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2019 PROMISES ‘SOMETHING FOR EVERYONE’

Having barely cleared away the bonbons and festive confetti, we turn our focus to a brand-new year—one that seems to have something for everyone.
For those working in aged care—and indeed anyone impacted by the absence of appropriate regulation in this embattled sector—something may be coming in the form of a Royal Commission into Aged Care Quality and Safety. Headquartered in Adelaide, the Royal Commission will soon start conducting hearings and discussions around the country to engage with aged care consumers, families, carers, aged care workers, health professionals and providers with a view to informing its interim report by 31 October 2019. ANMF will be pressing the Royal Commission to act in areas of safe staffing and skill mix along with greater accountability for the funding provided to the sector. Ensuring older Australians have access to affordable and high-quality care that will meet increasing levels of care needed in the years ahead is a critical challenge for our community.

For around 18,000 public sector nurses and midwives, 2019 signifies the opportunity to secure improved wages and working conditions through enterprise bargaining negotiations. The rewards will not come easily—they never do—but we look forward to starting the process and facing the challenges that come with a new State Government and a backdrop of KordaMentha rolling out plans to save over $300m to put Central Adelaide Local Health Network back in the black. The State Government has signalled a hardline approach to bargaining and is challenging a number of areas of existing enterprise agreements. The likelihood is that we will need to campaign to protect existing important professional and industrial rights and we will be working with members to get ready for such a campaign.

The year will also herald news for Women’s and Children’s Hospital staff, who can expect to hear more details on the ‘new world-class facility’ as the State Government firms up plans for the big move. As this edition of In Practice goes to print, the preferred site for the new hospital had just been announced as the western end of the biomedical precinct with an air bridge to enable direct access to the Royal Adelaide Hospital. We look forward to further engaging on this significant project as plans evolve throughout the year.

On the move this year are hundreds of private sector nurses and midwives as Calvary co-locates its Wakefield and Rehabilitation hospitals into its new Calvary Adelaide Hospital. The $345 million, 344-bed facility is on track to open mid-this year.

For our regional members, 1 July 2019 marks the start of significant changes as SA Health’s new Governing Boards become fully operational mid-year. These SA Health governance reforms will see key regional areas take on the management and ownership of public health care in its communities. Only time will tell if the decision to move away from one regional governing body and replace it with six will prove beneficial to patient health and safety as well as the state economy.

Soon the New Year will bring a new SA Mental Health Services Plan to guide the delivery of mental health services across the state going forward. Mental health is nearing crisis point having been neglected for many years, so getting this right is critical to improving the care that can be provided both at acute and community levels. Pleasingly, the plan also promises to account for services across state, federal, local, non-government and private areas, so we hope this Plan—due in March—brings the solutions our health system so dearly needs.

All this—and a federal election which itself creates the potential for change in a number of areas of impact for members and the health system—lies ahead. No doubt there will be additional challenges and opportunities not even canvassed here awaiting us in 2019. I look forward to continuing to work with you, and together, making the most of all opportunities and rising to meet the challenges.

Yours sincerely,

Adj Assoc Professor Elizabeth Dabars AM
MENTAL HEALTH NURSING:
IT’S TIME TO SHAKE THE STIGMA

Almost half of Australians will experience some form of mental ill-health in their lifetime, yet the stigma remains… surprisingly at similar levels among clinicians and the general population.
Such is the prevalence of stigmatisation around mental illness that it is holding Registered Nurses back from pursuing a career in this field, according to Flinders University Professor and mental health educator Eimear Muir-Cochrane.

“There is a chronic shortage of mental health nurses in South Australia and the stigma attached to mental illness is definitely a contributing factor,” Professor Muir-Cochrane says.

“The community stigma applies in nursing too—many Registered Nurses hold mental health nursing in low regard,” she says.

A 2012 study by the Mental Health Council of Australia (MHCA) found the levels of stigma experienced by consumers seeking treatment from health professionals to be at similar levels to that felt from the general population.

“The attitudes of health care providers can have a direct impact on the recovery and resilience of people experiencing mental illness,” MHCA CEO Frank Quinlan said upon releasing the report.

At the same time, SANE Australia released a study that found many mental health consumers considered the stigma they experienced to be as distressing as the symptoms of their illness.

