Moving advanced life support education from theory to simulation

PERSONAL AND PROFESSIONAL GOAL SETTING

DRIVING CHANGE IN INDIGENOUS HEALTH

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NMBA UPDATE
New codes of conduct for nurses domain four: promote health and wellbeing

Naming competition
We’re launching a brand new online engagement platform in 2018. The portal will be the new digital home for ACN membership so we want to give our members the chance to help us pick a name.

Send your suggested name to marketing@acn.edu.au for your chance to win a $500 Coles Group & Myer gift card!

WIN A $500 GIFT CARD!
Welcome to the December edition of NurseClick.

With the new year bringing new opportunities for personal, professional and organisational growth, it seems fitting to explore the value of postgraduate education and continuous learning within the nursing profession in our last edition of NurseClick for 2017.

Postgraduate qualifications can unlock a world of opportunities to progress your career, expand your professional capabilities and nurture your love of learning. In our regular education feature this month, we outline how our Graduate Certificate in Perioperative Nursing provides nurses with the background skills and knowledge to provide holistic, patient-centred care during anaesthesia, surgery and recovery.

Mentoring and career coaching programs are a vehicle through which we can share our knowledge, experience and expertise with the next generation of nurse leaders. Reflecting on his experiences as a mentor for our Emerging Nurse Leader program, Lieutenant Anthony Russell MACN, outlines how fostering the future of our profession can be an enriching learning experience for nurses across all levels.

A commitment to goal-attainment is another essential element of lifelong learning in the nursing profession. In Vital Signs this month, Trish Lowe MACN, encourages readers to set goals, plan learning activities and seek opportunities for professional development with a view to expand their scope of practice and enhance health outcomes.

The importance of professional development and practice-based learning in clinical settings is a concept further explored by Kim Stevens MACN and Andrea Flenley MACN in their engaging article, Moving advanced life support education from theory to simulation. In this comprehensive overview of the design, development and delivery of a new model of education in rural practice, Kim and Andrea, highlight the need for strong nurse leadership through change.

With the festive season now well upon us, it is important that we take this opportunity to acknowledge the many nurses who will be working over the holiday period. In our final edition of NurseClick for the year, we pay tribute to all the dedicated health care professionals who are sacrificing precious time with loved ones to care for our communities.

2017 has been a wonderfully eventful year for ACN with the launch of many exciting new initiatives to further drive our leadership, engagement and membership within the Australian nursing and health care community. We look forward to working collaboratively with you all to strengthen our presence and influence as the pre-eminent and national leader of the nursing profession in the New Year.

We wish you all a safe and happy festive season.
Hounds of love improving aged care residents’ quality of life
Maintaining health and wellbeing among the elderly is complex. Yet some aged care facilities, both here and overseas, are choosing to house ex-racing greyhounds in a bid to improve residents’ quality of life.

Loneliness rife among seniors this Christmas
As families prepare to reunite for Christmas, Red Cross has launched a national campaign to reduce the number of aged care home residents suffering from loneliness this festive season.

Weight loss lowers breast cancer risk
Post-menopausal women who lose weight may have a significantly reduced chance of developing breast cancer, research suggests.

Transgender youth can now access hormone treatment without court approval
In a landmark decision, the Family Court has ruled transgender youth will no longer need the authorisation of the court to access hormone treatment.

People with mental illness still die a decade earlier than those without
Men who are diagnosed with a mental health condition can expect to live 10.2 years less than those who aren’t, according to our new research.

Malnutrition in people living with dementia
Recent research undertaken by Flinders University asked people with dementia and their family members for their opinions on how mealtimes and food in residential care can support or impact upon their quality of life.

Gene therapy offers haemophilia cure
In a major breakthrough, Australian researchers have found a potential cure for haemophilia in the form of gene therapy.

Research reveals that many healthy-looking dips are saltier than seawater
New research shows that some dips are saltier than seawater, and several cracker-dip combinations deliver more than half a day’s worth of salt in just one serve.

