Dr Amy Coopes reported on the National Nursing Forum, held in Larrakia/Darwin, for the Croakey Conference News Service.

Follow the #NNF2022 Twitter list.
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Amid vigorous public and professional debate about a pressing need for health reform in the wake of calamitous stress on health systems and workers, the Australian College of Nursing’s National Nursing Forum could not be more timely.

Dr Amy Coopes previews the discussions below for the Croakey Conference News Service. On Twitter, follow #NNF2022, @WePublicHealth and this Twitter list of National Nursing Forum participants.

Amy Coopes writes:

Workforce and wellbeing issues for an “exhausted” profession at the frontlines of the COVID-19 pandemic and rolling climate disasters will be in focus on Larrakia Country in Darwin at a national summit of Australia’s nurses which aims to celebrate and recognise the profession’s unsung leadership in times of crisis.

The Australian College of Nursing’s National Nursing Forum is among the peak events of the nursing calendar, and will bring together some 700 delegates from across the country to reflect on an unprecedented three years in healthcare. It will be the first time the College have convened in person since COVID swept the globe, in a hybrid face-to-face/virtual offering.
Themed Nursing Leadership Unmasked, this year’s event will have an emphasis on wellbeing and workforce sustainability, as well as the climate emergency, as Australia’s nurses toil through a third winter of the SARS-CoV-2 pandemic close on the heels of a torrential summer of flooding.

In no way a reference to the use of masks during the pandemic, ACN says the “unmasked” theme highlights “the extraordinary skill it takes to be a leader of the nursing profession and all health and aged care services, particularly during disaster-like conditions that are not easing up”.

For a system already under significant strain, ACN CEO Adjunct Professor Kylie Ward said the past few years had pushed things to breaking point, and seen a crisis of moral injury among nursing staff where “people have had to step out, step away”, perhaps never to return.

“We have a profession and an industry that is exhausted,” Ward told Croakey ahead of the summit. “People have done so many double shifts, worked down the furloughing. They’ve been working in such unreasonable and unrelenting conditions for so long, and their own personal boundaries have been stretched.”

Amid talk of the so-called ‘Great Resignation’, Ward said World Health Organization estimates of the global nursing workforce shortage had blown out from 6-7 million pre-COVID to 13-15 million, making investment in attracting and retaining a pipeline of locally-grown and imported staff an urgent priority.

Reforming the Medicare Benefits Scheme to allow nurses and nurse practitioners to be fairly recompensed for working to the full scope of their practice was a major piece of the puzzle, she said.

Failure to act on this was tantamount to “a government and a health system that supports inequity in pay, disparity for women, and for nurses,” she added.

The Federal Government’s new Strengthening Medicare Taskforce includes two nursing representatives – Karen Booth, President of the Australian Primary Health Care Nurses Association, and Annie Butler, Federal Secretary of the Australian Nursing and Midwifery Federation – and lists as one of its five focus areas of work “increased access to multidisciplinary care, harnessing the full skills of nurses, pharmacists and allied health professionals”.

The ACN would like to see stronger representation of Nurse Practitioner and Advanced Practice Nurses on the Taskforce. These expert professionals are crucial to addressing gaps in health care delivery, particular for those in rural and remote areas, said Ward.

“I have said for many years now that the nursing profession has been underrepresented, disproportionally represented and at times not represented at all. I am pleased to see two nursing organisations on this Taskforce but it is simply not enough to represent the largest health workforce in the nation,” she told Croakey.
Disaster conditions

For many, Ward said attending this year’s Forum would be the first time they had been able to take leave since the outset of the pandemic, which was punctuated for those living along Australia’s east coast by an unprecedented season of deluges driven by an intense La Nina system.

“Nurses are actually nursing, and have been for many years now – and this is why I worry about our profession – in disaster conditions,” Ward said.

“I met with nurses who were still turning up to provide care in the recent floods in northern New South Wales and Queensland while they were part of the mud army trying to clear out their own homes.”

As the largest and most geographically dispersed clinical workforce in the country, Ward said nurses were embedded in and suffered alongside their communities, providing care “through droughts, through fires, through floods” and should be leading and speaking out on climate action.

Greens leader Adam Bandt will be among high-profile speakers delivering keynotes at the conference.

Health Minister Mark Butler will address the Forum via video, and Ward said it was important the new Government was represented given the importance of nurses during the pandemic.

“For some of the delegates attending here in Darwin from the aged care sector, the acute sector and primary health, this will be the first break they have had in the past year or two,” she said.

“Nurses have also been essential in ensuring all Australians were vaccinated and they have been stretched further than any one of us would wish. I believe it is important that Government and political leaders show the nursing profession the respect they deserve, and acknowledge how many Australian lives were saved over the past few years because of the service and sacrifice nurses made.”

While workforce was a key policy priority for discussions with the new Government, issues in aged and primary care and preventative health were also on the agenda, and in a Parliament with more Independent MPs than at any other time in history, Ward said ACN was lobbying widely.

Ward said the forum would celebrate the pivotal role of women in pandemic leadership, which she said extended well beyond nursing into professions like teaching and childcare which had demonstrated, in a time of crisis, just how essential they were.

“I think this is a time to really acknowledge the effort that all communities have made, but particularly women,” she said.

“While they have also had the responsibilities of their families, home schooling, really being the glue that has kept our society together.”
Presenters in focus

Professor Patricia Davidson, previously Dean of the Johns Hopkins School of Nursing and, since 2021, the University of Wollongong’s first female vice-chancellor, is one of the event’s opening keynotes, and co-author of an article published in *The Conversation* this week calling for a greater focus on recruiting and retaining more men in nursing.

“This would help address workforce shortages and could, over time, reduce the industry gender pay gap as the existence of men in nursing becomes more normalised,” writes Davidson and co-authors.

