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Nursing in troubled times

Howard Catton¹

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This year, the International Council of Nurses (ICN) celebrates 125 years of advocacy for nursing and nurses. As we come to the end of the first quarter of the 21st Century, it is clear Nurses are in the frontline of all the major global health challenges the world faces, from war and conflict to climate change. This year, the realities of the health impacts of global warming are blatantly evident, as are the terrible consequences of natural and human-made disasters, and the awful toll of armed conflict on civilians, nurses and other health professionals who no longer seem to be afforded the protection that they are legally entitled to under international humanitarian laws. ICN's #NursesforPeace campaign has been able to deliver much-needed equipment, funds and education opportunities to nurses in many war-torn areas around the globe, thanks to the extremely generous donations we have received from individual nurses, organizations and members of the public. Very few countries have enough nurses to make the World Health Organization's (WHO) goal of Universal Health Coverage a reachable target, and the quick-fix solution of recruiting nurses from overseas is no substitute for countries being self-sufficient in their supply of registered nurses. An unwelcome side-effect of the international recruitment we have seen in the past few years is a brain drain of some of the most experienced and highly educated nurses from the most vulnerable of countries. Through its work with its member National Nurses Associations, ICN continues to shape and unite the profession and make the collective voices of nurses heard at the highest level of policymaking. Societies flourish when their nurses are properly supported: witness the theme of this year's International Nurses Day, The Economic Power of Nursing. Next year's second edition of the State of the World's Nursing report will give us the most up to date picture of the state of the profession globally in the aftermath of the COVID-19 pandemic, and the support to the profession needs to continue to deliver health for all.

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Panel discussion: The state of the world's nursing – a considered (Australian and New Zealand) reflection

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In his opening address, Howard Catton, CEO of The International Council of Nurses (ICN) set out his perspective on the 'State of the World's Nursing' and the challenges that face global healthcare. The UN Sustainable Development Goals are an important focus for healthcare systems and a barometer for how well global health is developing. Catton highlighted the pinnacle role of nurses and nursing in achieving these Sustainable Development Goals and the concern that the ICN has about global nursing shortages and its impact on achieving these goals. In this discussion we will discuss this perspective and consider an Australian context. What role does Australian nursing play in this agenda beyond servicing the supply chain? What challenges does Australia face in achieving these Sustainable Development Goals given the state of Australian healthcare, especially in rural and remote contexts? What are our global responsibilities? Are our nursing education programmes fit for 'global' purpose? These questions and others will be addressed in this panel discussion.

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Educating the educators of future nurses: inspiring excellence in academic teaching

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Aim/Objective: The primary aim of this study was to gain insight into the challenges faced by registered nurses transitioning from clinicians to novice academic positions across six Australian universities. Specifically, the study sought to understand the unique experiences of these individuals as they navigated the unfamiliar terrain of academia, identifying key obstacles and gaps in support structures.

Methods: A qualitative study involving eleven registered nurses who had recently transitioned to academic roles was undertaken. Data was collected through interviews and thematic analysis was applied to extract meaningful patterns and themes.

Results: The findings revealed a significant gap in the preparation of novice nurse academics, particularly in terms of pedagogical knowledge and the absence of a structured career pathway. Despite possessing postgraduate qualifications, participants acknowledged a lack of understanding in effective teaching methodologies, highlighting a notable disparity between nursing discipline qualifications and those required for teaching in academia. The identified challenges were collectively coined as the 'Academic Underworld,' emphasising the complex and uncharted nature of the transition.

Conclusion: In conclusion, this study underscores the urgent need for a paradigm shift in the approach to preparing novice nurse academics for their roles. The absence of a formalised career pathway and the identified challenges in pedagogical knowledge emphasise the necessity for an articulated educational career pathway program. Implementing such a program is crucial to ensuring a seamless transition for registered nurses contemplating an academic career in Australia. By addressing these gaps, the aim is to attract and retain nurse academics, elevate the standard of nursing education, and empower aspiring academics to navigate the 'Academic Underworld' with confidence and competence across Australian universities. This transformative initiative not only serves to inspire nurses to embrace academia but also contributes to the overall enhancement of nursing education, fostering a community of dedicated and skilled nurse educators.

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Inspiring nursing and midwifery clinical facilitators through a comprehensive professional development opportunity

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Aim: Inspire and engage the current and future nursing and midwifery clinical facilitator workforce to provide high-quality and effective clinical supervision of pre-registration nursing and midwifery students.

Method: The Council of Deans, Nursing and Midwifery (CDNM) supported the development of an online interactive professional development course to meet the needs of the current and future clinical facilitator workforce. The CDNM employed lead academics with expertise in the requirements of clinical facilitation providing supervision throughout professional experience placements for pre-registration nursing and midwifery students. After undertaking a literature review and utilising available evidence, course intended learning objectives and a curriculum were developed. Utilising a project manager numerous meetings were conducted to conceptualise and formulate the modules. Throughout module development key stakeholders reviewed the content, feedback and necessary changes were incorporated. A pilot phase occurred in December 2023 -January 2024 where feedback was sought from a cross section of the clinical facilitator workforce across Australia. The projected national launch is February 2024.

Results: 8 interactive professional development modules were created on a learning management system, with positive preliminary feedback from key stakeholders and pilot participants.

Conclusion: The course provides clinical facilitators with an introduction to the essential skills and principles of clinical facilitation by developing the distinctive combination of clinical expertise, effective communication and andragogy competence. These skills are crucial for supporting clinical facilitators and nursing and midwifery students through professional experience placements, ultimately enhancing the quality of education and assessment in the clinical setting. Preliminary feedback from key stakeholders and pilot participants suggest that this course has the potential to elevate the standard of clinical facilitation in nursing and midwifery and promote clinical facilitation as a career path into clinical education.

Keywords: Clinical facilitation, professional experience placement, workforce education, professional development

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Transitional experiences of internationally qualified midwives practising in Australia

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Aim: To identify the experiences of IQMs transitioning into the Australian midwifery system.

Methods: An explanatory sequential mixed methods approach was implemented in 2020, underpinned by the philosophical assumption of 'pragmatism'. Phase one surveyed a total of 66 IQMs from across Australia. Phase two, a descriptive qualitative approach, interviewed 11 IQMs. Integration of the e-survey and interview databases, via two approaches: representation (visual display) and interpretation (narrative approach) was conducted.

Results: IQMs' transitional challenges identified different midwifery model of care and different work-based culture. A perceived lack of midwifery autonomy hindered the scope of their midwifery practice. Significant proportions of IQMs experienced discriminatory practices and inequity of opportunity in the workplace. The data integration led to the identification of 12 meta-inferences: orientation programs, preparedness for midwifery practice in Australia, different midwifery models of care, different work-based cultures, support from peers, respect from peers, acceptance from peers and managers, English barriers, communication challenges, respect from women and their families, equality of opportunity and discrimination.

Conclusion: This study identified a number of challenges that triggered frustration among IQMs. An important finding identified by this study is that workplace atmosphere is critical to IQMs' level of adjustment. Support, respect and acceptance from peers and managers were the main factors enabling or hindering their transition, as well as empowering or discouraging the full use of their skills and expertise. Unfortunately, this study also highlighted the toxic nature of discrimination, and its flow-on negative effects in terms of IQMs' professional identity and psychological health. IQMs navigated between positive and negative emotions, which affected their sense of belonging in the Australian midwifery workforce. The identification of these challenges may assist organisations to review and address how the needs of IQMs can be supported. This study highlights the central role of organisational support in fostering the integration of IQMs into the Australian multicultural workforce.

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What inspires nursing students to become mental health nurses?

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Aim: This study explores the effectiveness of using constructive alignment by mental health nursing academics in the context of mental health Work Integrated Learning (WIL) activities and career role models in supporting undergraduate students to enter mental health careers.

Methods: The pilot project will be undertaken with a mixed-method, quasi-experimental design conducted in two public mental health services in Melbourne. Constructive alignment between university mental health learning and WIL workplace practice will be enhanced by extending academia's support to students in their mental health placements in combination with regular workplace interventions by academics featuring mental health nursing role models and career pathways. The novelty of this project is the involvement of academics with extensive professional mental health experience in supporting students before, during and after their mental health WIL placement and integrated career planning activities. Students will be invited to participate in the focus group interviews and surveys before and after their mental health placements focusing on professional attitude, competence, career preference and perceptions about mental health nursing. This data will be compared with students placed in mental health services without ongoing support provided by the academics and career aspiration activities.

Results: The preliminary data of the project will be collected from semester 1, 2024. This oral presentation will outline the strategies undertaken by MH nursing academics including educational interventions and present preliminary findings from the initial phase.

Conclusion: Nursing academics play an influential role in early career development for mental health nursing. This project argues that the involvement of university academics on the clinical floor can empower students' career direction in mental health nursing.

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An exploration of empathic/compassionate encounters with healthcare professionals

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Aim: Compassion and empathy are integral to safe and effective patient care. However, to date, most studies have focused on exploring, defining, measuring and analysing empathy and compassion from the perspective of researchers or clinicians. There has been limited attention to the views of patients. The aim of this presentation is to profile a study that explored examples of empathic/compassionate encounters with healthcare professionals from the perspective of patients and their significant others.

Methods: A survey was distributed via social media inviting potential participants to submit narratives describing encounters with healthcare professionals that they believed exemplified empathic/compassionate care or the antithesis of this. The results were analysed using framework analysis.

Results: A total of 85 participants from Europe, America, and the Pacific described their encounters with nurses, doctors, allied healthcare professionals and multidisciplinary teams. Four themes were identified: (1) Verbal and non-verbal communication conveys empathy and compassion, (2) Clinician attitudes and attributes are powerful in empathic and compassionate communication, (3) Small acts of kindness convey empathy and compassion, and (4) Empathic and compassionate care has an immediate and long-lasting impact on healthcare consumers' experiences and outcomes.