Children have strokes too and doctors often miss them
The country’s first guidelines to improve doctors’ ability to diagnose and manage strokes in children have been released. Strokes are among the top 10 causes of death in childhood and more than half of childhood stroke survivors have long-term disabilities.

Weight loss lowers breast cancer risk
Post-menopausal women who lose weight may have a significantly reduced chance of developing breast cancer, research suggests.

Several studies have associated high body mass index with increased breast cancer risk, sparking research to see if losing weight reversed the risk.

Read more
Marriage could help reduce risk of dementia, study suggests

Being married could help stave off dementia, a new study has suggested. The researchers found that, compared with married couples, single people have a 42% elevated risk of dementia, and those who have been widowed a 20% increase.

Breastfeeding could reduce eczema risk in children

Breastfeeding could reduce the risk of eczema in children, according to new research into the impact of programmes designed to support new mothers in feeding their babies.

The World Health Organization recommends that babies should be fed just breast milk for six months to help protect them from infection, prevent allergies and provide nutrients and energy.

Call for lung health screening in top UK football clubs

Professional footballers should be screened for exercise-induced asthma, researchers say, after a study found three in 10 could be affected.

University of Kent scientists used lung tests to identify players with symptoms and improved their fitness after treatment.

Only one in 10 Americans eat enough fruits and vegetables

Only a sliver of Americans eat enough fresh fruits and vegetables, according to the Centers for Disease Control and Prevention (CDC).

Just 12% of Americans eat the minimum daily fruit recommendation of one and a half to two cups per day, and only 9% consume the minimum daily vegetable recommendation of two to three cups per day, according to the study.

New research suggests common herbicides are linked to antibiotic resistance

Antibiotics are losing their ability to kill bacteria. One of the main reasons for the rise in antibiotic resistance is the improper use of antibiotics, but new research from New Zealand shows that the ingredients in commonly-used weed killers like Round-up and Kamba can also cause bacteria to become less susceptible to antibiotics.

Gum infections tied to increased risk of stomach cancer precursor

Gum infections may increase people’s risk for sores in the digestive tract that can lead to stomach cancer, a small study suggests.

Researchers focused on what’s known as periodontal disease, serious infections in the mouth caused by bacteria in dental plaque.

Pollution could cancel out the health benefits of walking, a new study says

Research has shown that walking can extend your life and improve your heart health, along with a host of other health metrics. However strolling along heavily polluted streets, researchers found, may actually cancel out many of the benefits associated with walking.

Weight loss really can reverse diabetes, new study finds

Type 2 diabetes is a chronic condition that affects 422 million people worldwide. For decades, medical professionals have treated it with medications designed to keep blood sugar levels down. But researchers in the UK describe a landmark study in which people with diabetes went into remission—just by losing weight.

Eating almonds with chocolate may lower cholesterol

Overweight and obese people who eat almonds and chocolate every day may have lower cholesterol than their counterparts who don’t consume these foods, a recent experiment suggests.
ACN Annual General Meeting
On Monday 4 December, ACN held its Annual General Meeting at our Parramatta office.
This meeting provided Fellows and Members with an update on our activities and an overview of our successes during the past financial year.
At the AGM, all those in attendance received a copy of ACN’s *Year in Review*. The *Year in Review* is a celebration of our progress, growth and accomplishment’s throughout 2016 – 2017.
During this meeting, the newly elected Board Directors were announced. ACN would like to congratulate Adjunct Professor Susanne Hawes FACN, David Plunkett FACN, Belynda Abbott FACN, Professor Linda Shields FACN and Ross M Lewin on being elected to the ACN Board of Directors.
Following the meeting, Dean of the Faculty of Nursing & Midwifery (Sydney Nursing School) University of Sydney, Professor Donna Waters FACN, gave an inspiring presentation as our guest speaker.