“And as jobs dry up in traditionally male-focused industries – such as mining and manufacturing – work in healthcare should be an *attractive option* for men, providing job security, career opportunities and salary.”

The article says a recent Australian report shows the dominance of women in the nursing workforce may hinder some men from considering nursing as a career, particularly those for whom masculinity is central to their identity. “So we must work to undo the perception nursing is a feminine job – it is not,” say Davidson and co-authors.

Also speaking in the first session is Sonia Martin, who was 2021 winner of the Health Ministers Trailblazer Award for her work with homeless Australians.

Professor Sandy Middleton, a renowned clinical researcher in stroke and director of the Maridulu Budaryi Gumal academic health science partnership, will deliver the 2022 NNF Oration, titled ‘Leadership, Change and the Age of Aquarius’.

The forum will have four main streams across its three days of *programming*, grouped around the themes of cultural change, innovation, quality and safety, and workforce.

Ward said it would be a “safe and productive environment” to discuss diversity and inclusion for marginalised populations, both within nursing and among their patient cohort.
Making history

The College will be commemorating 20 years of the Puggy Hunter Memorial Scholarship with an address by the late Dr Hunter’s wife Matilda Pascoe, and his daughter Emily Hunter, who is a Registered Nurse. Puggy Hunter was the inaugural chair of NACCHO and a celebrated figure in Indigenous health, receiving the Australian Human Rights Medal in 2001.

It is a significant week in Aboriginal and Torres Strait Islander nursing, with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) also holding its annual conference on Friday, to be followed by a gala dinner marking 25 years of activism and advocacy. You can read more about the #CATSINaM25Years campaign here.

The CATSINaM conference will feature a national apology from the Council of Deans of Nursing and Midwifery for the profession’s contribution to the harm and ongoing suffering of Australia’s First Nations peoples, which Ward said the ACN endorsed in full as a member since inception of the Closing the Gap committee.

“We recognise the widespread and consequential impact of intergenerational trauma faced by Aboriginal and Torres Strait Islander peoples due to decisions made both past and present by people in positions of power,” she said.

“ACN advocates for nurses within our community to have respectful engagement with and understanding of the culture and history of their local Indigenous community and their needs.”

Commenting on the apology, Ali Drummond, a nurse, researcher and National Director of Education and Practice at CATSINaM, said Australia’s nursing and midwifery professions must commit to understanding “the unsettling reality of our disciplines’ past and ongoing contribution to poor health and wellbeing and premature death of First Nations People”.

“This is a result of the professions’ compliance with racially discriminatory government policies that normalised culturally unsafe health services and nursing midwifery care,” said Drummond, a Meriam and Wuthathi man who grew up in Zenadh Kes (Torres Straits).

“Individually we have the opportunity to make differences in the decision making we contribute to, whether this be at the boardroom table or at the patient bedside. We can be more aware of the power we hold over people receiving care, and ensure we don’t use this power to further disempower and devalue them.

“Collectively we can change problematic cultures of our wards, departments, hospitals and offices, challenge and change policies, procedures and models of care that are not meeting the needs of First Nations peoples. We must advocate for better resourcing of First Nations-led models. For future conferences, it would be good to have more focus on Aboriginal and Torres Strait Islander health and Aboriginal and Torres Strait Islander led nursing and midwifery models, around clinical care, and health management.”

Drummond also urged National Nursing Forum participants to consider their roles, at individual, professional and organisational levels, in engaging with the forthcoming referendum process around developing a Voice to Parliament for First Nations Peoples, as well as Agreement-making and Truth-telling as outlined in the Uluru Statement from the Heart.

“Our disciplines play such a pivotal role in the development and implementation of Indigenous health policy,” he told Croakey.
“We have a duty of care to take a leadership role in figuring out what truth telling, agreement-making and Voice means for our disciplines, and to support those principles in our nursing and midwifery practice as a way of demonstrating our commitment.

“To me, voice means listening to the voices of First Nations peoples, including nurses, midwives, people receiving care, as well as First nations health services and community organisations. Agreement-making speaks to the notion of sharing power, particularly of being accountable to First Nations peoples and organisations for delivering culturally safe care. Truth telling refers to the importance of understanding the legacies we have inherited as nurses and midwives, and committing to not reproducing racist policies and practices.

“As disciplines, we need to figure out how best our roles can contribute to this higher agenda. We have a pivotal role along the patient journey. We are always there, there is always a nurse or midwife. There is something very different we can bring to the national conversation.”

Drummond also encouraged NNF participants to engage with a new national exhibition charting the activist history of Aboriginal and Torres Strait Islander nurses and midwives, ‘In Our Own Right: Black Australian Nurses and Midwives Stories’, which opens in Sydney this week and will later go on tour across the country.

Bearing witness

There will also be commemorative events in the lead-up to the conference to mark 80 years since the World War II bombing by Japan of Darwin, where the NNF will convene, as well as wartime events specifically affecting Australian nurses including the sinking, during the Japanese invasion of Singapore, of the SS Vyner Brooke, and the ensuing Bangka Island Massacre.

The College has been fundraising and campaigning for a number of years to have the massacre’s sole surviving nurse, Lieutenant Colonel Vivian Bullwinkel, immortalised at the Australian War Memorial.
Bullwinkel escaped execution on Bangka Island by lying in the shallows and pretending to be dead, after she and 21 other nurses were marched into the ocean and shot in the backs by Japanese invaders. She eventually surrendered to Japanese forces and spent several years as a prisoner of war before making it back to Australia to give evidence about the wartime atrocities she had witnessed.

