent man and not seeing any escape, ‘Eloise’ explains away her bruises as a fall, only to be told by her midwife that “we can’t help women like you if you won’t help yourselves”.

Each story includes links to further resources and questions for health practitioners to reflect upon.

“Callous indifference”

At the ACN Forum, Jakimowicz described national and international health care research and investigations telling stories of “appalling suffering where health care professionals have failed to provide empathic care to vulnerable patients”.

It’s harm that is experienced by many people and communities in Australia, including Aboriginal and Torres Strait Islander patients, people from non-English speaking backgrounds, and – as two Royal Commissions are currently investigating – people in aged care and people with disability.

In her work, Jakimowicz also highlights the 2013 Francis Report into serious failings at the Mid Staffordshire NHS Foundation Trust in the UK from 2005-2009 that concluded staff treated patients and those close to them “with what appeared to be callous indifference”.

Jakimowicz told the forum that compassion is not an add-on in health care, with clear evidence of its critical role in patient satisfaction, experience and outcomes, as well as for the workforce and the broader system of care – and the big cost of care that is “devoid of compassion”.

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“I’d rather be sick than be shamed,” he says in a video that traces his life and how he came to be homeless.

The Digital Stories room also features the experience of a young woman who acquires a brain injury through a car accident. As well as much fabulous care, she remembers how some nurses made her feel “embarrassed, humiliated” with suboptimal levels of care that also caused distress for her mother, a registered nurse.

A third video tells a gruelling story of family violence. Trapped with a controlling and violent man and not seeing any escape, ‘Eloise’ explains away her bruises as a fall, only to be told by her midwife that “we can’t help women like you if you won’t help yourselves”.

Each story includes links to further resources and questions for health practitioners to reflect upon.

“Callous indifference”

At the ACN Forum, Jakimowicz described national and international health care research and investigations telling stories of “appalling suffering where health care professionals have failed to provide empathic care to vulnerable patients”.

It’s harm that is experienced by many people and communities in Australia, including Aboriginal and Torres Strait Islander patients, people from non-English speaking backgrounds, and – as two Royal Commissions are currently investigating – people in aged care and people with disability.

In her work, Jakimowicz also highlights the 2013 Francis Report into serious failings at the Mid Staffordshire NHS Foundation Trust in the UK from 2005-2009 that concluded staff treated patients and those close to them “with what appeared to be callous indifference”.

Jakimowicz told the forum that compassion is not an add-on in health care, with clear evidence of its critical role in patient satisfaction, experience and outcomes, as well as for the workforce and the broader system of care – and the big cost of care that is “devoid of compassion”.
Jakimowicz says researchers are trying to pinpoint why studying medicine and nursing has been associated with a **decline in empathy levels** but the worrying phrase “nurses eat their young” may suggest some answers, with students exposed during clinical placements to harmful workplace cultures.

“If they’re seeing non-empathic care or non-compassionate care, they will follow that because they are being mentored by these people, they want to fit in and belong,” she said.

Pressure and lack of support for health practitioners working under stress and for long hours are also likely contributors, and Jakimowicz also raised concerns about curricula that do not “prioritise humanistic values”.

“We’re teaching a lot of technical skills. They’re obviously required but so are the empathic skills,” she said.

The good news is there is also clear evidence that empathy can be taught and that there is an imperative for health systems to do so, says Jakimowicz, who has just returned from a **Compassion in Action** conference run by the not for profit **Schwartz Centre**.

Keynote speakers included Dr Stephen Trzeciak, co-author of **Compassionomics**, who spoke about how compassionate care is impacting on the bottom line in US healthcare.

Jakimowicz is leading the rollout at UTS of the **Schwartz Round**, a forum for clinical and non-clinical staff to come together to discuss the social and emotional aspects of working in healthcare.

The UTS collaboration is also staging its first **Empathy Symposium** in Sydney in December, aiming to “start a conversation that hopefully will lead to empathy being included as an integral component of every nursing curriculum”.

Jakimowicz has high hopes, saying she believes compassion and empathy are “contagious”.

“If the culture is empathic and compassionate and, if you get one or two people starting this, it will build and then the people who aren’t being empathic will be called on by their colleagues or asked to go and get help.”
You can track Croakey's coverage of the conference here.

The Empathy Museum: addressing compassion fatigue in the caring professions

Via Twitter at #NNF2019

Dr Kaye Rolls
@kaye_rolls

Is empathy that important any way? 😐
@samjak66 #NNF2019

The virtual empathy museum
theempathyinitiative.org/virtual-empathy...

Can empathy be taught? Evidence tells us it can. #NNF2019 #EmpathyMuseum

MADDI
@NewGradRN_Maddi

Is it possible to have uncontrolled empathy @samjak66? I get easily deeply connected with patients and media (the video in your presentation), and it makes me so emotional and want to cry a lot! When patients cry, it’s so hard to stop myself from doing the same! #NNF2019
You can track Croakey’s coverage of the conference [here](#).

**The Empathy Museum: addressing compassion fatigue in the caring professions**

Students level of compassion and empathy decreases as time at University moves along - Dr Samantha Jakimowick - scary the clinical experience desensitises is so much! #NNF2019

Hearing about the Virtual Empathy Museum digital resource being launched to enhance nursing students and practitioner empathy skills, vital to patient care (you’d think!). #NNF2019

Readers may also be interested in the work of Mary Freer and the Compassion Revolution: link [here](#).
Final analytics

These were the analytics captured on the final day of the #NNF2019 conference.

The #NNF2019 Influencers

<table>
<thead>
<tr>
<th>Top 10 by Mentions</th>
<th>Top 10 by Tweets</th>
<th>Top 10 by Impressions</th>
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<td>@MelissaSweetDr 16.6M</td>
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<td>@Sandra_Sully 128.7K</td>
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</tbody>
</table>

The Numbers

32.313M Impressions
5,288 Tweets
420 Participants
55 Arg Tweets/1 Hour
13 Tweet/Arg Hour

#NNF2019 Participants

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Croakey Conference News Service

- Reporting by Marie McInerney
- Editing by Amy Coopes
- Layout and design by Mitchell Ward

The Empathy Museum: addressing compassion fatigue in the caring professions

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