Adoption of code of ethics will support nurse decision-making
Nurses and midwives around Australia will have clearer guidance when faced with making ethical decisions, following agreement by the country’s leading nursing organisations to adopt the International Council of Nurses’ Code of Ethics for Nurses (ICN Ethics) and the International Confederation of Midwives Code of Ethics for Midwives (ICM Ethics).
“We are pleased to have worked cooperatively with the Nursing and Midwifery Board of Australia, the Australian College of Midwives and Australian Nursing and Midwifery Foundation to reach this joint position,” ACN CEO Adjunct Professor Kylie Ward FACN said.
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“Nurses and midwives now have clear, and widely endorsed, tools they can access when tackling difficult issues. These codes guide nurses in everyday choices and support their refusal to participate in activities that conflict with caring and healing.”
The ICN Ethics and ICM Ethics will take effect from 1 March 2018.

Region and COI Leadership Groups announced
This December, ACN released the new Leadership Groups for our Regions and Communities of Interest (COIs).
The Leadership Groups now comprise of a Chair, Deputy Chair, Communication Coordinator and Secretariat Support for each Region and COI.
This revamped structure is in response to feedback from ACN’s active membership. The changes are designed to enable the leadership duties to be shared, rather than led by one Key Contact, as in our previous model, so that our Regions and COIs can continue to provide unique opportunities to connect with members who are located in a local area or share an area of practice.
Congratulations to all those who have been selected to lead engagement across our special interest and regional groups. To find out who will head your Region or COIs, please check our [website](#).
by deadlines – eliminated misunderstanding and motivated individuals towards the attainment of organisational goals. Therefore, goal-setting theory has utility for nurses and midwives, who are required to not only contribute to the attainment of organisational goals but also to engage in lifelong learning and the establishment of patient-centered care plans.

Latham and Locke (1991, p. 212) suggest that at its simplest, “conscious human behavior is purposeful” and “characterises the actions of all living organisms.” Goal-directed action is not restricted to “conscious actions,” but to those which are physiologically controlled and to higher order processes, such as reasoning. These higher order processes confer the ability to conceptualise goals, which are beneficial to one’s welfare, along with the means to attain them (Latham & Locke, 1991). Commitment to goal attainment is enhanced by ensuring that goals are known and broadcast, consistent with an individual’s goals and visions (Latham & Locke, 1991). The more specific and unambiguous a goal, the more likely it will be achieved (Lee, 2010, p. 744).

SMART goals are those that are: Specific, Measurable, Achievable, Relevant and Time bound. The College of Nursing, Ontario, advocate for the establishment of SMART goals in stating that they make it easier for nurses and midwives to plan relevant learning activities, measure progress toward achieving a goal and know when goals have been met (College of Nursing, Ontario, 2014, p. 2). Goal setting theory is also becoming more evident in clinical settings as a method of assisting patients to self-manage their own health (Furze, 2015).

Furze (2015) indicates that supporting self-management requires assessment of “attitudes, beliefs and coping strategies”, increasing the motivations for change” and “development of a care plan with collaborative goal setting” (Korff et al., 2012, cited Lee 2010, p. 241).

Goal setting theory can be used to monitor progress, provide feedback and manage relapses, thereby pacing health management strategies, avoiding “over activity-rest” traps and improving health behaviours (Lee, 2010, p. 241).

Goal setting theory is not a new concept. It is founded on the belief that adults are purposeful, welfare-orientated beings, with the capacity to reason. It also reiterates the importance of establishing specific goals, as a means of directing energy and cognition towards goal attainment. Nurses and midwives are encouraged to incorporate goal-setting theory into both their personal and professional lives, as a means of facilitating lifelong learning and providing optimal, person-centred care.