The only way we know about this massacre was because Bulwinkle came back and testified in the tribunals, said Ward.
Nurses pushed to their limits by pandemic demands and climate emergencies

Adjunct Professor Kylie Ward addresses the National Nursing Forum. Photo courtesy @Belynda_Jane.

Nurses must ensure the traumas experienced in aged care during the pandemic are never allowed to happen again, delegates at the National Nursing Forum were told today amid concerns about the immense pressures upon nurses. Dr Amy Coopes reports below for the Croakey Conference News Service.

Amy Coopes writes:

The unchecked transmission of SARS-CoV-2 through residential aged care facilities in Australia and overseas would be seen as a “blight on our generation”, Australia’s peak nursing conference heard.

Presenters and participants at the National Nursing Forum gathered to share experiences of burnout, moral injury and trauma amid the ongoing COVID-19 pandemic, and delegates were urged to guard against people in aged care ever again experiencing such devastation.
More than 600 nurses converged on Larrakia Country in Darwin for the Australian College of Nursing’s event, where workforce issues dominated discussions on the event’s opening day.

ACN chief Adjunct Professor Kylie Ward told delegates she had received hundreds of calls from nurses pushed to their limit by the demands of COVID-19 and a string of climate change-fuelled fire and flooding disasters.

“We, in every jurisdiction, have been carrying our communities and our colleagues,” Ward said in her opening address, describing the emotional trauma, moral injury and isolation many nurses experienced on the frontlines of the pandemic.

“The elastic has been stretched and stretched. At what point will we break?”

Proceedings got underway with a powerful and acclaimed Welcome to Country from Larrakia musician Edwin Fejo of The Youth Mill, who performed a series of original compositions accompanied by yidaki and a string duo. One, titled ‘Together’, was performed against the backdrop of the text of the Uluru Statement from the Heart.

Aboriginal and Torres Strait Islander nursing and midwifery will mark a major milestone this week with a formal apology from deans of midwifery and nursing about the profession’s historic and ongoing role in causing harm to First Nations people.

Pandemic impacts

Professor Patricia Davidson, Vice-Chancellor at the University of Wollongong and – at the outset of the COVID-19 crisis, Dean of the Johns Hopkins School of Nursing – described the “unbelievable” conditions confronting healthcare workers in the United States in those early days.

Davidson recalled being handed a brown paper bag with hand sanitiser and a mask which, due to equipment constraints, had to be worn until it disintegrated, a sobering indictment on the state of healthcare in the wealthiest country in the world.

Far from setting trends, she said the pandemic had merely acted to amplify challenges that already existed in the healthcare system, including the ageing population, burden of chronic disease, and – “most importantly” – growing disparities in access and outcomes.

“Across society we have seen a widening of gaps,” she said, describing a widening of gender disparities and a “heartbreaking” over-representation of migrant nurses among the healthcare worker death toll.

The social determinants of health had been highlighted like never before, and Davidson said nurses needed to bring these “back into our wheelhouse” as pivotal advocates for whole-of-patient care. As the world’s most trusted profession, she said nurses were also uniquely placed to tackle the kinds of misinformation and disinformation that had run so rampant during COVID-19.

“A blight”

While the pandemic had seen unprecedented disruption across the world’s health services, Davidson said its nadir had been in residential aged care facilities and nursing homes. She said the latter was a woeful misnomer because, despite the name, “we all know no nursing goes on”.

Davidson asked delegates to reflect on how, collectively and as individuals, the nursing profession had allowed this to happen, and said they had a duty “as leaders and global citizens” to guard against it ever happening again.
Condemning the COVID toll on aged care as the logical outcome of privatising something that should be a public good, and the product of power imbalances in healthcare, Davidson said the devastation wrought by COVID among aged care institutions would be seen as a “blight on our generation”.

“We as a profession have a duty to seize this moment,” she said, urging colleagues to take ownership of their responsibility and privilege, and to “reimagine our world anew”, warning that “if we don’t act others will act for us”.

With one in three children born in Australia today expected to live to 100, Davidson said addressing the problems in aged care was a critical imperative for us all.

At a national level, Davidson said the pandemic had demonstrated the value of leadership and highlighted the importance of health workforce planning, something she said governments had to improve on.

It had also illustrated the life-saving role that nurses played, she added, noting that close monitoring, positioning and supportive care were what made the difference early in the pandemic, with quality of nursing care directly linked to patient outcomes.

She quoted MSF nurse Nadia Andrade, who described working in a New York City tent hospital erected for COVID-19 as worse than many of her experiences in conflict zones and said “an intensive care bed without a nurse is just another place of suffering”.

Nurses were the ones who held COVID patients’ hands in their final moments, and Davidson said they had borne witness to enormous death and suffering over the past few years.

If she had to capture nursing experience of the pandemic in a single image, Davidson said it would be the sight of a supply room once filled with infusion pumps and other equipment jam-packed with iPads on tripods, used to dial in families of the dying by intensive care staff.

Though they were, as a profession, exhausted, Davidson exhorted her colleagues to pick themselves up and pivot to the next phase of challenges, which included a surge of deferred and delayed care due to COVID’s monopoly on resources.
ACN’s Ward said there would be no reprieve for nursing, with escalating cost of living pressures and a recession looming.

“What does it mean for us and the people we care for when we talk about health equity and the social determinants of health?” she said.

Ward called for the so-called “war chest” of funding marshalled for COVID-19 efforts to be allocated to protecting the “fundamental human rights” of a nursing workforce under siege from verbal and physical abuse and occupational violence, which she described as a reflection of prevailing misogynist attitudes in Australia.

Nurses should be able to show up to work, use public transport and walk to their cars without fear of being attacked, Ward said.