Conclusion: Given the positive impact of empathy/compassion on people's physical and psychosocial wellbeing, the results from this study are valuable and shed new light on patients' views and experiences. The results also provide a deeper understanding of healthcare provider behaviours that exemplify empathic and compassionate healthcare interactions and can be used to inform the education of healthcare providers from all disciplines.

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Nursing documentation requirements: recognising the unintended consequences

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Aim: To determine whether the complexity of current nursing documentation requirements have created unintended consequences that negatively affect patient care. The knowledge provided by this research can be used to better govern nursing documentation requirements and to ensure nursing students' are equipped to conduct genuine patient assessment rather than using assessment tools to screen their patients' needs.

Methods: An institutional ethnography was conducted to determine how the requirements that determine documentation practices were developed. The first phase, sought to identify whether nurses perceived that the existing documentation requirements negatively affected their delivery of care. Secondly, map the social construct of the institution they worked for in order to determine how and who directs that practice. This was established through a series of interviews, direct observations and mapping of all relevant documents and policies related to patient assessment documentation.

Results: Current documentation requirements have become burdensome, time consuming and interfere with the efficiency of nurses to delivery care. The complexity of requirements and the inability to tailor practice to meet individual patient needs frustrated nurses. The standardised nature of these requirements has resulted in a disproportionate emphasis on documentation compliance, reducing nursing to a task-based screening approach.

Conclusion: Documentation requirements have been poorly coordinated in recent history, resulting in a complex and time-consuming documentation processes. The impact of the existing documentation requirements and the time that nurses spend documenting care is poorly recognised and measured. There is an absence of effective mechanisms to utilise nurses' feedback to refine the documentation requirements and a disproportionate focus on document compliance rather than assessing the effectiveness of care. It is important to understand the impact of current documentation requirements in order to develop more efficient requirements and improve the efficiency of care delivery. Nurse educators can use this knowledge to help student nurses develop critical thinking skills early in their careers and ensure that they are skilled in conducting genuine assessment of their patient needs.

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Advancing nursing clinical learning through a national quality improvement project

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Aim: Health professional students must successfully complete clinical placements in order to graduate. Student experiences of learning during these placements is not always ideal¹; lack of quality/constructive feedback, inadequate supervision and lack of preparation for the placement hinder learning². It is essential that the quality of clinical learning during the placement is evaluated. An Australian/world first innovation, The National Placement Evaluation Centre, commenced formally evaluating student placements in 2022 for national benchmarking.

Methods: A multi-method multi-phase project. The first phase saw development and psychometric testing of Placement Evaluation Tools (PET) for nursing and midwifery students and for clinical supervisors³. Phase 2 featured development and testing of the NPEC website and education management system to house and report on PET data. Phase 3 was a national trial of the centre and the PET.

Results: By December 2023 more than 16000 student nurses and midwives have contributed evaluations of their clinical learning experience, 36 education providers offering a Bachelor of Nursing and 19 offering Midwifery courses are active members. NPEC members have produced peer reviewed publications about the centre, the PET and associated topics informing quality of nursing clinical learning in Australia.

Conclusion: The work is ongoing. Future plans for NPEC will offer Australia's first nationally consistent approach to evaluating the quality of healthcare student clinical placements. This presentation includes 2023 outcomes and reports new knowledge and contemporary considerations for innovating healthcare students' clinical learning education, policy and curricula.

References

1. Luders, E., et al., 2020. Nursing degree students' clinical placement experiences in Australia: A survey design. *NEP*, 54, 103112.
2. Cant, R., et al., 2021. What helps, what hinders? Undergraduate nursing students' perceptions of clinical placements based on a thematic synthesis of literature. *Open Nursing*, 7:1-20.
3. Cooper, S. et al., 2020. Measuring the quality of nursing clinical placements and the development of the Placement Evaluation Tool (PET) in a mixed methods co-design project. *BMC Nursing*, 19, 101.

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Innovating through strategic workforce partnerships

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Aims/Background: The School of Nursing and Midwifery's proactive engagement with healthcare providers, and industry stakeholders exemplifies a forward-thinking approach to addressing the evolving needs of the healthcare sector. This innovative partnership model enables access to a wide variety of health care environments and clinical learning experiences for students. The aim of this presentation is to outline results from students' experiences, and capacity building in the health workforce.

Methods: Across 2023, we used the National Placement Evaluation Centre (NPEC) survey to assess students' experiences of PEP. Complementing the NPEC feedback, the National Student Experience Survey, one of the Quality Indicators for Learning and Teaching (QILT) surveys and graduate destination data was used to determine graduate employability across our partnerships.

Results: The results from NPEC substantiate the success of our Partnerships in delivering enriching experiences for students. QILT results indicate a graduate employability rate of 94.1%, surpassing the national average of 89.6%. This success is notably attributed to the representation of the School's Partnership network in shaping an education that aligns with industry needs.

Conclusion: The School of Nursing and Midwifery plays a pivotal role in cultivating a future-ready healthcare workforce, adept at navigating the complexities of a rapidly transforming healthcare landscape.

Keywords: Partnerships, workforce, student experiences

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Nuku Manawa Rahi: a Mātauranga Māori self-assessment measurement tool

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Aim/Objective: The aim of this workshop is to demonstrate the application of the Nuku Manawa Rahi tool, a self-assessment tool for compassionate approaches to supporting older Māori people to live well. Health and wellbeing measures utilized within Aotearoa New Zealand have been largely based upon ideas from the Western world. This has meant that for Māori people, the First Nations people of New Zealand, there is a mismatch between health and wellbeing needs, and the tools used to assess these needs. A Kaupapa Māori community co-design approach was employed to gain an understanding of the needs of older Māori people. Results highlighted the need for a tool that supported participants to see how they “measure up” as they age. We also analyzed Māori health models and existing measures (Kingi & Durie, 2000; McLachlan, 2022; WHO; 1998) to develop a Kaupapa Māori measure that enables older Māori people to make decisions about their ageing and end of life journey. **Overview:** Participants in this workshop will work in groups to engage with the self-assessment tool and explore how it links to the Ngākau Arataki, Compassionate Framework. This tool is developed using cultural design approaches, gamification, and the concept of whakawhiti kōrero to produce a collective interactive self-assessment tool. During the activity, which can be used both online and offline, participants in this workshop will learn about Māori health and engage in discussion about their own health and wellbeing aspirations.

Keywords: Māori, health, wellbeing, self-assessment

Kingi, KR. & Durie, MH. (2000). “Hua Oranga” A Māori measure of mental health outcome: A report prepared for the Ministry of Health. <https://www.moh.govt.nz>

McLachlan, A. (2022). Whāngaihia te hua o oranga ki ō tatou whānau whānui: Ko te tikanga o te whakamahinga o Hua Oranga. Wellington: Te Rau Ora <https://www.oradatabase.co.nz/>

W.H.O. (1998). WHOQOL user manual.

https://apps.who.int/iris/bitstream/handle/10665/77932/WHO_HIS_HSI_Rev.2?sequence=1

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Exploring the complexities of role transition from enrolled nurse to registered nurse

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Aim/Objective: The transition from enrolled nurse to registered nurse is, not only a critical stage in nursing careers, but also an established pathway in the profession. Despite its significance, this transition has been under-researched, as evidenced by findings obtained from a scoping review that informs this study. This study aimed to explore the complexities of this role transition and shed light on the unique challenges faced by enrolled nurses as they navigate their journey towards becoming registered nurses.

Methods: This study employed a concurrent mixed-methods approach to explore the role transition of enrolled nurses at one Australian university in 2022 and 2023. Data were collected via focus groups, individual interviews, and surveys. Demographic and survey data were analysed using descriptive frequencies, while open-ended survey responses underwent summative content analysis. Thematic analysis was applied to interviews and focus groups.

Results: Four key themes were identified: Clinical Role Confusion, Educational Dissonance, Identity Crisis, and Placement Paradox. These themes were further substantiated by the content analysis of the survey. Clinical Role Confusion was highlighted by 38% of students grappling with increased responsibilities, indicating the complexity and autonomy expected in the registered nurse role. Educational Dissonance emerged, with 17% facing higher academic expectations and 4% experiencing a gap between theoretical knowledge and practical application. Identity Crisis was evident as 21% of students struggled with being a student again, affecting their professional identity formation. Lastly, Placement Paradox reflects the disparity between academic learning and clinical experiences, and the difficulty in applying registered nurse knowledge while adhering to the enrolled nurse scope.

Conclusion: This study highlights the diverse forms of confusion that enrolled nurse students face as they make the transition to registered nurse positions. This emphasises the importance of incorporating comprehensive educational methodologies and customised clinical experiences to facilitate an efficient transition for prospective nurses.

Keywords: Nursing transition; Enrolled nurse, Registered nurse, Clinical role confusion

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Sustaining leadership practices and behaviours following postgraduate leadership education

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Roles and titles do not make a leader, rather behaviours reflect leadership qualities that can be used to influence others. These behaviours can be learned and developed through formal leadership programs and supportive organisational culture. Formal postgraduate leadership education is advocated for healthcare leaders, as it interweaves theory, practice, and reflection, to promote skill development. Despite its potential benefits, formal postgraduate leadership education has been challenged as having translational gaps between the educational delivery and subsequent application of leadership principles and behaviours in clinical practice.

In response to local needs, a School of Nursing in a regional Australian university partnered with a Local Health District to deliver a 12-month leadership program, the Effective Leadership (in Health) Program. This interdisciplinary program has been operating since 2008 and enables shared learning, networking, diversity in expertise and opinion, and harnessing leadership potential across health disciplines. The program is co-facilitated by an academic lead and a skilled facilitator from the Health District.