References


Moving advanced life support education from theory to simulation

Challenges of change in a rural setting

Kim Stevens MACN and Andrea Flenley MACN

The rural health arena is a multifaceted melting pot of the unexpected and diverse. Nurses are expected to be able to manage and adapt to the ever-changing demands on their time, with limited resources and a varied skills mix. Any normal shift can see the nurse in charge ensuring quality care of the dying resident in aged care, whilst taking on an acute patient load and contending with unknown urgent care presentations. Being "in charge" can be challenging, rewarding and terrifying. Add to this the demands to meet the best practice and mandatory educational requirements, the rural registered nurse is expected to be competent across a number of fields. At Beaufort and Skipton Health Services (BASHS), in 2016, a change in leadership identified the need to modify the delivery of advanced life support (ALS) education and assessment from an external didactic, theory-based model to an internal simulation based education session and skill check. This article explores the change process implemented, the challenges that were overcome and the successful outcomes.

Needs analysis
Like all health care organisations, there is a requirement under the National Quality and Health Standards – Standard 9 to ensure that there is an ALS competent registered nurse on each shift. For many years an external provider attended BASHS yearly to meet mandatory training requirements as dictated by this standard. Although this met organisational requirements, the annual training needs analysis reported that staff felt that they had limited confidence with managing the unresponsive patient, working within the urgent care environment, lack of opportunity to revisit skills, and lack of flexibility in the program to consolidate learnings. This is in finding with current literature reviews which support that frequent, relevant and practical learning activities may be more effective in promoting confidence and competence than an annual assessment (Williams, 2011).

BASHS recognised a new direction would address the gap between meeting a standard and promoting the quality of staff learning experiences, thus leading to increased staff confidence and improve patient outcomes. Realising the importance of this change led to instigating the employment of dedicated clinical nurse educators (CNEs), with postgraduate qualifications and ALS instructor certification. This enabled the opportunity to provide the training in-house, changing from an annual ALS assessment and education session, which was delivered in a non-clinical environment, to being able to provide education throughout the year and skill checks conducted within the health service’s Urgent Care Centres. As these CNEs are employees of the health services, they were also able to draw upon BASHS specific experiences, needs and requirements to tailor simulation scenarios accordingly, thereby promoting relevance.
Model of change

Through investigation it was determined that the ‘Golden Circle of Change – the why, how, what’, as described by Simon Sinek (2009), was the model that would best facilitate this quality change project to promote staff engagement and lead to better outcomes. It was determined that by using this model, we could decrease the barriers of this change by firstly highlighting the ‘why’ of the change, explaining the ‘how’ this was to occur and then revisiting the ‘what’. This concept provided a method of facilitation of change suited to the BASHS environment and philosophy of care.

One of the major barriers to change was the fear expressed by staff in relation to the new format, expectations of the CNEs, and the implications of ‘failure’. When talking with staff it became evident that they appreciated ‘what’ was required, as per their position description and national standards, however their fear of the outcomes and actual process prevented them from fully appreciating the ‘why’. With this in mind, it was determined that communication was the key to facilitating a successful change process, resulting in information being distributed by emails, newsletters, staff meetings, education sessions, and on an individual basis. This communication was focused on the ‘why’, which in relation to this project was aimed at promoting the benefits of this change for staff practices, the process involved, and how this will improve patient outcomes, resulting in staff buy-in and acceptance.

Outcomes

The project delivered a number of positive outcomes as highlighted in staff feedback and evaluations. Most importantly, staff felt an increased level of confidence in responding to an unresponsive patient and being competent in their ALS skills. When asked if they saw value in the change, staff reported that they did see the value and that they now ‘felt more confident’ as a result of the new format.

Staff also reported increased confidence as a result of having greater access to CNEs for assessment and ongoing support, the ability to change the skill check to an education session as required, and use of the Urgent Care Centre being in their place of work. By having the sessions in their actual working environment, staff were then able to experience a more realistic simulation and consolidate their familiarisation with equipment, roles and the actual ability to run a code (Lampert, 2016).

An unexpected by-product of this process was that a number of staff, who previously perceived that ALS competence was outside of their current scope of practice, willingly engaged the CNEs to up-skill, resulting in successful participation of the education and assessment process. This lead to greater job satisfaction, greater individual responsibility, and was beneficial to the organisation with more ALS accredited staff available.