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From Twitter

Amy Coopes @coopesdetat · 13h
Welcome to Larrakia Country. Links between the physical and spiritual. ‘Our relationship with the land is at the centre of our lives. Our country is our mother’ #NNF2022

Amy Coopes @coopesdetat · 13h
Edwin Fejo performing an original composition titled Together. The text of the @ulurustatement scrolls in the background. ‘Our relationship with the land is at the centre of our lives. Our Country is our Mother; our Country is Us’. A powerful call to start #NNF2022

We seek constitutional reforms to empower our people and take a rightful place in our own country. When we have power over our destiny, our children will flourish. They will walk in two
You can view Croakey's coverage of the forum [here](#).

**Nurses pushed to their limits by pandemic demands and climate emergencies #NNF2022**

- **Nancy Grimm-Tran** @nancygrimmtran • 13h
  
  Fantastic Welcome to Country from Edwin Fejo, welcoming us to Larrakia country. Beautiful welcome and a powerful voice! #nnf2022 @acn_tweet

- **Dr Alexis Harerimana** @a_harerimana • 7h
  
  #Pain, #Politics and #Power in #nursing presented by Adjunct Prof Kylie Ward in the #NNF2022 at #Darwin Convention Centre. @acn_tweet

- **Michael Galvin** @Michael20425209
  
  @acn_tweet nursing leadership impacts society in every way! Let's celebrate our profession not abuse our nurses ❤️ #NNF2022
Nurses pushed to their limits by pandemic demands and climate emergencies #NNF2022

@kylieward worried about our profession and all of us constantly running on our adrenals and parasympathetic nervous system. 💛 @acn_tweet

#NNF2022

**catina adams** @CatinaAdams - 2h
Nurses need to take their place on high level boards, and committees of influence. Nurses understand first hand the need to address social determinants of health, to improve health outcomes, and increase social equity. Just ask a nurse. @kylieward

#NNF2022

**Amy Cooper** @cooperedetat - 7h
Ward speaking to Roe v Wade, warning that it shows anything could happen in our own backyard unless we stand up for the rights of women across the board, not just their reproductive rights #NNF2022

**ACN** @acn_tweet - 7h
“You cannot have a health system without us, so you will treat us with the respect we deserve.” - ACN CEO Adjunct Professor Kylie Ward FACN

#NNF2022

**Amy Cooper** @cooperedetat - 12h
Davidson says health equity and addressing the #SDOH must be key, and nurses are pivotal #NNF2022

You can view Croakey’s coverage of the forum here.
You can view Croakey's coverage of the forum [here](#).

Nurses pushed to their limits by pandemic demands and climate emergencies  

Published on Wednesday, August 17, 2022

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**Amy Coopes** 🚀 @coopesdetat · 12h  
Davidson begins by acknowledging the enormity of the death and suffering the world’s nurses have borne witness to in the last few years, thanks them for their work #COVID19 #NNF2022

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**Amy Coopes** 🚀 @coopesdetat · 12h  
Despite the accolades Davidson says nurses don’t often get the recognition and support that they need, and that includes from within the profession itself, ‘eating our young’ #NNF2022

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**Amy Coopes** 🚀 @coopesdetat · 12h  
We know in the pandemic many inequalities have laid bare. If we don’t engage with this we will never truly make progress. Pandemic should be an opportunity to reimagine our world anew, says Davidson #NNF2022

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**ACN** 🚀 @acn_tweet · 8h  
We’re now hearing from @UOW’s Vice Chancellor Professor Patricia Davidson FACN @UOW VC. She is reflecting and challenging us to imagine what nursing will look like after the pandemic #NNF2022
You can view Croakey's coverage of the forum [here](https://bit.ly/3KvTjBH).

Check out the National Nursing Forum news, with this action-packed Twitter wrap

Group Captain Kath Stein spoke on leadership and was announced as a new Fellow.

Photograph via @acn_tweet.

As part of Croakey Conference News Service coverage of the recent National Nursing Forum, our @WePublicHealth account re-tweeted those sharing the news at #NNF2022. A summary follows below of some Twitter highlights from presentations, awards and workshops.

Follow the #NNF2022 Twitter list to stay in touch with the news on nursing and midwifery.
You can view Croakey’s coverage of the forum here.

Check out the National Nursing Forum news, with this action-packed Twitter wrap #NNF2022

Tweets by @WePublicHealth and #NNF2022 tweeps

1. We Public Health Retweeted
   
   ACN @acn_tweet - Aug 17
   
   #NNF2022 is officially open! We are starting Day One with a Welcome to Country by Edwin Fejo of The Youth Mill.

2. We Public Health Retweeted
   
   Dr Karen Yetaos @karen_yetaosNNFM - Aug 17
   
   MC Karen Yetao tells us we don’t need to know where toilets are because as nurses we will be too busy to use them! #NNF2022

3. We Public Health Retweeted
   
   Amy Cooper @coopesdetat - Aug 17
   
   Check out the National Nursing Forum news, with this action-packed Twitter wrap #NNF2022

4. We Public Health Retweeted
   
   Nancy Grimm-Tran @nancygrimmtran - Aug 17
   
   The announcement of new programs to support emerging nurse researchers and nurse unit managers by @acn_tweet is wonderful - two integral parts of the nursing and healthcare community #NNF2022

5. We Public Health Retweeted
   
   Amy Cooper @coopesdetat - Aug 17
   
   Duffield acknowledges nursing colleagues globally working in conflict, particularly Ukraine. A challenging time for the world’s nurses #NNF2022

6. We Public Health Retweeted
   
   Nancy Grimm-Tran @nancygrimmtran - Aug 17
   
   Christine Duffield acknowledging that so many nurses here at #nnf2022 are away from home and work for the first time in quite some time - it’s been an exhausting time for the nursing profession @acn_tweet

7. We Public Health Retweeted
   
   ACN @acn_tweet - Aug 17
   
   ACN President Emeritus Professor Christine Duffield FACN acknowledges the nurses working in conflict zones such as the Ukraine alongside those persevering here in Australia #NNF2022 #nursesforpeace

8. We Public Health Retweeted
   
   Amy Cooper @coopesdetat - Aug 17
   
   Instead of speculating on the sidelines of the gap between GP land and ED, where complex vulnerable patients fell through, Martin said she realised she had to step in and become the bridge to create an ‘equitable accessible alternative’ #NNF2022
You can view Croakey’s coverage of the forum here.