Mr Quinlan urged all health professionals to provide people with mental ill-health the same level of “non-judgmental care and concern as people with any other health condition”.

Professor Muir-Cochrane, who leads and teaches the post-graduate mental health program at Flinders University, suggests some of the problem stems from how students are prepared for the nursing workforce.

“When it comes to mental health, there is insufficient preparation of undergraduate nurses within the Bachelor of Nursing,” she says. “This is partly because there aren’t available clinical placements in the field, but also because of the stigma perpetuated by some academics and Registered Nurses.”

She says it is not uncommon to hear of a student being asked, “Why on earth would you want to work in mental health?”

**BENEFITS OF WORKING IN MENTAL HEALTH**

- Help people when they are at their lowest ebb.
- Chronic workforce shortage means greater employment opportunities than in general nursing.
- More pay in the public sector, thanks to qualification allowance in enterprise agreement.
- Learn critical skills that can help you in all areas of nursing.
It is a reaction Professor Muir-Cochrane is intent on overturning.

“The greatest benefit of being a mental health nurse is the ability to help people at their most vulnerable and to ease their distress.”

“It is also great to have the specialist skills to be able to engage with people, assess them and provide interventions that help them to recover and return to their previous level of functioning.”

Professor Muir-Cochrane spent more than a decade working in mental health nursing and clinical practice in South Australia.

“I started out in medical surgery nursing but found myself increasingly curious about people’s experiences when they were having emotional disturbances.”

“I saw people out of touch with reality, depressed or suicidal, and I had a yearning to understand what that experience could be like and how I could help as a nurse.”

Australian Nursing and Midwifery Federation (SA Branch) CEO/Secretary Adj Associate Professor Elizabeth Dabars AM says the current lack of recruitment options is creating significant challenges across the health system.

“There are mental health beds laying idle at the Royal Adelaide Hospital because there are not enough nurses qualified to staff them, and this situation is being experienced in other inpatient facilities as well as in community care settings where staff are overloaded.”

Ms Dabars says, unless something changes, the situation is set to become even more dire.

“The average age of the mental health workforce is greater than in any other field of nursing,” Ms Dabars says. “In South Australia alone, over the next decade we will lose more than a third of mental health nurses to retirement and a significant pool of knowledge and experience along with them.”

HAVE YOU GOT WHAT IT TAKES TO BE A MENTAL HEALTH NURSE?

If you have the following qualities, a career in mental health nursing might be for you.

• An inquiring mind
• Capable of critical thought
• An adventurous spirit to work with people who have reached their lowest point.
The bleak outlook prompted the ANMF (SA Branch) to forge a partnership with Flinders University to make it easier for nurses to upskill in mental health and help close the skills gap.

The initiative provides Registered Nurses more streamlined access to postgraduate studies from this year by enabling them to springboard to Flinders University studies from a related Continuing Professional Development (CPD) course at ANMF (SA Branch’s) Australian Nursing and Midwifery Education Centre.

“We are pleased to be working with one of Adelaide’s leading universities towards a solution to a genuine problem facing the nursing profession and our patients,” Ms Dabars says.

If you are interested in finding out more about pursuing a career in mental health, contact the Australian Nursing and Midwifery Education Centre on 8344 1900 or via on training@anmfsa.org.au

“You’re nothing quite as rewarding as being able to work with people who have been extremely psychotic and behaved in a way that has damaged their finances or family relationships, to help them get better and resolve some of those issues,” Professor Muir-Cochrane says.

ANMEC will be offering a new CPD program that will make it easier for nurses to transition into post-graduate studies at Flinders University.

To be among the first to take advantage of this partnership arrangement, register your interest today.

anmfsa.org.au/learning/flindersuni
A DAYSHIFT IN THE LIFE OF AN AGED CARE WORKER


* Name changed for privacy reasons.
But when it comes to questions around quality of care, and staffing levels and skill mix, the answers are not as forthcoming. To find out what really goes on inside an aged care facility with 180+ residents, we spend a dayshift with personal care worker Charlotte.

7.00 TO 7.10AM
Today, Charlotte has been allocated eight residents and is on-call for other residents who require assistance from more than one staff member.