This presentation will share findings from a mixed method study that explored how postgraduate leadership education is translated into practice and how leadership practices and behaviours are sustained following completion of the Effective Leadership Program. The research identified that lessons learnt from formal innovative leadership education are retained over time by healthcare providers. This is important for nursing staff and other healthcare providers who are leading teams and overseeing care delivery, ensuring consistent impact over time of enacted leadership behaviours and practices. Such transformational leadership can enhance nurses and other disciplines commitment to innovative and person-centred approaches.

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CATSINaM's advocacy leadership innovating nursing and midwifery education, policy and practice

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It is widely accepted that an Aboriginal and Torres Strait Islander health workforce supports better outcomes for Aboriginal and Torres Strait Islander care recipients. Despite this, the ongoing impacts of colonialism, including the impediments of individual and institutional racism, limit the participation and advancement of Aboriginal and Torres Strait Islander peoples at all levels of nursing and midwifery education and practice. This reality warrants paradigm shifts in the way nursing and midwifery education, policy and practice are envisioned, designed, and delivered across nursing and midwifery systems. The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives' (CATSINaM) advocacy leadership is setting a transformative change agenda calling on nursing and midwifery leaders to act boldly as allies and accomplices to embed favourable conditions that empower and uplift our communities and firmly back our rights to self-determination. Australian universities have considerable jurisdiction and influence over nursing and midwifery workforce growth and development, including the Aboriginal and Torres Strait Islander workforce. They must invest in better relations with Aboriginal and Torres Strait Islander peoples, which involves being informed by and accountable to us regarding investment in our self-determination and nation-building. Our success in this space is bound to the ability of Australian universities to truly serve our communities. Partnerships based on place-based relational approaches and accountabilities with Aboriginal and Torres Strait Islander communities and professional groups are key to forming the necessary conditions for nursing and midwifery education, practice and research. This paper will elaborate on CATSINaM's understanding of a relational approach, how we inform the necessary conditions for culturally safe nursing and midwifery through our advocacy leadership, and how, in partnership with allies and accomplices, we can transform the university sector to be better relations to the Aboriginal and Torres Strait Islander communities they are designed to serve.

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Exploring paid student employment models for nursing and midwifery: Integrative literature review

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Aim/Objectives: Projected shortages in nursing and midwifery workforce, exacerbated by the impact of Covid-19, have prompted implementation of innovative education models that promote student retention, and transition to practice. This review of international literature evaluating existing paid student employment models in nursing and midwifery aimed to determine elements of quality, student outcomes, any impacts on workforce, and potential economic benefits.

Methods: The integrative review method developed by Whittmore and Knafl (2005) was used. Seven research databases were searched for studies published up until November 2023. Inclusion criteria were primary studies reporting an evaluation of a paid clinical placement model for student nurses or midwives who are enrolled to study with a higher education provider while also employed by a service provider from the perspective of students, midwives, nurses, educators, clinical facilitators, service providers, patients, families, community members, or higher education providers. Grey literature was also searched to locate evaluations of paid nursing or midwifery student employment models reported via government or professional platforms.

Results: Following removal of duplicates, the titles, and abstracts of 3854 articles were screened against the inclusion criteria and 92 articles were retained for full text review. A final sample of 20 articles was included in the review. This paper will present the range of paid student employment models prevalent in nursing and midwifery education globally and provide an overview of frameworks used to evaluate paid employment models. The impact on student outcomes and components that contribute to student recruitment and retention will be highlighted.

Conclusion: Paid student employment models offer potential to promote student retention in nursing and midwifery education that can address workforce shortages. This literature review illuminates the types of paid student employment models in practice, elements of quality and potential student and workforce impacts.

Reference: Whittmore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>

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Intersecting agendas: nursing and midwifery education and planetary health

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Aim/Objective: To present and discuss the findings from three planetary health research projects, to inform further action/research.

Focus: 1) Discuss the implications of the study findings for nursing and midwifery education 2) Generate creative and collaborative solutions to address the challenges identified in the research projects.

Overview: Given the increase in climate-related impacts on human and planetary health, current and future healthcare professionals must be able to respond effectively. Nurses and midwives are uniquely positioned to build resilience in healthcare systems and drive decarbonisation efforts. The Planetary Health in Nursing and Midwifery – Research & Education Collaborative was established to identify and address opportunities to progress nursing and midwifery educators' capacity to respond to current and future human and planetary health challenges. This requires a shift from the traditional aim of nursing education to develop clinical knowledge and skills towards curricula that includes sustainable development literacy and application.

Together, the three research projects presented in this workshop will outline: 1) Nursing and midwifery educators' current levels of planetary health knowledge, views, confidence, and teaching practices; 2) Findings from a web-based audit of planetary health terminology and content evidence in contemporary nursing programs; and 3) A Delphi study that identified essential planetary health, climate change and sustainability knowledge and skills for nursing students.

Brief workshop plan: The workshop will begin with an outline of the role and scope of the Planetary Health in Nursing and Midwifery – Research & Education Collaborative in addressing the international call to action for nurses and midwives to champion planetary health. Then, the findings of three research projects will be presented. Finally, the implications of these findings will be discussed in order to engage participants in a solution focused and action-orientated approach to addressing the issues raised.

Keywords: climate change, nursing and midwifery education, planetary health, sustainable healthcare

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Connecting and coordinating clinical support in residential aged care: a study evaluation

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Aim/Objective: The Partnerships in Aged Care Emergency using Interactive Telehealth (PACE-IT) project aimed to improve communication and engagement networks between Emergency Departments (ED) and Residential Aged Care Facility nurses through a visual telehealth model of care.

Methods: The non-adoption, abandonment, spread, scale-up and sustainability (NASSS) framework was used to evaluate the project's potential for scalability and sustainability. This evaluation focused on identifying gaps and successes in critical program components including clinical support, bidirectional communication, and person-centered care.

Results: The evaluation revealed critical challenges to the sustainability of the program including workforce shortages as well as internet connectivity and system workflow issues. Several actions are required to overcome these challenges including continuous training, engagement and support, role clarification for designated workplace champions, a consistent and skilled nurse workforce, and the adoption of a central hub of expertise. The visual telehealth support program for Residential Aged Care Facility nurses was sustainable when these actions were addressed.

Conclusion: Findings from this study contribute to the nursing care for older individuals in residential aged care settings. The study advances understanding of visual telehealth implementation and emphasises the need for innovative and engaging education, policy, and practice workforce solutions.

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Getting a 'grip' on supervision: empowering mental health nurses

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Aim/Objective: The aim of this study was to assess the impact of a new approach to clinical supervision named 'group reflective integrated practice with Safewards (GRiP-S)' which integrated the Safewards model within a clinical supervision framework. GRiP-S was delivered through group reflective practice sessions for mental health nurses within an in-patient mental health setting. **Methods:** A mixed method explanatory sequential study informed by the lean change feedback system was conducted. The study assessed the impact of the GRiP-S by exploring mental health nurses' perceptions of the effect on Safewards implementation, clinical supervision and clinical practice. This study was conducted in a metropolitan private hospital in Perth, Western Australia. The Manchester Clinical Supervision Scale-26© survey was used to collect quantitative data (n=102), and individual semi-structured interviews (n=18) were used to obtain qualitative data from mental health nurses.

Results: The results demonstrated that the GRiP-S approach enhanced mental health nurses' confidence and competence in practice; improved understanding and cohesive adoption of evidence-based interventions; supported adoption of positive change management strategies and the role of clinical supervision; supported prior findings regarding influence of group reflective practice, as well as identifying barriers and enablers to mental health nurses' engagement with clinical supervision. These findings propose that GRiP-S can have positive impacts within acute mental health settings to simultaneously provide supportive clinical supervision for nursing staff and address quality improvement in an organisation.

Conclusion: Recommendations arising from this study identify the role of governing agencies in using a supportive education framework to monitor, facilitate and adequately resource clinical supervision for mental health nurses. The implications of this research include the improved adoption of the Safewards model, improved clinical supervision in mental health services and service alignment in meeting National Safety and Quality Health Service Standards. Ultimately, implementation of GRiP-S facilitates supportive reflection and team cohesion to help meet needs of individual nurses, improve practice outcomes and facilitate a strengthened workforce to aid organisations.

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IDEATE Study: innovation challenge to co-design electronic medical records for learning environments

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Background: Innovation challenges and human-centered co-design methodology provide an engaging platform that allows end users to participate in idea generation, knowledge creation, and development of solutions. Digital health and the ability to use Electronic Medical Records (EMR) is a crucial requirement of pre-registration nurses. Systems for health care providers do not offer practice environments of EMR that can be used in higher education settings in Australia. This innovation challenge put undergraduate nursing, computer, design, and engineering students in the driving seat to co-design an innovative, simulated, interactive, user-friendly EMR that can be used as a teaching tool for undergraduate nursing students.

Aim/ Objective This research aimed to explore students' experiences and learnings from a one-day innovation challenge, that not only combined teamwork and the use of Artificial Intelligence (AI) but created a real-world solution.

Methods: This mixed-method study used a cross-sectional survey that combined the self-confidence in learning scale and the team effectiveness scale and a focus group. Descriptive statistics and thematic analysis were used to analyse the data.

Results: A response rate of 60% was achieved team effectiveness and self-confidence in learning related to AI scale demonstrated the value of the challenge. Themes from the focus group included: communication enhancement, learning from each other, and knowledge of different disciplines.

Conclusion: An innovation challenge is a novel approach to developing ideas and innovation but also offers rich learning and collaboration potential. This challenge informed the development of a simulated EMR but could also be considered a blueprint for teams to explore solutions, develop teamwork skills, and enhance communication and entrepreneurship with other students and disciplines.

Keywords: innovation challenge, electronic medical records, nursing documentation.

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Undergraduate midwifery students working as midwifery assistants in the acute care environment

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Aim/Objective: To explore the introduction of Undergraduate Midwifery Students working as Midwifery Assistants in the acute care environment from the perspective of Midwives and Undergraduate Midwifery Students.