Check out the National Nursing Forum news, with this action-packed Twitter wrap #NNF2022
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#NNF2022
You can view Croakey's coverage of the forum here.

Check out the National Nursing Forum news, with this action-packed Twitter wrap #NNF2022

We Public Health Retweeted
Belynnda Jane Abbott @belynnda_jane - Aug 18
So powerful! Group Captain Kath Stein asks us how to invest in our profession, our teams and ourselves! 🧡 @acn_tweet #NNF2022 @DefenceAust

We Public Health Retweeted
Nancy Grimm-Tran @nancygrimmtran - Aug 18
As a member of the AHPPC (Australian Health Protection Principal Committee), Alison brings the nursing perspective to the table in major health decision making. #NNF2022

We Public Health Retweeted
Nancy Grimm-Tran @nancygrimmtran - Aug 18
"Be reassured, there are nurses and midwives working in the highest level when there were difficult decisions to make." Commonwealth Chief Nurse and Midwifery Officer Adjunct Professor Alison McMillan MAcN on managing public service as a profession representative #enf2022

We Public Health Retweeted
ACN @acn_tweet - Aug 18
Thanks to those who joined us this afternoon and brought their questions to the ACN Board! #enf2022

Dr Karen Yates @karen_yatesRNRM - Aug 18
Commonwealth CNMO Alison McMillan not a midwife but represents the professions. Sorry but a midwife should represent midwives. We need a CMO #NNF2022

We Public Health Retweeted
Belynnda Jane Abbott @belynnda_jane - Aug 18
A/Prof Alison McMillan: "Do you know how government works...you need to understand the systems and how to get the messages across!" @acn_tweet #NNF2022

Nancy Grimm-Tran @nancygrimmtran - Aug 18
Alison acknowledges the huge impact of the pandemic on her own mental health, and ends her talk with a plea for us to connect and be brave enough to ask for help, and to check in with our colleagues. We need to look after each other. #NNF2022

Nancy Grimm-Tran @nancygrimmtran - Aug 18
"There is no shame in asking for help. There is only strength." - Adj Prof Alison McMillan at #NNF2022

Dr Karen Yates @karen_yatesRNRM - Aug 18
Congratulations @PMO_ACM on your appointment as Senior Midwifery Officer in Commonwealth CNMO office. A position mentioned by the CNMO this morning at #NNF2022 You will be great but I truly hope this is a short lived position and that a Chief Midwifery Officer follows

Save Our Supplies @SaveOurSupplies @ABC Radio Darwin to talk all things nursing! #ACN #NNF2022 #saveoursupplies #BDS #northerneconomy #savetheearth #healthcareforeveryone #tobrrowate #climatechange #sustainability #IPF
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#NNF2022
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Check out the National Nursing Forum news, with this action-packed Twitter wrap

#NNF2022

Published on Wednesday, August 24, 2022
Introduction by Croakey: At the National Nursing Forum, award-winning nurse Sonia Martin shared her journey from a secure full-time job with Queensland Health to starting and running a mobile outreach health service for people experiencing homelessness.

“At the time, I didn’t fully comprehend the enormity of the change, but I know now with certainty that at any moment, any one of us has the power to change and lead our lives for the better,” she said.

Recognised for founding Sunny Street – a social enterprise aimed at bridging the gap between general practice and the emergency department – Martin delivered a powerful and emotive keynote about courage, kindness in leadership, and thermostats.

She was the 2021 recipient of the Health Minister’s Award for Nursing Trailblazers; the 2022 award recognises Claire Lane for founding the not-for-profit Save Our Supplies (SOS) in 2012 in Brisbane, which takes on the challenge of addressing the enormous waste in the hospital system.

Read Martin’s full presentation below, delivered at the conference on 17 August.
Sonia Martin writes:

Congratulations to the finalists for the 2022 Health Minister’s Nursing Trailblazer Awards! As you have heard from my bio, my name is Sonia Martin. I also sit in gratitude for receiving the 2021 Health Minister’s Nursing Trailblazer Award. Thank you.

It is always exciting to see nurses honoured and praised for their exceptional work in Australia. It gives nurses an opportunity to be seen, to have a voice, and to be recognised as innovators, leaders and in some cases, recognised in the Australian business landscape.

I’m grateful to speak here today and to have been invited by the Australian College of Nursing to share my reflections on the theme of this year’s National Nursing Forum – ‘Nursing Leadership Unmasked’.

Now, this is a topic close to my heart, and actually, for the last 12 months, on my whiteboard at work, just above my desk, are the handwritten words ‘Unmasking the Professional Self’.

‘Unmasking the Professional Self’ has been quite a journey for me personally – and I’ll tell you what – to slowly breakdown the masks that haven’t served me has taken courage, dipping into the good ole’ vulnerability pool more days than you can imagine, and it takes a daily hand-written reminder plastered above my work desk on my wall.

If you’ve never met me before, you may be wondering why I’m standing up here and why I am fortunate enough to tell you a little about my journey of courage and leadership, how I unmasked my professional self, why I believe that kindness is a modern-day leadership strategy, and where thermostats fit into your leadership journey. Sounds fun right?

Courage

Let’s begin with where I truly introduced myself, or formally introduced myself to courage.