“You’re lucky if you get a 10-minute handover on the residents you’re about to care for. Often you have to hit the ground running.”

After handover, Charlotte loads her trolley with sufficient stocks of gloves, razors, shaving cream, bags and pads to get her through her shift, and she is ready to walk onto the floor.

7.10 TO 7.15 AM
“The first thing I do is check on all my residents, even if it’s just for a minute to make sure they’re okay. I don’t know the last time night duty has sighted them.”

Charlotte goes into each room, says a warm ‘hello’, gives her residents a drink and tells them she’ll be back soon.

7.15AM TO 8.00 AM
Residents are showered every alternate day at Charlotte’s facility and there are often residents who have had an accident overnight and need a shower regardless.

“It can take up to 10 minutes to get a resident out of bed, onto the toilet and then into the shower,” she says. “And if I have a resident who needs two or three carers, I obviously have to wait for additional care staff to be available to help.”
The call bells start ringing but Charlotte can’t leave her resident in the shower alone—so the bells continue to ring.

“Between 7am and 10am on some shifts, the bells never stop ringing,” Charlotte says.
And then comes the post-shower routine.
“I clean teeth, brush hair, moisturise skin, choose clothes, clean spectacles, fit hearing aids and put on stockings.” She says the expectation of such a routine only taking six minutes is laughable.
“I’ve been a personal care worker for more than 15 years and I can’t get someone ready in under 15-20 minutes. Think about how long it takes to get yourself ready in the morning without even factoring in the acuity of these residents. Six minutes is really quite ludicrous.”
She adds that some residents are considerably harder and resistant to care than others.

“Imagine trying to put a top on an 80-kilo woman who doesn’t want a top on.”

Charlotte says injuries are commonplace and are even on the rise because staff are working at an unsafe pace trying to get everything done in the time they have.

8AM TO 9AM
“By the time you’ve showered and dressed a couple of people and helped with a transfer in another area, it’s already 8am and time for breakfast.”
She says some managers don’t like to see residents coming down for breakfast in their dressing gowns. As a result, some residents have breakfast in their rooms, making it difficult for Charlotte to help those unable to feed themselves and supervise other residents to reduce the risk of choking.

9AM TO 11.30AM
After breakfast, Charlotte continues to help dress and prepare all residents for the day and then starts ferrying residents to and from appointments.
During this time, she also helps with nursing team requests; positional turns to prevent pressure wounds; toileting; 30-minute safety checks for high-risk residents; bed-making; and helping her colleagues attend to residents needing two or more staff.

“There is no time for a break, because that bell keeps on ringing and the complex care needs of aged care residents are unrelenting—that’s just the nature of the industry.”

She says it is not uncommon for call bells to go unanswered for prolonged periods or for someone to miss out on being turned or toileted or showered or properly fed—merely because there are just too many care needs for one person to provide.

“You have someone on the toilet, and the bell rings. You have someone in a chair in the shower, and the bell rings. You’re halfway through getting someone out of bed, and the bell rings. Someone is trying to get themselves out of bed, and you have sensors going off.”

“It’s a high-pressure area and time management skills are critical—people’s lives are at stake.”

12 NOON TO 1PM
It is only lunchtime and Charlotte has answered 80 to 100 call bells, helped with nine positional turns, changed bedlinen, checked 12 residents on the 30-minute safety check chart, filled in fluid balance charts, completed the menu for her residents, toileted those who call for assistance and attended to other tasks as directed by the Enrolled Nurse or Registered Nurse on duty.
1PM TO 3PM

In her final two hours of the day, Charlotte continues non-stop with appointment transfers, toileting, responsive care, emptying skips, restocking linen trolleys and finally handing over to the Enrolled Nurse.

While Charlotte has spent her entire shift on her feet physically attending to all that she can, she ends this (and nearly every other) shift feeling like she hasn’t done enough.

“It’s hard not to think about all the care opportunities I missed because there was only one of me trying to deliver the best care possible to eight elderly people.”

She says nightshifts are particularly hectic.

THE NIGHTSHIFT

Overnight at Charlotte’s workplace, eight personal care workers and two Registered Nurses are rostered to care for 180+ residents.