Conclusion

In a small rural health setting, with limited resources and staff requiring wide and diverse knowledge, introducing change can be met with considerable resistance and fear. Despite these barriers, effective change can happen with the right elements, and given the right format. As demonstrated by this project, having effective leadership that recognises the need for change and is willing to facilitate the process, identifying the right human resources, determining the appropriate change pathway and following through to outcomes, change is possible.

References

Sharron Smyth-Demmon MACN

Tell us a little about yourself and your background in your specialty.

I’m a UK nurse who came to Australia in search of warmer weather and blue skies. I was originally going to stay for two years and that turned into two decades. I didn’t really enjoy my theatre experience when I was a student nurse but then I spent some time in recovery.

I remember being really impressed by the care that was given, particularly in relation to patient comfort. I had the opportunity to work in recovery again when I came to Australia and since then I’ve worked in both anaesthetics and recovery as well as day surgery.

Give us a short snapshot of your course.

The Graduate Certificate in Perioperative Nursing is for nurses who are employed in the perioperative setting and want to gain a postgraduate qualification in this specialty.

How is your course structured?

We have one core subject, one specialty elective and two electives. There are three specialty electives: instrument/circulating nurse, anaesthetic nursing or post-anaesthetic care unit nursing. There is no set order for subjects and students can start studying with us in any of the four terms. It’s very flexible.

Do you think there is such a thing as a typical student in your course?

Not really. There’s a lot of diversity and we have students from all over Australia. I’ve even had a couple of students who are working in Hong Kong! We have nurses who’ve just finished their new graduate year, nurses who just want to do a single unit of study in their specialty area, nurses who have many years of perioperative experience and want to back it up with a qualification. We generally have a mixture of Millennials, Generation X and Baby Boomers. I think this mix brings a wealth of knowledge and experience to our course and I learn a lot from the students as well.

Why study perioperative nursing with ACN?

We’ve been running the perioperative graduate certificate for quite a few years now so we’re well established and have a lot of experience. As an ex-perioperative nurse, I have an understanding of the challenges facing our students. From my point of view, the great thing about our course is the variety of elective subjects and the three specialty electives, and of course the flexibility.

What are the career pathways for nurses in the perioperative specialty with this Graduate Certificate in Perioperative Care?

There are several career pathways. The standard ones would be moving into management or education. Going back to our range of electives, there are quite a few possibilities. You could choose a subject on paediatric or adult pain, and this would help you if you were looking to move into a pain management role. Our infection control elective would give you a greater insight into the specialty and perhaps lead to more responsibilities in this area.
Claudia Watson

Tell us a little about your role and your clinical speciality.

I am a nurse educator in the perioperative service of a tertiary/quaternary paediatric facility. My role is to strategically plan education, and to develop and evaluate programs that aim to enhance the learning and development of nurses, while working in partnership with children, their families and the multidisciplinary team.

What do you love about your nurse educator perioperative service position?

I love the diversity. I love that I can contribute and observe nurses developing from novices to experts. I love that I can work in a team environment and strive to develop nurses to safely care for children and their families.

What is the most challenging aspect of your nurse educator perioperative service position?

The most challenging aspect is thinking of new and better ways to do things to continue to improve education outcomes.

What advice would you give to someone wanting to move into perioperative nursing?

My advice would be to look for an organisation that offers learning and development in a supportive environment. Ask about the orientation program, the role, the expectations and the clinical support that is offered. Continue to learn and develop by adopting the life-long learning approach and always seek learning opportunities to enhance knowledge and skills.

Kim Tilling

Tell us a little about your current role within the perioperative environment.

As a registered nurse within the perioperative sector, my current role is quite diverse, working in a small rural facility I class myself as a, ‘Jack of all trades and master of none.’ I cover all aspects of the department performing as an instrument, circulating, anaesthetic and recovery nurse, as well as team leader.