In 2018 I completely changed my life through one decision and the resultant action. But, lets go back to 2017. In 2017 I worked as a full-time Nurse Unit Manager in the public health system. My role was to manage the complex discharge coordination team across five hospital groups within around 110 kilometres of each other.

During this role, I began to take a particular interest in the people who were representing to the local Emergency Departments. These were the same people my team were still trying to discharge a week, or months later due to their complexity and lack of support, transport, finances and other barriers.

I came to the conclusion that if I could figure out a way to find a solution, it would be of great benefit to the patient, the hospital, and my hard-working team.

I put a business case together – gotta love business cases!! – to the hospital and the local Primary Health Network to allow me to create and fulfil a role to focus specifically on supporting these patients representing in crisis. Fortunately, the business case was approved. I was quite proud of myself and employed a person immediately.

Unfortunately, over the next eight months the data proved that we were making minimal impact. We had linked into nurse navigators, community organisations, and local GPs. We had barely closed the gap.
One evening, alongside a friend, I attended a local palliative care fundraiser to support the wonderful work our incredible palliative care team were doing. With a swift purchase of one ticket, we were promised wine, nibblies, a movie and networking. I was in!

Little did I know that by watching this fundraising movie, I was about to change the trajectory of my career and my life forever.

The movie shown was essentially about a palliative care doctor in India who had decided to stop walking past people living in poverty on the streets. More specifically, those who were homeless, and were dying in the streets – alone – in pain – and invisible to passers-by.

This doctor decided to set up a warehouse as a healthcare space – took on volunteer nurses – and transported these people dying in the streets to this health space. His team held space, provided pain relief, administered desperately needed healthcare, and held the hands of those in need, therefore allowing people to die with dignity, in the presence of another and love. It was profound to watch.

At the end of this movie, this good doctor asked the question of the audience ‘What are you doing to care for your communities most vulnerable?’ The movie ended. The curtains closed.

I sat in my chair completed flawed by this question. What was I doing to care for our community’s most vulnerable?

To be fair to myself, I was trying to do everything I could for people experiencing homelessness and complex vulnerability who presented to the emergency department. I had also created a new position to help solve the issue.

But, after eight months with the new role we weren’t hitting the mark. It was the end of 2017 and I decided to take time off over Christmas to reconsider things.

Ten days later I returned to work and faced the same issues.

However, I had now made a concrete decision to leave my permanent Queensland Health full-time role. I decided that to make a real impact and to bridge the gap between ED and GP-land for vulnerable people, I needed to bravely step into the fray myself.
For me, that decision meant jumpstarting my personal journey of courageous decision making. It meant leaning into vulnerability – knowing I was about to release my permanent role, decrease my wage and change my career.

But I needed to back myself on this one, to truly take a chance at creating an equitable, accessible healthcare alternative for vulnerable Queenslanders.

So, on 19 March 2018, with shaking hands, and not being entirely sure that I was doing the right thing – according to my friends and family – I typed up my resignation letter via email as a permanent full-time Nurse Unit Manager in Queensland Health and pressed send. I had resigned.

That one decision and one brave action has resulted in my life trajectory completely changing course. At the time, I didn’t fully comprehend the enormity of the change, but I know now with certainty that at any moment, any one of us has the power to change and lead our lives for the better.

We are literally one decision away from making that change. Every decision we make causes either a continuation or a deviation from our decided pathways. That’s pretty powerful stuff, right?

No doubt many of you are in between decisions right now – weighing up the pros and cons, considering the risk, and making sure you have a healthy Plan B – unlike me!

If fear is holding you back, it’s worth looking into a process called ‘fear setting’. It has helped me whenever bravery is required, and also when fear raises its head.

So – back to the story – and what happened as a result of my resignation in 2018?

New beginnings

In the last four years, alongside my business partner, I created a mobile outreach health service to bridge the gap for vulnerable Australians between emergency department and general practice-land.

Its name is Sunny Street and the state-wide based service cares for Queenslanders living in poverty, those experiencing homelessness, people in community corrections or post-prison sentencing, sex workers and those with complex vulnerabilities.

Our youngest patient was two weeks old and our oldest patient was 86-years-old.
This service honestly started from the back of my car with some badly formatted forms, a community nursing kit, and a doctor’s kit.

Today Sunny Street is a state-wide award-winning service. Sunny Street has had over 35,000 conversations and consultations in the last four years and continues to change and save lives.

But courage doesn’t have to be a dramatic action, such as the one I took.

It can be the act of choosing to show up in a day, or in a meeting, to raise your inner voice for yourself and others, to submit that business case, to advocate for funding, submit your resume, or on days when life feels tough, courage is simply giving yourself permission to be kind to yourself, take it easy, and go as slow as your body and mind require you to.

Courage is an act of rebellion. Courage is an act of self-love.

With every intuitive, courageous decision you make, you choose you. Your own values, and therefore intentionally decide how to lead your day, year or life.

Today I’m wearing my Fearless Leader t-shirt. I wanted to share with you why I wore this shirt. You see, some of my team refer to me as a Fearless Leader.

Whilst it may certainly seem this way, almost everyday as the founder of Sunny Street, fear sits with me. Sidles up against me. Without consent. Either way, fear is here to stay for all of us.

I just try to make courage it’s best friend.

Kindness

I’d love to shift here into the next topic promised – kindness is a modern day leadership strategy.

Now, when I began my nursing career journey 30 years ago, leadership philosophies I experienced were basically management strategies.

In the early days, although I have experienced these following outdated leadership traits not so long ago, commanding attitudes, power imbalanced infused attitudes, competitiveness and leading with a distinct air of unapproachability, were common tools amongst some managers.