“Being one carer responsible for 35 people can take its toll. Just because it’s night-time doesn’t mean the care needs stop—aged care is 24/7.”

She says the call bells are often unmanageable, particularly between 11pm and 1am.

“It’s not unusual to have more than 20 call bells during this period – it’s just bedlam.”

Charlotte’s blames the facility’s numerous staffing cuts for the rapid decline in the quality of care able to be provided.

“It’s no longer rewarding when you have an unwell and anxious resident who just wants you to hold their hand and talk to them... but you have to walk away.”

“It’s heartbreaking, it’s stressful and most of the staff want out—sadly our residents don’t have that choice.”
If you are worried about yourself or someone in your care, contact the Butterfly Foundation on 1800 33 4673.

As Australia’s national eating disorders support service, counsellors are well equipped to provide information and guidance on treatment options as well as referral pathways.

For information on support services available in South Australia or for information on referral pathways, contact the Statewide Eating Disorder Service on 8198 0800.
“I do still struggle daily with trying to find out why someone has chosen to starve themselves,” the Registered Nurse says. “A whole lot of things come together to coalesce in an eating disorder and these can be different for each person.”

It is the complexities behind the psychological illness that have kept Michael at Flinders Medical Centre’s dedicated eating disorder unit for 24 years. “The challenges and the rewards lie in ‘teasing out’ what’s happening in a particular person to help them on the road to recovery,” he says.

“An eating disorder is predominantly a symptom; not necessarily an illness in isolation. Choosing not to eat is often a way for someone to express their unhappiness with the world who can’t do it in other ways.”

Michael Higgins has dedicated the larger part of his 27-year nursing career to caring for South Australians with an eating disorder, and still finds each shift as challenging and as rewarding as the first.

The ten-bed inpatient unit is almost always at full occupancy. “We care for around 75 patients each year, some have bulimia, some have a general anxiety disorder, but most have anorexia nervosa.”

People aged in their late teens to early 20s make up the unit’s peak patient cohort. “We also see a large female skew, but I don’t think that’s entirely because it’s a ‘women’s disease’. I suspect there are a lot of men with an eating disorder who might be too embarrassed to seek help, or the condition is disguised as something else.”

Patients aged under 18 are looked after by the highly skilled team at Flinders Medical Centre’s Paediatric Unit or at Child and Adolescent Mental Health Services.

“Of all the psychiatric illnesses, anorexia has the highest mortality rate, either through self-starvation or actively suiciding from depression. And because of the self-starvation factor, it’s important that we can get that eating sorted out before moving to cognitive treatment.”

While admission into the disorder unit is voluntary, patients must be prepared to undertake a two-to-three-week State-wide Eating Disorder Services (SEDS) program. “We have a multi-disciplinary approach that includes consultant visits, a dietitian,
psychology groups and occupational therapists looking at psychological aspects as well as the physical side of recovery. We also offer art and writing-based therapy activities to get them exercising their brains in ways they hadn’t thought of before."

Michael and his 16 nursing colleagues in the unit have one clear goal:

“We get them to eat—it’s as simple as that and as difficult as that.”

And while starting a patient on the road to weight restoration is one part of the role, helping them to develop a healthy eating pattern is more important.

“Supervising during meals and snacks is actually a really pivotal part of our job. It’s therapeutic and enables us to sit down and really talk to our patients and build a rapport.”

“Patients eat together in the dining room with our supervision and, whenever possible outside of our allocated meal breaks, nursing staff try to eat with patients too.”

“It’s all about role-modelling, particularly from other patients who have been there a bit longer and are feeling better, so they can show newcomers, ‘I’ve been where you were and, look, I’m doing it now’.

“The look of fear of anxiety on a patient’s face when they’re confronted with a plate of food is quite staggering. I once had a person explain to me that their fear of eating outweighed their fear of dying.”

Michael says around a half of all first-time admissions are likely to be readmitted to the unit at a later date.

“People can leave at any time and they can return at any time. We’d never put a limit on how many times a person can come back to us. It’s really whatever it takes for them to get to a point where they don’t need us anymore.”

Michael knows of a number of patients who have come and gone from the unit for up to a decade.