What do you love about your clinical specialty?

I love that I am a very valued member of the department and feel privileged to have this specialty under my belt. I love working in a close-knit environment with multidisciplinary team members (a diverse mix of characters and personalities). Gaining trust from vulnerable patients and their families throughout their perioperative journey to keep them safe and well protected.

Why did you decide to study with ACN?

Having gained a scholarship for nursing studies around 2007, ACN is still going strong and still remains a highly recognised college – why would I not choose ACN? The support I have received has been first class. ACN is very flexible with the time frame to complete the course – a huge plus! This gave me time to defer one semester and fly over to Singapore for a perioperative trauma course.

What were the main challenges with studying and how did you overcome these?

I feel that returning to study as a mature age student brings challenges and rewards, depending on which way you look at it. The main challenge was not juggling work and family, it was leaving assignments to the last 72 hours, as I needed pressure to perform, very different from a classroom with a set times and lesson plans.

Challenge did rear its ugly head throughout the 18 months. However, I had an extremely supportive co-ordinator, whom I would beg her to tell me not to give up! I could never give a good enough answer as to why I should throw it in, hence why I completed the program and came out the other end with an overall distinction.

What advice would you give to anyone thinking about studying?

Go into it with eyes wide open and ensure that this is your specialised field in which you want to be. Be organised, tell yourself that you can do it, be kind to yourself and have on hand all your academic support personnel’s emails and phone numbers for times in need, because we all know study is not always easy, but with determination and persistence you will definitely succeed.

How has completing your graduate certificate helped you in your career?

I have come along in leaps and bounds. My confidence all round has been boosted and my career can now take a new direction, something in which is now happening. Not only has this helped me, I have been able to pass on my newfound knowledge and practices to other staff members within the department, in which this is greatly accepted.

Sharon your voice down the phone will echo on throughout all eternity…thank you!

Claudia Watson

Tell us a little about your current role within the perioperative environment.

As a registered nurse within the perioperative sector, my current role is quite diverse, working in a small rural facility I class myself as a, ‘Jack of all trades and master of none.’ I cover all aspects of the department performing as an instrument, circulating, anaesthetic and recovery nurse, as well as team leader.
Television advertising would have us believe that all Australians will be downing tools on Christmas Day and enjoying a celebratory lunch surrounded by their family and friends. However, for many this is far from the reality. People in a large number of professions work over the holiday period to keep us safe, well and moving. These include police, firefighters, doctors, taxi drivers, public transport operators, and of course nurses.

It can be difficult to find the silver lining of being away from loved ones on important holidays, but a bit of planning can make it easier and help spread the joy.

One of the highlights of working over Christmas can be helping make it a special time for those who are sick and have no choice about where they spend the holidays.

Nurses do many things to make Christmas merrier for those they care for. This can range from decorating wards, to hosting a Christmas feast, or bringing the magic of Santa to children.

Other ways to brighten everyone’s day can be to dress up in Christmas threads. Something as simple as a Christmas themed brooch can bring the Christmas spirit into the workplace.

Christmas music can often be heard in clinical settings over the period. Nurses have been known to sing Christmas carols for their patients or even hold a Christmas concert.

Perhaps the tradition most closely associated with the festive season in Australia is gift giving. As the saying goes ‘the best things in life are free’ and the greatest gift nurses provide their patients at Christmas is their company and time.

While bringing cheer to others can be a highlight for those who work on Christmas, don’t forget about yourself.

If you know you are working, start planning for a special celebration with your family that fits around your schedule. Make sure everyone knows you will be working on Christmas Day, but will celebrate the night before, in the morning before your shift starts, or when you get home.
Primary health care

New virtual special issue of Collegian now available!

Collegian: The Australian Journal of Nursing Practice, Scholarship and Research is the official journal of ACN. Collegian aims to reflect the broad interests of nurses and the nursing profession, within an Australian and international health context. The journal publishes articles on professional, policy and practice issues.