Methods: A qualitative descriptive study was undertaken using individual interviews. Seven Undergraduate Midwifery Students and ten Midwives who worked with them were interviewed using a semi-structured format. Braun and Clarke's thematic analysis was performed on the transcribed recordings.

Results: Four major themes were identified (i) Understanding the Midwifery Assistants' Scope of Practice; (ii) Bridging the Theory Practice Gap; (iii) Acceptance and Integration into the Team; and (iv) Improved Care. Understanding the scope of practice of this newly introduced workforce in the midwifery model of care proved initially challenging for both the midwives and the midwifery assistants. Despite initial hesitations, most Midwives reported improved working conditions when the Undergraduate Midwifery Assistants were rostered on shift. They were impressed by their skills, knowledge, and enthusiasm for the opportunity to work in meaningful employment while studying to be registered midwives. For the Undergraduate Midwifery Assistant, it provided a meaningful employment opportunity which in turn increased their exposure to the clinical environment allowing them to bridge the theory practice gap, improve their self confidence and network with future colleagues and employers.

Conclusions: The addition of the Undergraduate Midwifery Assistant to the midwifery model of care has proven beneficial for all parties involved in this program. Despite its early success, it is imperative that ongoing support is provided to both the registered and unregistered staff as the role evolves and is firmly cemented in the model of care.

Keywords: undergraduate employment; midwifery; assistant; model of care.

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Cultivating being kind and compassionate to yourself and others

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Aim/Objectives: To increase knowledge and understanding of how compassionate self-care can enhance health and wellbeing of nurses and midwives. To develop and practice some basic self-compassion skills.

Focus: Emerging evidence will be presented that confirms the health and wellbeing benefits of practicing self-compassion and how this can enable nurses and midwives to be compassionate to others.

Learning outcomes: To explore the concept of self-compassion and befriending yourself. To discover how self-compassion and compassionate clinical care are interwoven. To discuss the health and wellbeing benefits of self-compassion and compassion. To develop some self-compassion skills to prevent compassion fatigue and burnout.

Overview: The content of this workshop will be relevant to all nurses and midwives.

Workshop Plan: This workshop will be interactive and include:

Introducing the concept of self-compassion, and how this is an important component of selfcare. Calm breathing, deep relaxation, power of touch techniques will be introduced. A check-in meditation to increase awareness of the self-critic will be facilitated. Four interactive exercises to enable experiential learning:

- o Dispelling the myths
- o Accepting how we feel
- o Befriending and being kind to self
- o Being compassionate to self

Participants' will create their own compassion affirmation to personally use as a wellbeing strategy. A check-out meditation to increase awareness of self-compassion and mindful techniques will bring the workshop to a close.

Implications for practice: Nurses and Midwives will find it challenging to be compassionate to others if they are not compassionate to themselves and at risk of compassion fatigue and burnout. This workshop relates to promoting an enabling environment and most importantly 'caring for carers.' which is often overlooked. This workshop will be underpinned by research evidence and provide some education and training.

Keywords: self-compassion, self-care, nurses, midwives.

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Innovating nursing leadership in mental health: a scoping review

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Aims/Objectives: The global healthcare landscape is experiencing a dire shortage of nurses, with no exceptions occurring within mental health nursing recruitment and retention. Addressing these challenges requires a robust understanding of the factors contributing to nursing attrition. Research shows that nurses who feel unsupported in the workplace have higher turnover intentions, emphasising the nurse managers' pivotal role in directly impacting staff retention and wellbeing, and their role in driving positive organisational culture. This supports the overall investment towards improving nursing leadership with a focus on emotional intelligence, and prioritising staff wellbeing at its core.

This aims of this scoping review were to synthesise the evidence on the impacts of nurse leader emotional intelligence (EI) on nursing retention and well-being. Additional aims included understanding the influence of EI-informed leadership on nursing job satisfaction, and identifying best EI leadership training practices and recommendations to inform improvements and highlight evidence gaps within the mental health nursing context.

Methods: Systematic searches of PubMed, CINAHL, and PsycINFO were conducted yielding 593 papers which progressed to title and abstract screening. Included studies covered the relationship between nurse leaders, emotional intelligence, and staff retention. This study has adopted the five-step Arksey and O'Malley (2005) framework for scoping reviews as the guiding method, in addition to PRISMA-ScR. Included papers were analysed and data extracted, while each paper was independently subjected to quality screening using the Mixed Methods Appraisal Tool (MMAT, 2018).

Results: Identified themes included trends, obstacles, and opportunities for enhanced leadership practices, that can assist with the development of an EI-informed leadership program in mental health which has a focus on staff retention.

Conclusion: This study's findings contribute to the evidence-base highlighting the direct correlation between EI-informed nursing leadership and staff retention, and is useful in sustaining and supporting the increasingly under stress mental health workforce.

Keywords: Emotional Intelligence, Nursing Leadership, Staff Retention, Mental Health Nursing

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Nurse-by-numbers: early warning system compliance or critical thinking, what do nurses value?

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Aim: To ascertain whether mandatory use of patient deterioration Early Warning Systems (EWS) impacts the development of nurses' higher-order thinking.

Methods: This national, cross-sectional study investigated Australian registered nurses' attitudes and sociocultural factors that influenced the clinical use of EWS. The data, collected via an online Qualtrics survey, was analysed using descriptive statistics and simple correlations.

Results: Of the 161 respondents, most had more than 5 years of experience, had postgraduate qualifications and were directly responsible for patient care. Half of the nurses worked in metropolitan hospitals, 8% worked in rural or remote facilities, and the rest were from regional hospitals. Most stated they understood the purpose of the EWS and had received appropriate EWS training. Almost 85% of respondents thought the EWS an excellent tool for identifying deteriorating patients but perceived that their colleagues had a much lower opinion of the tool. Although 43% of respondents thought the EWS added value to their critical thinking, around 80% said that at least sometimes they found it challenging to comply with EWS guidelines because they chose to follow their clinical judgement. A quarter of the participants stated that they did not always accurately document all vital signs or omitted some vital signs because they believed the resulting high EWS score was not warranted. Almost 60% of the respondents said they override the EWS guidelines in favour of their critical thinking. When asked whether using EWS impacts the development of nurses' higher-order thinking, 35% agreed, 19% disagreed, and the remaining 46% were ambivalent.

Conclusion: Although nurses recognise the value of EWS in assisting in the response to deteriorating patients, respondents in our study also identified that EWS impacted their higher-order thinking and overrode the EWS guidelines in favour of their critical thinking.

Keywords: Early Warning Systems, critical thinking, patient deterioration, nursing compliance.

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Acknowledging: a classic grounded theory

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Background and Aim/s: Timely recognition and response to clinical deterioration of hospitalised patients is identified as a significant healthcare priority area. In response, international bodies have implemented Early Warning Systems (EWSs) in an effort to keep people safe when they enter hospital. Registered nurses (RNs) play a central role in providing patient care and utilise EWS's tools to support their clinical judgement when making decisions about patient care. The aim of this study was to generate a theory explaining how registered nurses employ their clinical judgement when complying with EWS's protocols.

Methods: This classic grounded theory study undertook in-depth interviews of 20 Australian registered nurses and the data was analysed to answer the grand tour question "How does clinical judgement influence registered nurses' use of Early Warning Systems?"

Results: The participants' main concern when using EWS is that 'Compliance with EWS is sometimes incongruent with the nurses' use of their clinical judgement' and the core concept that explains how participants resolve this main concern is 'Acknowledging'. Through the primary clinical interventions of 'Acting' which is action taken to intervene and 'Pausing', when inaction is a committed action, RNs' acknowledge their clinical judgement, the EWS, and optimise patient safety.

Conclusion: The theory 'Acknowledging' explains how nurses overcome their cognitive dissonance when employing clinical judgement and using EWS whilst acknowledging the importance of maintaining patient safety.

Impact: EWS are valuable and firmly embedded into contemporary health care systems and nursing practice, therefore refining their usability should have direct impact on recognition of patient deterioration and therefore patient safety. Our findings highlight the need for further research into the complexities of applying clinical judgement when using EWS to support registered nurses decision making in clinical practice. This in turn will impact patient safety and quality of care in healthcare settings that mandate the use of EWS.

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A remote immersion for nursing students: using photovoice to understand student experience

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Background: Half a million Australians, reside in remote Australia. Remote areas are characterized by small, isolated communities with high rates of ill health and few health providers. The nursing workforce in remote Australia is in crisis. A significant shortfall of nurses is predicted. The immersion of nursing students in remote settings may increase employment uptake in remote Australia following graduation.

Aims: The aim of this study is to explore the experiences, expectations and outcomes of final semester, undergraduate nursing students relocating to the Kimberley region of Western Australia to undertake an elective Rural and Remote Health Immersion Program (RRHIP).

Methods: This is a Pilot Project. Twelve students will study and participate in campus and community activities specific to the RRHIP, over eight weeks. A participatory methodology Photovoice, in conjunction with focus groups offers an innovative approach to assist researchers and students to understand and describe their experiences.

Results: Photovoice will be described. Preliminary findings from Focus Groups and Thematic Analysis will be reported.

Conclusion: Students participating in immersion programs report profound learning experiences, skill acquisition and connections with community. Despite challenges, including geographic and professional isolation (Thackrah, Thompson & Durey, 2014; Benson, Ryder, Gill & Balabanski, 2015) students recommend RRHIPs to their peers.

This study aims to provide evidence-based knowledge on methods to understand students' experiences and inform content and implementation of future RRHIPs. This process may be transferable to other universities and disciplines developing similar programs.