As a young nurse I’ve had the concept of hierarchy etched into my professional soul.
As I have moved through my own leadership career, I have slowly and courageously infused kindness and compassion into my leadership skill set. Kindness is a value I hold close to my heart now and encourage within my teams as an everyday philosophy.

I want to let you know that kindness in leadership is still often seen as a weakness with more typical ‘success traits’ such as power, domination and control still in major play.

No doubt you’ve seen it, felt it, and worked with it. I want to let you know right here, right now, that having a ‘kindness first’ approach is a seriously courageous move. It isn’t the norm – yet.

But through my work, my company, and with my teams, I’m working hard to change that in my space. I would encourage you to look at how you can infuse a kind and genuine approach to both yourself and your teams.

Choosing to be compassionate and kind as a leader, in a workplace which typically requires functionality and pace, means that we need to pause and remove some of the emotional masks that we wear day in and day out. Some of these emotional masks are called anger, fear, frustration, expectation, judgement, feeling like we’re not good enough…the list goes on. It takes work, but anything worthwhile does.

Throwing away the masks that keep us distanced and displaying the more typical ‘success traits’ is vital for us to move into a space of courageous decision making, action and kindness.

Leading in kindness means working on understanding who you are, what your values are, listening to your self or intuition, and bravely leading from the heart. We need to drop the masks which keep us distanced from our own humanity, and chose to connect with each other, to lead into the future.

Being a kind, authentic leader is not a weakness. It is a superpower which empowers you and your teams, increases joy in the workplace, establishes trust, encourages warm connection, elevates joy, Martin says #NNF2022

**Thermostats**

We’ve talked about unmasking our leadership by working in spaces of courage and kindness. But I did promise you I’d talk about being a Thermostat. I know – bizarre concept right? Hear me out!

This last segment we can call ‘how to be the thermostat, and not the thermometer.’

For a long time in nursing, until I began to really establish my own foundation underneath myself – you know – growing my own roots into the ground wherever I stood, and trusting myself, I used to feel as though I was on shaky ground depending on the external influences or environment. I now realise I was being a thermometer.
By being a thermometer, I mean that I was quite often influenced by the moods, drama and expectations of those around me. I wanted to please. I wanted to impress. Especially as a new nurse, or a nurse new to a company. I found that often during that process, I would shape my values and ideals and even my moral compass at times to fit in. We’ve all been there, even with our friendships.

It took me a long time to realise that rather than being the thermometer, shifting my temperature, my energy, my values, based on other people or circumstances, I could quite simply chose to give up that gig and be the thermostat.

Just like courage and kindness, choosing to be the thermostat means doing the work on yourself – again, as a leader and a human being.

It means taking stock of your fears, but also your known strengths, your values, knowing which way your moral compass swings, and feeling safe in the knowledge, that you – yes you – have your own back.

And this leadership concept of being the thermostat, rather than the reactive thermometer, isn’t a far reach for nurses. Our jobs, although you’ll never see this written on a job description, require us to be professional thermostats for our patients.

When we’re at the bedside of a patient in their last hours, whether we’re compassionately crying with the family or not, we know we are being the thermostat. The professional regulator.

Or the patience we display when required to redirect a resident with dementia who is hell bent on arguing against getting in that shower, when you use every gentle negotiating skill you have under the sun, you’re being the thermostat.

Nurses have always been taught to be the thermostat for others. It’s now time we decided to be the thermostat for ourselves and our own leadership journey.

The beautiful side effect of being grounded in self as a leader is that those of us who are still thermometers, can find reassurance in the unmasked leaders who are practiced in trusting and knowing where their foundational roots are firmly planted – within themselves.

So, do you consider yourself a thermometer in your role, or a thermostat?

For the next three days challenge yourself to identify one or two of the masks you may be wearing that create barriers for you, and even for 10 minutes at a time, dare to lead by removing them.

Remember that unmasking ourselves as nurse leaders and choosing to lead in courage, kindness and being that thermostat, takes time, and practice. You don’t have to travel this journey alone. Reach out to your supportive tribe, your mentors, and trust in yourself.

Thank you for your attention and listening to my journey of courage and leadership, how I unmasked my professional self, why I believe that kindness is a modern day leadership strategy, and where thermostats fit into your leadership journey.
2022 Nursing Trailblazer Claire Lane

Watch this video about 2022 Health Minister’s Award for Nursing Trailblazer Claire Lane

Published on Friday, August 26, 2022
Victoria’s bold move highlights the need for national action on nursing workforce concerns

The Victorian Government’s move to make nursing and midwifery education free will have national repercussions, and is a timely development ahead of the Federal Government’s Jobs and Skills Summit.

Dr Amy Coopes reports below that the Australian Nursing and Midwifery Federation and the Council of Deans of Nursing and Midwifery have raised concerns about the potential for the Victorian initiative to lead to national disparities.

In her final story from the Australian College of Nursing’s National Nursing Forum, Coopes also reports that The Greens will push at the Summit for a national ‘NurseKeeper’ initiative.

Amy Coopes writes:

Victoria’s announcement that it would make nursing and midwifery education free to staunch a post-pandemic burnout exodus has heaped pressure on the Federal Government to fund debt forgiveness nationally for nurses, including retrospectively, ahead of this week’s Jobs and Skills Summit in Canberra.

Premier Daniel Andrews made headlines over the weekend with an announcement that his state would pay the HECS debt of more than 10,000 aspiring nurses and midwives under a $270 million scheme aimed at bolstering health workforce recruitment as the system continues to feel the strain of COVID-19.
Victoria’s bold move highlights the need for national action on nursing workforce concerns

The initiative will see all 2023-24 enrolments to professional-entry nursing and midwifery courses in Victoria supported with a $16,500 bursary, $9,000 of which will be paid up front, with the balance granted once the recipient has worked in a public health service for two years post-graduation.