Since 2016, Collegian has been available as an e-journal to Members and Fellows of ACN. Current and previous editions can all be accessed for free by members and by separate subscription to others.

The Primary Health Care Virtual Special Edition of Collegian has recently been made available online.

Below is the editorial published in this issue:

Whilst nurses have always worked in the community, the rise in chronic and complex conditions and population aging have created a growing demand for nursing services in primary health care (PHC).

Nurses effectively contribute to PHC across the lifespan, from giving young families the best start in life, to maintaining good health in middle age and promoting health and well-being in the older population.

The size of the PHC nursing workforce and the variety of roles that they undertake has grown significantly in the last decade. Nursing jobs in PHC offer exciting opportunities for nurses to work collaboratively, yet leading the delivery of care in a range of nurse-led models.

Nursing in PHC settings is often quite a different context to the delivery of care in traditional large acute care settings. A growing body of literature has emerged around the clinical, workforce and professional challenges in PHC…

Read the rest of this editorial and access the virtual special issue today!

The Army is now recruiting Nursing Officers

A career as an Army Nursing Officer offers variety and challenges in employment and travel not always available in the normal hospital environment. You will gain experience and skills that will equip you for advancement in the Army, and will also be in high demand in your profession.

You’ll also enjoy great benefits like free medical and dental, world class training, subsidised accommodation, excellent salary packages, work/life balance and unique experiences.

To find out more about becoming a Nursing Officer search ‘Army Nurse’.

Call 13 19 01 or visit defencejobs.gov.au/Army
Driving change

In Indigenous health

Closing the Indigenous health gap requires a deep understanding of the health challenges Indigenous communities in Australia face. Endorsed enrolled nurse, Tamika Elvin knows this well – her family comes from the Guringai-wonnarua people in the Hunter Valley and she has worked on the frontline as a nurse in these communities.

Motivated to continue to improve health outcomes for Indigenous people in Australia, Tamika recently attended the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) national conference with support from HESTA, as a key action of their Reconciliation Action Plan. Here Tamika shares her insights and experience on what needs to be done to help close the Indigenous health gap.

What was your motivation to become a nurse?

My motivation came from my family and my husband. I was in between jobs and my husband suggested I should apply for a nursing course – and happily, I did.

Also, my family is full of nurses and my grandfather did a lot for Aboriginal adolescents in mental health.

What was it that triggered your awareness of the Indigenous health gap in Australia?

My Aunty (a nurse practitioner) and grandfather (now passed) have both done a lot of work to help close the gap for Indigenous health. Their work raised my awareness of the importance of Indigenous close the gap programs.
As an Aboriginal nurse, what do you think are the biggest challenges impacting Indigenous health in Australia?

The biggest challenges are location, funds, access to health care and socioeconomic disadvantage. A lot of Indigenous Australians still live in rural and remote areas, where there is usually limited access to health care.

Funds and support are lacking in these areas where they need to be a priority. It is not just Aboriginal people that are affected by funding cuts but all Australians. Just because people choose to live in remote areas or because Aboriginal people choose to live on their sacred land doesn’t mean they shouldn’t receive the same health care as those who live in suburban areas or in the city. Aboriginal people are let down time after time by the health care system. Aboriginal medical services around the country continue to be closed down or funding is cut so resources are taken away. I recently did a placement at an Aboriginal Medical Service where the chronic diseases clinic, which did house calls, was scrapped. Following this I witnessed how an Aboriginal community reacts when there is a big change. Key members of the health care team were no longer working there and the nurse practitioner had been away. This greatly affected the community; patients stopped coming into the clinic, resulting in patient numbers being at an all-time low, putting people’s health at risk.

What do you think needs to be done to help close the Indigenous health gap in Australia?

We need increased health education, especially for people living in rural and remote areas. There also need to be more Indigenous health workers, nurses and midwives in addition to more job opportunities for these positions.