“Some might say that ten years is an awfully long time for someone to come in and out of hospital, but I like to think perhaps because of the help we’ve offered, they’re still alive today.”

Flinders Medical Centre’s inpatient program works in tandem with the service delivery of SEDS outpatient services at Brighton, with the same consultants and psychologists working across both services.

People with an eating disorder are up to 31 times more likely to take their own life. With successful treatment though, complete recovery is possible.

But, when it comes to beating the disease, it seems you can’t judge a book by its cover.

“Do we define success when someone has a healthy weight but is miserable? Or is it someone who’s underweight but happier within themselves?”

“As mental health nurses, if we can provide the support and encouragement to help our patients find their own inner sense of belonging and worth, then that’s a job well done.”
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At Nurses & Midwives Health, we're all about you. We're not-for-profit, so it means we're focused on your health and the health of your family. The great news is, as a member of the ANMF, you're eligible to join Nurses & Midwives Health. And, because we know how important family is, they can join us too.

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Recounting the rich history of a profession that has held true to its core principles of kindness, compassion and courage throughout the ages is novelist, researcher and medical historian Deborah Burrows. “I experienced a range of emotions while researching and writing for the book,” Ms Burrows says of her first non-fiction work, which she completed over 18-months while working full-time as a medical lawyer. “I thought I knew a lot about nurses before I started researching, but I now have a much greater appreciation as to why they have remained the most respected profession for decades,” she says. Although recognising that nursing first came to Australia with the First Nations of Aboriginal people 60,000 years ago, the book does not focus on that longer history. “I wanted to capture a broad sweep of nursing history from the arrival of the First Fleet until the book’s completion in

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2017, but also cover the contributions of Aboriginal and Torres Strait Islander peoples to nursing and midwifery over that period.

The book pinpoints the start of nursing in Australia in its modern form to the 1868 arrival of six Florence Nightingale-trained nurses from London. The nursing cohort included ‘lady superintendent’ Lucy Osborn who would go on to play an instrumental role in the training of many Australian nurses in accordance with the Nightingale system.

“I couldn’t believe how poorly the first nurses were treated by doctors when they arrived. Given the new colony had begged Florence Nightingale to send it some trained nurses, I expected these nurses to have received a much warmer welcome.”

Ms Burrows says she found wartime experiences of nurses also unbelievably difficult to fathom.

“The conditions nurses operated under during times of war were just phenomenal, as were the sacrifices they made to put patient care ahead of their own safety.”

“I cried when I got to the part where 20 nurses and their matron were massacred on Bangka Island in Indonesia,” she says. “Not one of them screamed or wept when they were ordered to walk into the water and stand in a row facing the sea. As they did so, they were machine-gunned from behind.”

The sole survivor of the 1942 massacre was 26-year-old Kapunda nurse Vivian Bullwinkel, who took a bullet to the hip and pretended to lie dead in the water until her attackers had gone.

“I hate the idea of violence against nurses, so it was again upsetting when I reached more recent times and covered the murder of remote area nurse Gayle Woodford.”

Thankfully, the tragedies in Australia’s nursing history are offset by tales of strength, survivorship and solidarity.

“It was inspiring to learn how hard nurses fought to be properly legally recognised, to be registered and to be represented by their own professional standard bodies,” Ms Burrows says.

“They also had to put up a huge fight for any proper working conditions and pay—for a long time nurses were excluded from the 48-hour week. Instead they were expected to work 56 hours a week.”

“I knew nurses had it hard; I just didn’t realise how hard. This book really opened up my eyes to the ability of nurses to just take it on the chin and carry on.”

In compiling the book, Ms Burrows consulted many of her nursing friends to ask their advice and obtain a more personal glimpse into their early days of nursing.

“My nursing friends recall being so fearful of their matron, being required to have all their beds lined up perfectly in the ward and doing 14-hour days of in-hospital training. It was tough and exhausting, but they coped with it all and now look back fondly on that time because of the comradeship they had.”

“I think nurses are just wonderful, and I hope my readers take that away from the book too.”

Ms Burrows now splits her time between Perth and Oxford in the United Kingdom, where she writes popular novels about the experiences of women in the Second World War.
GIVING EVIDENCE AS PART OF AN INVESTIGATION?