As well, $10,000 will be available to support the post-graduate course fees of up to 3,000 nurses looking to advance their skills and training.

Peak nursing groups, including the Australian Nursing and Midwifery Federation, welcomed the “sophisticated and targeted” plan, but warned that – unless replicated nationally – it risked reinforcing shortages in other states and increasing disparities in wages and conditions.

The Council of Deans of Nursing and Midwifery was among those expressing concern about the “unintended consequences” of the Victorian plan for other jurisdictions and calling for “urgent action to remedy the likely movement of nurses and midwives from other parts of Australia” in response.

The CDNM described fee relief as a “critical lever to enhance recruitment and retention” but said it required a “sustained national program of investment” that provided for equitable access, uniform pathways into practice and targeted support for nurses to enter primary and rural and remote care.

This perspective was strongly advocated for by the Australian College of Nursing at the Health Workforce Roundtable held in Canberra ahead of the Jobs and Skills Summit on 1-2 September.

Acting ACN CEO Yvonne Mckinlay said a debt amnesty had to be national, and apply both retrospectively – forgiving the debts of nurses currently working – and prospectively.

“It will provide much-deserved recognition of the immense sacrifice nurses have made to protect our communities through the COVID-19 pandemic,” Mckinlay said of widening the amnesty’s scope to include practicing nurses.

Both the ANMF and ACN advocated at the Roundtable for a suite of initiatives to boost the nursing pipeline, including improved pay and conditions and streamlining the visa and registration processes for nurses from overseas.

Immediate actions like these were required to address critical shortfalls in rural and remote nursing and the aged care sector, ACN said.

Addressing the nursing workforce crisis

The workforce crisis in nursing was a priority discussion at the National Nursing Forum in Darwin, where Health Minister Mark Butler told delegates extending the scope of practice for nurses and recognising their value through reforms to the MBS was “unfinished business for the new Labor Government”.

You can view Croakey’s coverage of the forum here.
“At a time where healthcare demand is soaring and workforce pressures are very severe, it just doesn’t make sense not to have all of our healthcare professionals working as close as possible to the top of their scope of practice,” Butler told the NNF in a pre-recorded video address.

“That’s nowhere more important than for the more than 400,000 nurses we have here in Australia.”

Butler said one of the priorities of the Strengthening Medicare Taskforce would be to examine how to better utilise and maximise the skills of nurses in the primary care setting.

He also spoke to the importance of implementing the Uluru Statement from the Heart in full, something the Labor Government has committed to.

Greens leader Adam Bandt also addressed the Forum virtually, telling delegates his wife is retraining to become a nurse – a female-dominated profession that he said was “underpaid, overworked and all too often overlooked”.

Bandt said:

“In the last three years, nurses have held the world together. They have held the country together, and they have held our communities together. Whether it was holding up iPads to dying patients, holding lonely folks’ hands, a kind word or a clean wound.

Holding it together and keeping people safe, all while wearing personal protective gear day in and day out, without breaks, with leave often denied. All while doing more and more with less. You deserve more than this.”

Bandt said the Greens would be pushing at the Jobs and Skills Summit for a national ‘NurseKeeper’ initiative, providing an upfront retention bonus payment of $5,000 to Australia’s nurses and paramedics, with a second to follow in 12 months’ time.

At about one percent of the cost of the ALP’s contested Stage Three tax cuts, which he said would advantage men at twice the quantum of women and deliver the same amount to the top one percent income backets as the bottom 65 percent combined, Bandt described NurseKeeper as “thoroughly affordable”.

Bandt noted that, under the Stage Three cuts, a part-time nurse earning $45,000 a year would be taxed at the same rate as a $200,000-earning CEO.
“Instead of spending $244 billion on tax cuts for billionaires and the wealthy, the government should give $3 billion to nurses to reward them and stop them leaving the profession.”

He told the NNF it was also incumbent on Labor to ensure that nurses were adequately paid for their work, with nationally consistent shift penalties, as well as mandated nurse to patient ratios.

“At the jobs summit we will push the Government to change the law to require award wages in women-dominated industries like healthcare to increase by 0.5 percent above CPI each year, for the next ten years, to push women’s wages up and close the gender pay gap,” he said.

“When you or your family is in trouble, you want the person looking after you to be a well-trained, well-funded and well-resourced nurse, not a nurse being paid in platitudes.”

Presaging the Andrews Government announcement, Bandt said free training for nurses and the abolition of current nursing education debt was an important piece of the puzzle.

“We have an ageing population and a crisis of inequality,” said Bandt. “It’s time to really confront and overcome these profound challenges we face as a nation.”

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From Twitter

Nancy Grimm-Tran @nancygrimmtran · Aug 18

"Doing more and more with less" is a good summary of nursing and healthcare over the last few years by @AdamBandt #NNF2022 @acen_tweet

Nancy Grimm-Tran @nancygrimmtran · Aug 18

@AdamBandt acknowledging the gender disparities in nursing, with poor pay and conditions being exacerbated in the last 3 years. #NNF2022

Nancy Grimm-Tran @nancygrimmtran · Aug 18

"Nurses hold the world together... and they are doing more with less” @AdamBandt on the status on nurses before outlining what the @Greens are offering as a solution to workforce retention #nnf2022

Nancy Grimm-Tran @nancygrimmtran · Aug 18

@AdamBandt announcing that the Greens will advocate for payments to retain nurses in the workforce at the upcoming Jobs forum #NNF2022 @acen_tweet

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Victoria’s bold move highlights the need for national action on nursing workforce concerns

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Follow the #NNF2022 Twitter list to stay in touch with the news on nursing and midwifery (it has more than 65 members).

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