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Codesigning midwifery-led continuity models for First Nations women and babies in Queensland

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In 2019 the Maternal Mortality Rate (MMR) for Aboriginal and Torres Strait Islander women was 17.5 per 100,000, while the MMR was 5.5 for non-Indigenous women. The Growing Deadly Families (GDF) strategy aims to improve outcomes for women birthing Aboriginal and Torres Strait Islander babies within Queensland. Through the implementation of First Nations led, codesigned models of care, Aboriginal and Torres Strait Islander babies will have a stronger start to life.

The aim of the GDF strategy is to ensure that every woman in Queensland, giving birth to an Aboriginal and/or Torres Strait Islander baby, has high quality and culturally capable maternity services. This strategy highlights that the continuity of midwifery carer model works best when local services are supported to work together to achieve optimal care for their communities.

The strategy addresses key areas to improve maternity services for Aboriginal and/or Torres Strait Islander people. When mothers are healthy, before and during pregnancy, the likelihood of full-term pregnancies and babies being born at a healthy birthweight increases. Listening to the voices of our mob we heard “We want a say in how maternity services are designed and delivered”. Our action is to form meaningful working partnerships for strong governance and leadership. “We don’t want to keep telling our same story to different people”. This requires that every woman has access to continuity of carer. “We want more of our people providing our maternity care”, which is embedding First Nations led models of care.

This presentation will share the work occurring under the GDF strategy, and the innovative codesigned continuity of midwifery carer models being implemented. Clinical outcome data will be presented from these models, including improved preterm birth rates, mode of birth and consumers’ perspective.

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Koolangka Infant LifeSaving Framework: culturally responsive infant resuscitation education for Aboriginal families

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Objectives: The Koolangka Infant Life Saving Framework (KILSEF) was co-designed to guide the planning and facilitation of culturally responsive resuscitation education for Aboriginal parents and families.

Methods: Resulting from an Aboriginal Participatory Action Research (reference), the KILSEF was created utilising community co-design following community members attending a mainstream cardiopulmonary resuscitation (CPR) course. By using a community co-design approach we were able to apply a decolonising research process and focus on a strengths-based approach to the research. Yarning circles were convened to facilitate community discussions to define the key considerations and concepts for the provision of culturally responsive CPR courses.

Results: The KILSEF provides four main components to be addressed when providing culturally responsive education. These encompass location of the classes, content of the classes, cultural learning and the removal of barriers. The location of classes should occur in a culturally safe place such as Aboriginal Community Controlled centres, so community members are comfortable and do not feel shame in attending. Content of the classes should include CPR and first aid, however community members also noted that pre and postnatal education relating to drug and alcohol use during pregnancy should also be included. Cultural learning should be incorporated such as storytelling, pictorial diagrams, videos and demonstrations. Educators should be patient, able to explain things in different ways and use simple terminology and refrain from including medical jargon. Barriers such as pre-readings and pre-tests should be removed due to possible limitations with time, internet access and family responsibilities.

Conclusions: Resuscitation education is highly valued and desired by the community and when provided in a culturally responsive manner improves confidence and self-efficacy in the community. While the KILSEF was co-designed by only the Bindjareb people of the Noongar nation from the south-west of Western Australia, it can be used as the basis for implementing CPR education sessions in other similar Aboriginal communities.

Keywords: Infant resuscitation education, Koolangka Infant Life Saving Framework, Aboriginal community co-design.

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First Peoples nursing and midwifery academic workforce across Australia and New Zealand

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Aim: Promoting a representative and supportive industry for First Peoples' academic staff is a key tenet of Australian (AUS) and New Zealand (NZ) universities, and fundamental to strengthening the First Peoples health workforce. Surprisingly across both countries, information about the First Peoples' Nursing and Midwifery academic workforce is unknown, but this knowledge is essential for developing strategies to improve representation. The aim of the study was to understand the profile of the nursing and midwifery academic workforce.

Methods: Following ethics approval, a cross-sectional study was conducted using an online survey of all 43 organisations who are members of the ANZ Council of Deans Nursing and Midwifery. Data collected were demographic, academic qualifications, and other employment details of First Peoples' academic staff. Data were analysed descriptively.

Results: Thirty organisations responded (AUS n = 27, NZ n = 6) reporting a total of 55 First Peoples' staff. NZ universities had between one and four First Peoples' staff members. Ten Australian universities had none. Other Australian universities reported a range between 1 and 9 First Peoples' staff. Staff mean age was 45.6 years (range 22-64), and 42.6% held a PhD (42.6%) qualification. Most were employed at lecturer level (72.7%; includes associate and senior lecturers) in a full-time continuing position (69.1%). There were 10 appointed into a professoriate level position (18.1%). Workload was allocated to teaching (39.4%), research (38.0%) and service/engagement (17.1%). Some universities separately allocated workload to scholarship activities (5.5%).

Conclusion: Many universities do not currently employ First Peoples' nursing or midwifery academic staff although NZ universities were more likely to include First Peoples academics, potentially reflecting the higher proportional population of Māori people. As most First Peoples' staff hold lower-level academic positions, greater succession planning through increased mentorship and professional development is urgently needed.

Keywords: First Peoples, academic workforce

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Co-design: Aboriginal and Torres Strait Islander Peoples' history, culture and health subject

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Aim/Objective: To develop a discrete Aboriginal and Torres Strait Islander Peoples' history, culture, and health subject for a suite of nursing programs using a co-design approach.

Methods: A design thinking approach was used to guide the development of the subject. To gain insights from key stakeholders and engage them in the co-construction of the new subject, academics met with First Nations recipients of health care (health care consumers), staff at the NIKERI Institute, First Nations staff in the university, and external stakeholders including CATSINaM. **Results:** The subject was conceptualised using the CATSINaM Curriculum Framework for Nurses and Midwives, with input from First Nations academics and community members.

This subject exploring Aboriginal and Torres Strait Islander Peoples' histories, cultures and health meet our accreditation requirements, and more importantly, provides a starting point for students' learning about the richness and diversity within and between Aboriginal and Torres Strait Islander ways of Knowing, Being and Doing.

A theme to emerge from students' feedback was their recognition of previously unrecognised biases, privileges and beliefs that has the potential to impact on their care delivery. This critical self-awareness is a vital first step in developing nurses and midwives with the capacity to provide culturally safe care.

Students also valued hearing diverse perspectives from patients, community members, and health professionals. This is an element of the unit that we hope to build on in future iterations.

Conclusion: A design thinking approach was vital to ensuring academics had confidence to facilitate the subject and undertake the learning journey with the students for mutual benefit.

Keywords: Curriculum design, Nursing and Midwifery, First Nations health.

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Leading from a Māori perspective

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“Whāia te iti kahurangi ki te tūohu koe me he maunga teitei”

Seek the treasure you value most dearly; if you bow your head, let it be to a lofty mountain
Te Tiriti o Waitangi (te Tiriti), is the foundational document for Aotearoa New Zealand, signed in 1840 between the indigenous Māori people and the British Crown. It is well established that the Aotearoa New Zealand health system needs to perform better for Māori, in every sphere, for every condition, through every service and interaction. A health system that is focused on inclusiveness seeks to address better health outcomes for all. The stark and enduring nature of the inequalities in Māori health outcomes reflect deep system failure. Like all inequalities, Māori health inequalities are preventable.

In July 2022, Aotearoa New Zealand established a national health system, Te Whatu Ora-Health NZ in partnership with Te Aka Whai Ora-Māori Health Authority under the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) to provide for the public funding and provision of services to protect, promote, and improve the health of all New Zealanders. The Pae Ora Act aspires for the health system to be fair and equitable for all New Zealanders and to uphold the principles of Te Tiriti o Waitangi.

Te Aka Whai Ora-Māori Health Authority has been charged, like a kaitiaki (guardian), with bringing transformational change to the health system, particularly to address intergenerational inequities in Māori health. The singular focus on Māori health enables Te Aka Whai Ora to represent the health needs, views, and aspirations of Māori.

The ambitious large-scale transition to a national health system brings challenges but also the opportunity for change, which includes the creation of purposeful and strategic Māori nursing leadership. In March 2023, I was appointed in to the first national role of Akatū Aki Hauora Matua: Tapuhi - Chief Nursing Officer for Te Aka Whai Ora. My haerenga (journey) in leading from a Māori perspective and learning to be the difference I want to see in the world, is both freeing and challenging at the same time. Freeing in that I have had a part of my self-identity in the work context, and challenging as I began to explore the process of leadership in an emerging future.

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World Café: Facilitated group discussions: CDNM's commitment to sustainability

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The nursing and midwifery workforce faces the brunt of the global impacts of climate change on health. Innovative mitigation and adaptation strategies will be necessary in all healthcare settings. This World Café aims to bring participants together to explore the current and potential impacts of climate change on health through nursing and midwifery lens. Through collaborative discussions, we will delve into collective ideas and potential strategies within nursing and midwifery education, research, and practice to mitigate the current and potential effects of climate change on health and to position nursing and midwifery solutions at the forefront of climate and health strategy. Join us for the opportunity to engage in meaningful dialogue and contribute to innovative solutions for a healthier future.

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You can't be what you can't see: recognising the specialty gerontological nursing

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Every year the Australian Health Practitioner Regulation Agency data reveals that aged care is the largest group of any single nursing specialty area (AIHW 2016, Department of Health and Aged Care 2022). However, nurses specialising in older person nursing don't only work in aged care: older people are also the predominant users of acute care and community services (Slatyer, 2021). Despite these high needs for nurses with specialist skills and knowledge in caring for older people, gerontological nurses traditionally have not had the same kinds of professional recognition and opportunities as other speciality fields of nursing.