KNOW YOUR RIGHTS.

Have you been asked to give a statement to the Crown Solicitor following an incident at work? Perhaps you were a midwife who witnessed an event during labour and delivery, or a nurse who was privy to something that is now being investigated. Generally, statements are sought and given as evidence on behalf of the employer, sometimes months or even years after the event has taken place.

Often you may only become aware there is an issue when you receive correspondence from the hospital asking you to attend an interview. This can be a nerve-wracking experience, but it doesn’t need to be with some simple advice and the help of Union Legal SA.

WHAT ARE YOUR RIGHTS?

You are not compelled to attend an interview, although you may feel pressured to do so. At this stage, you may not have even been made aware of the identity of the patient or the date and time the alleged incident occurred.

Before attending any interview, or even indicating you will participate in an interview, you should ask for further details about the patient, the date of the incident and if possible a copy of the case notes to familiarise yourself with the related events.

This information should be provided to you as a minimum. Having the patient information and potentially the case notes will also allow you to review the extent of your involvement in the alleged incident.

Should you decide to give an interview, it will likely lead to a written statement being drafted. You will receive the written statement from the Crown Solicitor after the interview. You must check the statement thoroughly and amend any errors or omissions. You need to ensure your statement represents the truth and all details are correct. If, at some future time legal proceedings are initiated, your statement will be the basis for your evidence in Court. You may also be required to attend court, give evidence and be cross examined.

You cannot be forced to give an interview or a witness statement, but you may be subpoenaed to appear to give evidence in court.

If you are in this position at any stage throughout your career, we urge you to contact Union Legal SA for definitive advice. Every circumstance has its own set of facts that needs to be considered to help you frame your statement in a way that protects your interests.

ABOUT UNION LEGAL SA

Since Union Legal SA was established more than two years ago, the Australian Nursing and Midwifery Federation (SA Branch)’s very own in-house law firm has helped thousands of members with a raft of legal issues.

Services are accessible to ANMF (SA Branch) members (and often to family members too) and include wills and estate planning, conveyancing, employment law, WorkCover and AHPRA matters, and advice on criminal and traffic offences.

Contact Union Legal SA on freecall 1800 792 834
FROM THE ARCTIC CIRCLE TO OUTBACK AUSTRALIA
– AN INDIGENOUS RESEARCH JOURNEY

Our first 1,000 days of life are critical to shaping lifelong health. Given by the age of two our brain has grown to 80 per cent of its adult size, the quality of our experiences from the moment of conception until our second birthday are pivotal to establishing a strong foundation for everything that follows.
Improving the capacity for Indigenous Australians to have their care needs met in their first two years is a 12-month focus for Flinders University researcher and educator Dr Nina Sivertsen and her research colleagues, Associate Professor Julian Grant and Ms Janiene Deverix.

“It is so important that culturally safe care is provided during the first 1,000 days of life, and continuity in care is a requirement of culturally safe care.”

“For the past year, we’ve been exploring how around 30 Aboriginal families, with their infants, access mainstream health care services,” Dr Sivertsen says, “and how the nurses and midwives in mainstream services work together with the Aboriginal Maternal Infant Care Workers and Aboriginal Cultural Consultants who care for the families before the baby is born.”

She says in Australia and internationally, the most successful models of nursing and midwifery care are those that contain continuity.

“Continuity stretches from antenatal care before the babies are born to when the families transition into child and family health nursing where the nurses and midwives take over the care.”

“We’ve been exploring what the families think about their care journey and whether they feel that this journey is quite fragmented as it sits now.”

The overall aim of Dr Sivertsen research is to advance and inform the health system’s model of care around nurses and midwives’ clinical practice to ensure the roles and policies impacting on nurses and midwives working with Aboriginal families’ in the first 1,000 days, are culturally safe meet best practice and enable families’ access to mainstream health services.

She says despite the extensive research and guidelines for culturally safe care, culturally unsafe healthcare persists.

“Although nurses and midwives acknowledge the importance of culturally safe care, many experience barriers and lack confidence to implement this in practice,” she says.

“We want to determine whether nurses and midwives are feeling equipped enough and find out their views on how they can better work alongside specialised workers like Aboriginal Maternal Infant Care Workers and Aboriginal Cultural Consultants.”