The Aboriginal community also needs to start caring about their health. It’s all well and good for us to get the above things into practice but there needs to be teamwork on both ends. With the help of rural and remote communities the word will spread, and the younger generation will care about their own health as well as their children’s.

You were recently sponsored by HESTA to attend the 2017 Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) national conference, what did you get out this experience?

I’m really thankful to HESTA for the great opportunity to attend the CATSINaM 2017 conference. I got a lot of knowledge on how important our people’s health care is and how Australia is lacking in education about our health. Dr Chris Sarra really inspired me and taught me a lot.

I also learnt what areas of Aboriginal health care are lacking and as a mental health nurse (studying for my bachelor of nursing to further my nursing career) this gave me the ambition and passion to go further with mental health.

Your attendance at the conference was part of an initiative in HESTA’s Reconciliation Action Plan (RAP). What role do you think corporate organisations and industry partnerships have in helping to close the Indigenous health gap?

The more big organisations are a part of closing the gap, the more Aboriginal people will know that we are here to help. It is also a good way to help show it is time to move forward and stop living in the past. It is 2017 and help is here: we need to unite to close the gap and make our voices heard.

Through your work as a nurse how do you plan on using your knowledge to help close the Indigenous health gap?

By furthering my own education about Aboriginal health and mental health, I’ll be able to pass my knowledge onto the people I work with and work united to close the gap. There are only so many Aboriginal nurses and doctors out there, so we need to work with everyone in the health care system. We’re all in our jobs to help people, no matter what age, gender or race.

EDITOR’S NOTE
This article was supplied by our Corporate Partner HESTA.
On 1 March 2018, a new Nursing and Midwifery Board of Australia (NMBA) code of conduct will take effect for all nurses in Australia. It is important for all nurses to understand the new NMBA code, even if your employer also has a code of conduct.

The Code of conduct for nurses (the code) is grouped into four domains of conduct:

- practise legally
- practise safely, effectively and collaboratively
- act with professional integrity, and
- promote health and wellbeing.

The final domain in the code is “promote health and wellbeing” and is underpinned by its value statement:

- nurses promote health and wellbeing for people and their families, colleagues, the broader community and themselves and in a way that addresses health inequality.

This domain of conduct sets out the responsibility for nurses to maintain their physical and mental health, in order to be able to practise safely and effectively.

As part of the NMBA commitment to supporting safe care for the public, nurses have access to Nurse & Midwife Support, an independent national health support service available 24/7 online and on 1800 667 877.

‘Promote health and wellbeing’ also gives guidance for nurses about their role in health advocacy – recognising that there are significant disparities in the health status of various groups in the Australian community. These disparities result from social, historic, geographic, environmental, legal, physiological and other factors. Groups who experience health disparities include Aboriginal and/or Torres Strait Islander peoples, those with disabilities, those who are gender or sexuality diverse, and those from social, culturally and linguistically diverse backgrounds, including asylum seekers and refugees.

Nurses have a professional obligation to use their expertise to protect and advance the health and wellbeing of people and communities.

The NMBA encourages nurses to get to know their new code before it takes effect next year. Please view the Code of conduct for nurses in full on the NMBA website.

International Council of Nurses
Code of ethics for nurses

The NMBA, together with the Australian College of Nursing (ACN) and the Australian Nursing and Midwifery Federation (ANMF), has agreed to jointly adopt the International Council of Nurses Code of ethics for nurses (ICN Code of ethics) as the guiding document for ethical decision-making for nurses in Australia.

The ICN Code of ethics will replace the current NMBA Code of ethics for nurses in Australia (2006) from early in 2018. The joint decision was based on research, which found that the ICN Code of ethics provides high-level, contemporary guidance on ethical practice and covers the ethical content in the current NMBA code of ethics.

The NMBA has valued working collaboratively with the ACN, ANMF and the Australian College of Midwives on this important area of work.

The ICN Code of ethics document is available on the ICN website.