The focus of this workshop will be on the burgeoning opportunities of gerontological nursing in Australia. Participants will be provided with updates on the concepts and content of gerontological nursing, the Australian gerontological nursing competencies, new practices in transition-to-practice (new graduate) programs, undergraduate nursing clinical placement approaches, and how Australia is performing in relation to Australasia and the wider global gerontological nursing community. Workshop participants will conduct a self-assessment of their own or their teams' competencies in gerontological skills, knowledge and attitudes. Activities will include peer interaction and brainstorming regarding key gerontological nursing components in all health settings, such as: multi-morbidity management, complex pharmacological needs, risk assessment and communication, dignity of risk, assessment and interventions for variations in functional and cognitive status, and non-pharmacological interventions for behavioural and psychological symptoms of dementia. Participants will be invigorated by the wealth of opportunity for career development and health services enablement to better serve the needs of the Australian ageing population.

References:

1. Australian Institute of Health and Welfare (AIHW). Nursing and Midwifery Workforce.
2. Department of Health & Aged Care. Health Workforce Data. Canberra, Australia. 2022 National Health Workforce Data S. Factsheet, Nursing and Midwifery 2019. <https://hwdhealthgovau/resources/publications/factsheet-nrmw-2019.html>
3. Slatyer, C. Vafaes, C. 2021. Gerontological nursing: a holistic approach to the care of older people. Elsevier.

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Development of a practice and capability framework for advanced practice: real-time Delphi

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Objective: The objective of this study was to develop a practice and capability framework to guide the clinical practice of prostate cancer specialist nurses. Men diagnosed with prostate cancer and their families often describe their survivorship experience as uncoordinated, challenging and medically focused. This leads to increased anxiety, poor experience and outcomes. Similarly, specialist nurses describe providing care for men and their loved ones as 'disjointed, under resourced and distressing'. It was important to provide a Practice and Capability Framework to address these concerns and support prostate cancer specialist nurses in providing quality cancer survivorship care. **Method:** Real-time Delphi methods were used. This online method of research was chosen to provide data to support the development of a framework based on expert opinion and evidence all while overcoming geographical challenges, time constraints and to meet the need for an equal flow of information to all specialist nurses involved in the study.

Result: The Prostate Cancer Specialist Nurse Practice and Capability Framework 2023 was developed based on data collected from over 70 experts in the field. Responses indicated the importance of including survivorship care, therefore the concept of survivorship is threaded throughout the Framework. The framework contains four domains, each with corresponding capability statements and performance criteria. These statements and criteria are based on expert responses and intended to define the purpose of prostate cancer specialist nurses within the heterogenic healthcare settings in which they work. This includes shaping their professional development, promoting quality survivorship care and informing contemporary practice in relation to this specialty field.

Conclusion: Prostate cancer specialist nurses now have an innovative and contemporary practice and capability framework to guide their provision of high quality, person-centred and evidence based care to men diagnosed with prostate cancer and their families.

Keywords: professional practice, cancer, specialist nursing

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Timing and supervision of nursing clinical placements in residential aged care services

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Aim/Objective: To understand when (year/semester) clinical placements in residential aged care services (RACS) occur in Australian undergraduate nursing curricula, the clinical supervision models used in RACS, and students and clinical supervisors' experiences of these placements. Nursing in RACS has become more challenging as residents are older, with complex care needs due to multi-chronicity including a high prevalence of dementia. The RACS workforce is dominated by care workers. Previous research suggests clinical placements in RACS are viewed negatively by students, and some nurse academics, and supervision models are less than ideal. These experiences may influence nurses' career choices.

Methods: The study has two parts. Part one: a survey of nurse academics involved in organising clinical placements in Australian nursing schools offering a Bachelor of Nursing were interviewed using a telephone survey. Part two: interviews with students before and after a clinical placement in a RACS in years one, two and three; and interviews with their clinical supervisors. Descriptive statistics and thematic analysis were used to analyse data.

Results: Part one is complete. Nurse academics from 28 Australian nursing schools (78%) participated. Analysis shows student nurses are still most likely to have their first clinical placement in a RACS (75%) despite the evidence; and that clinical supervision models vary according to the nursing school and RACS location. Students are still being buddied with personal care workers, witness unprofessional work practices, and have limited exposure to registered nurses in these settings. Part two is ongoing.

Conclusion: Consideration needs to be given to the appropriateness of clinical placements in RACS for first year student nurses due to the complexity of these settings. Clinical supervision in these settings ideally should be undertaken by nurse academics with knowledge of the curriculum, nursing standards and placement learning outcomes.

Keywords: Students, clinical placements, residential aged care services, clinical supervision.

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Developing communication skills using standardised palliative care simulation focusing on difficult conversations

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Background: Communicating with patients and families at the end-of-life and not knowing what to say are key concerns for nursing students. Lack of clinical experience with palliative care limits development of communication skills. Standardised patient palliative care simulation focusing on difficult conversations may assist in the development of these skills. Research on standardised patient palliative simulation is limited.

Objective: To determine 3rd year nursing students' levels of satisfaction and self-confidence with standardised patient simulation focusing on difficult conversations at the end-of-life.

Methods: A descriptive post-test study design. Nursing students enrolled in a 3rd year palliative care elective subject participated in the study (n=31). Two simulations were conducted over four weeks: a female in her thirties with advanced breast cancer attending an outpatient palliative care clinic for symptom management and psychosocial support; and a 60-year-old male with advanced metastatic bowel cancer in hospital for pain and symptom management. Post-simulation, students completed the instrument comprising of Student Satisfaction and Self-Confidence in Learning Scale and the Simulation Design Scale.

Results: Fifty-seven instruments were completed (Simulation 1 n=28; Simulation 2 n=29).

Highest mean scores: Simulation Design: Elements: 'the scenario resembled a real-life situation' (Simulation 1- 4.93; Simulation 2- 4.50); Importance: 'feedback was constructive' (Simulation 1- 4.86; Simulation 2- 4.71). Satisfaction: 'I enjoyed how instructor taught simulation' (Simulation 1- 5.00); and 'the way my instructor taught the simulation was suitable to the way I learn' (Simulation 2- 4.55). Self-confidence: 'I know how to get help when I do not understand concepts' (Simulation 1- 4.71); 'It is my responsibility to learn what I need to know from this activity' (Simulation 2- 4.64).

Conclusion: Students showed a high level of satisfaction with the teaching methods used. Important factors included the scenario realism and a facilitator who is knowledgeable in palliative care and skilled in delivering tailored feedback.

Keywords: difficult conversations; end-of-life care; palliative care; standardised patient simulation.

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Enrolled nurses to registered nurses academic and digital literacy preparedness and support

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Aim: The aim of this research is to evaluate the impact of the EN-RN Transition Academic Literacy Program.

Background: There has been an increase in enrolments from ENs seeking to advance their careers to the Registered Nurse (RN) level and this trend is expected to continue. The transition of Enrolled Nurses (ENs) into Bachelor of Nursing courses is marked by a noticeable discrepancy in their academic preparedness compared with non-EN students. This is in contrast with their clinical experience for which they receive recognition of prior learning (RPL). Research has shown that ENs often grapple with academic writing and assessment-related anxiety. These areas have been identified as potential hurdles faced by ENs during their transition. We developed a targeted approach during the initial weeks of the conversion program with a focus on the use of digital technologies, assessments, academic integrity and integration into the degree program.

Methods: This study adopted a prospective, cohort design with a pre and post-intervention. A single population-based cohort of EN-RN student nurses were recruited to participate in the study. Data was analysed using SPSS.

Findings: Preliminary data revealed a nuanced perspective on students' confidence levels, indicating a need for more practice in utilising university software, technologies, and finding information. The contradictory results prompt reflection on students' awareness of their needs, suggesting a gap in understanding until faced with real-world challenges.

Conclusion: This research addresses a significant knowledge gap, providing insights into the experiences of ENs transitioning through BN programs. The findings are poised to enhance education and support, inform targeted workshops, and contribute to a well-prepared and skilled nursing workforce, ultimately mitigating attrition rates. The study emphasises the critical need for comprehensive support in nursing programs, contributing to the broader goals of improving the nursing workforce.

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Realising Queensland Health's vision for First Nations nurses and midwives

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Aim/Objective: First Nations people in Queensland continue to experience poorer health outcomes compared to non-First Nations people despite over 30 years of public health policy efforts. Research has consistently shown that participation of First Nations peoples in the health workforce, particularly in leadership has a positive impact on health outcomes, by driving system reform, improving Cultural Safety and supporting a more holistic approach to social and emotional and wellbeing. To address health inequities in Queensland, under new legislation, hospital and health services are required to increase their First Nations health workforces to at least commensurate with the local First Nations population across all disciplines and levels.

Methods: In 2022/23 under the leadership of First Nations Nursing Director and in partnership with other First Nations nurses and midwives, Office of the Chief Nursing and Midwifery Officer (OCNMO) co-designed a First Nations nursing and midwifery workforce strategy (the strategy) to set the strategic direction for growing the First Nations nursing and midwifery workforce and addressing systemic barriers that contribute to health inequities.

Results: The key principles identified through the co-design process were: First Nations leadership, cultural identity and integrity, sovereignty and self-determination, partnership and collaboration, equity and access and evidence and data. The strategy has four priority areas, including increasing First Nations nurses and midwives working for Queensland Health, retaining First Nations nurses and midwives through increased supports and improved Cultural Safety, building First Nations leadership, and delivering culturally safe care through innovative models and positions.

Conclusion: As the principal advisor on all matters related to nursing and midwifery, OCNMO is perfectly placed to lead strategies to realise the vision that First Nations nurses and midwives are visible, valued and commensurate to need. The strategy together with other First Nations health workforce strategic frameworks will guide a consistent approach to First Nations nursing and midwifery growth and advancement over the next five years.