She says Indigenous Australians continue to experience widespread socioeconomic disadvantage and health inequality.

“The socioeconomic disadvantage experienced by Aboriginal children and families is compounded by the effects of discriminatory policies and healthcare practices,” she says.
The mortality rate for Indigenous people is around 1.5 times that of non-Indigenous Australians, with the infant death rates around 4 per cent and 0.8 per cent respectively.

"Nursing is about reducing health inequalities – that’s a big part of my work and my research."

"Work" is probably the least accurate term for a research project that is close to home for Dr Sivertsen, who is herself Indigenous… to the Arctic Sámi people from Northern Norway.

"From 1915, my grandmother worked as a travelling midwife along the coast of the northern parts of Norway and had to forfeit her Aboriginal status to be able to do so," she says.

"She worked through two world wars, blending her training in western medicine with her Sámi healing practices, and people are still talking about her in those regions to this day."

Her grandmother is the reason Dr Sivertsen became a nurse.

"When I got older and wiser, the stories about my grandmother came alive for me, so I dedicated part of my PhD to travelling in her footsteps and collecting all those stories."

"She is the reason I chose nursing and I wanted to work in the same area and try to do something good for and with Indigenous people."

"My life changed when I came to Australia and experienced nursing in a remote Aboriginal community in the Northern Territory. I learn a lot about kinship networks, culture and beliefs, traditions of the Aboriginal populations around Australia, and I could see the many links to my Sámi people back home."

"I saw shortcomings in some areas, which led me to undertake this research as I thought I could contribute by providing an evidence base to improve outcomes for Indigenous Australians."

Funded through a seeding grant from the Rosemary Bryant AO Research Centre, Dr Sivertsen’s study is the first of its kind.

"There currently isn’t any evidence available about this transition for Indigenous families, and this research is therefore really important in making improvements to the model to help improve access to these care services."

"Many families have been eager to participate in the study and can’t wait to share their stories and experiences of the health care system."

The findings of Dr Sivertsen’s research into ‘Culturally safe nursing and midwifery care for Aboriginal families in the first 1,000 days’ are expected to be released by the middle of this year.

To support other critical nursing research projects and help drive further evidence-based health care improvements, visit the Rosemary Bryant Foundation at www.rbf.org.au.
### Using Coca-Cola as a cleaner

Coca-Cola was used to unplug feeding tubes, as the acidity was considered an ‘unclogger’.

### Antacids and pressure ulcers

A retired senior nurse recalled applying an antacid to a pressure ulcer, having been taught that it would “dry the wound.”

### Rubbing alcohol on babies

Baby care books recommended using rubbing alcohol on babies after a bath. It was thought to conserve body heat to prevent hypothermia.

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**Then**

- Coke can damage the integrity of tubes and contributes to clogging! Now, washing with water or replacing the tube is best practice.
- It is now well known that moist wound healing is the ideal environment for faster healing.
- We now know that rubbing alcohol can cause skin irritation.

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**Rosemary Bryant Foundation**

**Better ways, these days.**

**Thanks to research, these treatments and practices are now just anecdotes.**

There is no doubt that nursing and midwifery care has come a long way, but there’s still much more to do. Supporting the Rosemary Bryant Foundation helps fund high-quality nursing and midwifery research so we can deliver the best care possible.

**Get involved**

- Make a donation
- Host a fundraising event
- Share your story

**Stay in touch**

Sign up at rbf.org.au to receive regular updates about the Foundation’s work.

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rbf.org.au
THERE’S A LAW TO PROTECT RUBY IN CHILDCARE

BUT NOT RUBY IN AGED CARE.

Chronic understaffing in aged care homes is leaving thousands of elderly Australians unfed, unwashed or even in soiled pads for hours because there’s simply not enough staff. The Federal Government must act now to make staff ratios law for aged care. Every day we don’t have ratio laws is another day we risk losing more people like Ruby to preventable accidents. It’s time to act for Ruby. Send a letter to your local Federal politician to let them know we want staff ratio laws for aged care now.

MoreStaffForAgedCare.com.au

RATIOS FOR AGED CARE
MAKE THEM LAW NOW