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"Don't want to do the wrong thing": students' translation of cultural safety

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Practice-based professions are regulated by the Australian Health Practitioner Regulation Agency (AHPRA) and National Boards, which include a shared code of conduct for cultural safety. However, this definition is very broad and assumes that students know what specific action is required to deliver culturally safe care, and few studies have explored the integration or translation of cultural safety into practice (McGough et al., 2022). Nursing, midwifery, paramedicine and oral health therapy students in the Curtin School of Nursing are introduced to the concept of cultural safety in their first year of study and complete a stand-alone Indigenous health unit to examine the contexts of local, national and global indigenous populations; the impact of specific policies and historical events on Indigenous Australians, and the effects of these policies on health, illness and disability, and health care access. However, despite inclusion in curricula, the enduring effects of purported transformative learning outcomes and the link with cultural capability development, translation to practice, and outcomes for Aboriginal and Torres Strait Islander people is unclear (Bullen & Roberts, 2021).

This study addresses this gap through the research question, "What are the factors influencing health students' translation of cultural safety into practice"? Understanding the student experience of translating cultural safety into their clinical practice will assist with highlighting areas of existing strength and identifying where further curriculum development is required.

References

Bullen, J. and Roberts, L.D., 2021. Transformative learning within Australian Indigenous studies: a scoping review of non-Indigenous student experiences in tertiary Indigenous studies education. *Higher Education Research & Development*, 40(1), pp.162-177.

McGough, S., Wynaden, D., Gower, S., Duggan, R. and Wilson, R., 2022. There is no health without cultural safety: Why cultural safety matters. *Contemporary Nurse*, 58(1), pp.33-42.

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Hauora Māori–Māori health: a right to equal outcomes in primary care

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Aim: For more than a century, Māori have experienced poorer health than non-Māori. In 2019 an independent Tribunal found the Government had breached Te Tiriti o Waitangi by “failing to design and administer the current primary health care system to actively address persistent Māori health inequities”. Seven models of primary care were identified. We hypothesised patient health outcomes for Māori would differ between models of general practice.

Methods: Cross-sectional primary care data were analysed at 30 September 2018. National datasets were linked to general practices at patient level, to measure associations between practice characteristics and patient health outcomes. **Primary outcomes:** polypharmacy (≥55 years), HbA1c testing, child immunisations, ambulatory sensitive hospitalisations (0-14, 45-64 years) and emergency department attendances. Regressions include only Māori patients, across all models of care.

Results: 660,752 Māori patients were enrolled in 924 practices with 124,854 in 65 Māori-owned practices.

Māori practices had: no significant association with HbA1c testing, ambulatory sensitive hospitalisations or ED attendance, and a significant association with lower polypharmacy (3.7% points) and lower childhood immunisations (13.4% points).

Māori practices had higher rates of cervical smear and cardiovascular risk assessment, lower rates of HbA1c tests, and more nurse (46%) and doctor (8%) time (FTE) with patients.

The average Māori practice had 52% Māori patients compared to 12% across all practices. Māori practices enrolled a higher percentage of children and young people, five-times more patients in high deprivation areas, and with more multimorbidity.

Conclusions: Māori practices are an expression of autonomy in the face of enduring health system failure. Apart from lower immunisation rates, health outcomes were not different from other models of practice. Across all models, primary care need was unmet for many Māori, despite increased clinical input. Funding must support under-resourced Māori practices and ensure accountability for the health outcomes of Māori in all models of general practice.

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First Nations Australians perspectives in speciality nursing curricula

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Aboriginal and Torres Strait Islander Peoples health and wellbeing is everyone's business, not simply the responsibility of First Nations academics who already carry a vast cultural load. Cultural Safety requires integration in all domains of nursing and midwifery education for reform in Aboriginal and Torres Strait Islander health education. There had been attempts at an individual subject level to improve content, yet no overview of the specific content added. We were also mindful that Aboriginal and Torres Strait Islander students may not self-identify if there was no visible reason to believe they can expect to experience cultural safety.

Aim/Objective: This project aimed to;

Establish the current state of First Nations Health content in specialty nursing subjects by using 'Yindymarra' (respect) in bringing a First Nations lens to our curriculum.

Establish a pathways for students to identify safely.

Method: The University of Melbourne Department of Nursing established a working group in 2023 to lead a revision of curriculum. An audit of all subject content in 7 specialty courses included 29 subjects to establish if there was learning outcomes, content, and First Nation Peoples health perspectives included.

Results: Less than half the courses have First Nations Academic represented at refence meetings, a third of subjects had content but only half was informed by a First Nations Academic.

Discussion: Ideally, all First Nations students should feel safe enough to self-identify if they want to. This review used the principle of 'Yindymarra' (respect) to bring a First Nations lens to our curriculum and avoiding the 'tick-box' approach. The audit has revealed we need a considered approach to improve the curriculum and this data provides a baseline to inform this process.

Conclusion: Aboriginal health is everyone's business in the Department of Nursing and the audit was useful to begin to explore curriculum improvements.

Keywords: First Nations, Health, Education, Cultural Safety

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Mentors supporting nurses transitioning to primary health care roles

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The World Health Organisation advocates for efficient and equitable approaches to achieve universal healthcare, recognising the significance of strong primary health care services. The refinement of a robust mentoring model, can pave the way for nurses to fulfill their potential, bridging the gap between theory and practice, however, robust mentoring models specific to the Australian context in primary health care have not been well examined and described.

Since 2015, the peak body for nurses in primary health care supported by funding from the Australian Government, under the Nursing in Primary Health Care initiative, has developed, initiated, and continued to implement a national a Transition to Practice Program, inclusive of a mentoring program supporting new graduates and more experienced nurses entering primary health care workplaces.

The evaluation has employed a two-phase concurrent triangulation mixed methods approach, incorporating pre- and post-program surveys and post-program meetings. Quantitative data has revealed a high level of mentor satisfaction, while qualitative analysis identified key themes such as 'witnessing mentee growth,' 'facilitating access to learning,' and 'unexpected personal and professional benefits.'

The results indicate that the embedded mentoring component played a crucial role in the transition program, addressing skills acquisition, professional identity, and providing diverse resources and support activities. Beyond this, the approach has enhanced the experience and inspired the career progression of both the dedicated mentors involved in shaping the future of primary health care nursing workforce in Australia but of the transitioning nurses themselves.

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Retention of nurses and midwives in the academic workforce: a scoping review

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Aim: A qualified nursing and midwifery academic faculty is essential to ensure an adequate academic workforce. Attracting nursing and midwifery academics in Australia and New Zealand is becoming increasingly problematic. In addition, many in positions are leaving or considering leaving academia. There has been limited work to fully understand reasons for leaving, however low rates of pay, unrealistic expectations, and lack of professional development opportunities may play a role. Importantly there is no understanding of what factors support retention in the workforce. A scoping review was conducted with the aim of consolidating evidence of factors associated with nursing and midwifery academics intention to leave and / or stay in the workforce.

Method: The scoping review was guided by Arksey and O'Malley's (2005) framework. This included: (i) identifying the question, (ii) identifying relevant studies, (iii) study selection, (iv) data charting, (v) collating, summarising, and reporting the results.

Results: The scoping review yielded 12 articles. Notably, no articles addressed First Nations academics. Retention in the workforce was related to work environments with team cohesion and positive relationships; personal factors such as job satisfaction; and organisational factors such as workloads, employee benefits and the autonomous nature of the role. Attrition from the workforce was related to organisational factors such as ageing academic workforce; personal factors such as exhaustion and burnout and role tension related to workload and multiple role expectations.

Conclusion: Retaining nursing and midwifery academics needs urgent strategic workforce planning, particularly related to the ageing workforce and recruitment of First Nations academics. Addressing issues related to workloads, including 'hidden workload', promoting work environments with strong leadership that support teamwork and professional relationships are important. Retaining the academic workforce also requires provision of support that promotes feelings of being valued, providing strong leadership and opportunities to develop professionally, particularly in doctoral studies.

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Paving the path to mental health nursing careers through successful placements

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Aim: This research project delves into the critical impact of Mental Health Industry Fellows in reshaping the support framework for undergraduate nurses during clinical placements, a development stemming from the Royal Commission into Victoria's Mental Health System. The Royal Commission underscored the imperative of a holistic strategy for workforce attraction, recruitment, and retention. The newly established academic roles play a pivotal part in this, entailing the facilitation of collaboration between the education and mental health service sectors, coordination with employers for seamless onboarding, and ensuring comprehensive student support, safety, and a positive placement supervision environment. The presentation will offer valuable insights to educators, healthcare institutions, and stakeholders actively involved in shaping the landscape of nursing education and the broader mental health workforce planning.

Methods: Employing a comprehensive mixed-methods approach, our presentation captures the multifaceted impact of Industry Fellows on undergraduate nurses. Surveys distributed to clinical staff and students collect quantitative data on the perceived effectiveness of the Fellow's support. Qualitative data gathered through interviews and focus group discussions offer a nuanced understanding of the Fellow's contributions.

Results: Preliminary findings highlight the transformative influence of Industry Fellows on the support system for undergraduate students. Quantitative analysis reveals a significant positive correlation between Industry Fellows' presence and enhanced student confidence, clinical skill acquisition, and overall satisfaction with placement experiences. Qualitative insights uncover specific mechanisms through which Industry Fellows contribute, including mentorship, networking opportunities, and practical insights that enhance students' industry comprehension.

Conclusion: The presentation endorses the Industry Fellow program as a catalyst for positive change in undergraduate nursing education and broader workforce planning. Results affirm the pivotal role played by Industry Fellows in shaping the professional development of future nurses, laying a foundation for an in-depth exploration of the roles and contributions to broader strategy highlighted by the Royal Commission to address mental health workforce challenges.

Keywords: mental health placement, industry fellow, undergraduate nursing.

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How can we inspire the next generation of midwives to stay long-term?

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Aim: There are severe midwifery workforce shortages across every state and territory of Australia. Two main contributors are retirement of older midwives and a failure to retain younger midwives in the profession. As the last of the 'baby boomer' generation retires, strategies to retain future generations of midwives in the profession are needed. This presentation explores the career plans and leaving intentions of midwives aged ≤ 30 years.

Methods: An online, population-based survey of midwives working in Victoria, Australia in public and private maternity services and private practise, was conducted between March and October 2021. Questions explored midwives' intention to stay in the profession, career plans and reasons for potentially leaving the profession.

Results: In total, 20% of midwives in Victoria (1017/5185) completed an online survey. Of those, 31% were aged ≤ 30 years (a similar percentage as all midwives employed in Victoria). Of this cohort, 48% planned to stay in the profession >10 years, 26% ≤ 10 years and 26% were not sure how long they would stay. Most (88%) had future aspirations for their midwifery career, (e.g., clinical midwife specialist, caseload midwifery) and 77% planned to do more study. Despite this, two-thirds had thought about leaving the midwifery profession in the 12 months prior to the survey and 34% thought about leaving on a regular basis. The main reasons for thinking about leaving were feeling worn out (88%), experiencing work related stress (74%), and not wanting to work shift work (60%).

Conclusion: Most Victorian midwives ≤ 30 years have long term career plans; however, many are impacted by shift work, exhaustion, and stress. Strategies focused on reducing stress and exhaustion, opportunities to work in non-shift work roles and promotion of career pathways in midwifery is recommended to ensure midwifery is an appealing life-long career.

Keywords: career, midwives, midwifery, attrition

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Introducing digital health into nursing and midwifery curricula

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Objective: This workshop aims to explore the introduction of digital health into nursing and midwifery curricula.

Focus: Technological advances in medicine and healthcare are integral to transforming nursing care and patient outcomes. While the benefits of emerging technologies are widely reported, healthcare professionals are under increasing pressure to be proficient in digital health in the workplace without necessarily being armed with the skills and capabilities to use these tools. To better support the acquisition of digital health skillsets, it is pivotal we ask questions such as:

How are students currently prepared to meet workplace expectations?

How does nursing and midwifery education need to evolve to deliver a more holistic teaching and learning experience, and what resources are needed to support this?

Overview: Delivery of healthcare is now inseparable from the adoption of technology at the point of care. And yet, nursing and midwifery faculty have limited resources to introduce the full scale of what students will be faced with in the clinical environment (1). A potential risk is a gap between expectations of graduates and curriculum preparation (2). By reimagining the curriculum, education providers can accelerate students' technology capabilities and maintain clinical knowledge, skills and experience for the benefit of every patient. Exposing students to simulated electronic medical records within the curriculum is one way of preparing them for practice (3).

Workshop Plan: Participant engagement and discussion: a) How are education providers currently preparing nursing and midwifery students for digital health competency? b) How can tools such as simulated electronic medical records be used toward digital health literacy and preparation? c) What resources are needed to support education providers and faculty with curriculum integration of digital learning tools? d) What knowledge and/or practice gaps in digital health are being reported by hospitals and students following clinical placements?

Keywords: Curriculum, digital health, electronic medical records, simulation.

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Supply and demand model for the nursing workforce

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The Commonwealth Department of Health and Aged Care have developed an updated supply and demand model (model) for the nursing workforce. The most recent data available on the supply and demand of the nursing workforce in Australia was last published in 2014, using the 2012 data from Health Workforce Australia (HWA). Importantly, the nursing workforce surpassed the number of nurses predicted by HWA for 2025, in 2022 and yet Australia is still experiencing nursing workforce shortages across all sectors.

The updated model uses more robust data, including the National Health Workforce Data Set, which is updated annually and has a greater than 90% participation rate. The model is built using a microsimulation approach which is a modelling technique for simulating a set of data at individual provider level. The model also used the Lifetime Transition and Estimation (LiTE) model. The LiTE model estimates, to 2050, the prevalence of chronic conditions, frailty and support needs, as well as the size and composition of the Australian population.

The data provided from the model is a key source of information contributing to the development of the National Nursing Workforce Strategy. Consultation on the methodology included the Council of Deans of Nursing and Midwifery. This presentation will share insights from the model as well as discussing plans for this model into the future.

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Reviewing the Australian nurse teacher professional practice standards: a Delphi study

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Aim/Objective: It has been over 10 years since the Australian nurse teacher professional practice standards ('the Standards') have been reviewed. The aim of the study was to review the Standards (previously called competencies) to see if they reflected current nursing educator practice and modify the Standards where needed.

Methods: A modified Delphi technique was used to obtain consensus on the relevance of the Standards' statements to any nursing educator. Data collection was via two electronic surveys to an expert panel of nursing educator leaders and two online focus groups of nursing educators from any setting.

Results: Forty participants responded to the first survey and 38 to the second. A total of 15 nursing educators attended the focus groups. There was $\geq 85\%$ agreement on all statements in the first survey, with some having 100% agreement. Wording changes and examples/cues for statements were sent in a second Delphi survey, with similar high agreement responses. The focus group data contributed to development of the second Delphi survey. Changes in the Standards included language used around culture, inclusion of 'sustainability of the program', and 'demonstrates knowledge and expertise in teaching and educational practice'.

Conclusion: The Delphi surveys and focus groups allowed educators to contribute to a review of their professional practice standards. The Australian nurse teacher professional practice standards remain highly relevant to nursing educators across all settings. However, some changes to language, and contextual examples were made in response to feedback from nursing educators, resulting in the 2024 revised Standards.

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Enhancing nursing education with Australian academic eMR: a study on digital readiness

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Background: The rapid digital transformation in healthcare necessitates the integration of electronic medical records (eMR) in nursing education. This study explores the implementation and efficacy of an Australian Academic electronic Medical Records (AAeMR) program among third-year undergraduate nursing students at a regional Australian university, aiming to bridge the theory-practice gap and enhance digital literacy.

Methods: An inductive qualitative thematic analysis was conducted on focus group data involving third-year nursing students who participated in the AAeMR program. The program was designed to simulate key uses of eMR, such as electronic charting, medication dispensing, and patient assessment data entry.

Results: Four main themes emerged from the analysis: 1) Preparedness for electronic change in healthcare, 2) Comparison of e-learning with traditional methods, 3) Safety and efficiency in using workstations on wheels, and 4) The impact of technology on patient care. The program was found to effectively prepare students for using electronic records in clinical settings, enhancing their readiness for professional practice. Students reported an appreciation for the safe environment provided by the simulation for practicing skills and recognized the program's role in strengthening patient-centered care delivery.

Conclusion: The AAeMR program demonstrates significant potential in enhancing undergraduate nursing education by preparing students for the digital demands of contemporary healthcare. By incorporating simulated eMR experiences, the program supports the development of digital literacy and professional competence. Recommendations include the integration of learning theory in curriculum design and a scaffolded approach to eMR program implementation in nursing education.

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Caring for women living with female genital mutilation through innovative body-mapping approach

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Aim/Objective: Nurses and midwives are frontline healthcare providers for women and girls living with female genital mutilation (FGM). FGM is a harmful cultural practice with short and long-term negative health consequences. Globally, about 200 million women and girls have undergone FGM, and more than 53,000 of them are living in Australia. Nurses and midwives in western countries are consistently reported as facing challenges when communicating with and engaging affected women. We report the use of innovative art-based body-mapping in engaging women living with FGM.

Methods: Participants were drawn from established network of women's health centres working with women living with FGM. Each woman was allocated 1 hour to undertake a body map. This involves tracing around an image of a woman's body to create a live sized outline to be filled with images, words and colours, that embrace the non-verbal and symbolic aspects of a phenomena. Afterwards, each participant was requested to talk about their body mapping and what these mean through a semi-structured digitally tape-recorded face-to-face interview format which lasted between 15-40minutes. We looked for common phrases, reoccurring statements and reoccurring part of the body mapping that the women paid most attention to. These were thematically analysed for emerging themes.

Results: Six women of Sudan, Egypt, Iraq and Indonesia background aged 46 years and over participated in the study. Using a predominant red colour and symbols such as hearts pierced through with knife, the women explained that the consequence of FGM is more than the altered female genitalia. They spoke about ongoing emotional, sexual and reproductive health issues.

Conclusion: Interventions targeted at empowering nurses and midwives in therapeutic engagement with women living with FGM need to be creative in approach. Through innovative body-mapping approach, health providers can access important information beyond the spoken words, for provision of holistic health care.

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Positioning the nursing and midwifery voice at the forefront in planetary health leadership

Dr Aletha Ward¹

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In the field of planetary health, the voices of nurses and midwives have emerged as pivotal drivers for health adaptation and mitigation in the face of climate change. This keynote presentation will explore the multi-faceted role of the nursing and midwifery professionals in addressing the intricate challenges posed by both living and working in the Anthropocene.

Central to this discussion is the exploration of principles of good practice that underpin effective N&M engagement and leadership in planetary health. Drawing upon evidence-based approaches and ethical considerations, this keynote address elucidates the guiding frameworks for nursing and midwifery professionals to navigate complex environmental health landscapes and inform both undergraduate and postgraduate education priorities. Through a synthesis of best practices, insights will be shared into fostering resilient healthcare systems that prioritise both human well-being and more broadly, the health of the planet.

Furthermore, the importance of positioning nursing and midwifery voices at the forefront of national policy discussions will be discussed. By highlighting the unique perspectives and expertise of nursing and midwifery professionals, the workforce will learn how to advocate for inclusive policies that integrate health, environmental and social justice imperatives. From grassroots initiatives to high-level policy forums, this keynote outlines actionable pathways for amplifying the nursing and midwifery voice in shaping effective approaches to planetary health governance.

This keynote underscores the imperative of recognising nursing and midwifery professionals as indispensable agents of change, in an era where planetary health is at a critical juncture for intergenerational health. Through collaborative action, and strategic advocacy, nurses and midwives can leverage their expertise to foster resilient communities, mitigate health disparities and champion sustainable development agendas to lead the way for planetary health.

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Flight nursing and midwifery in the NT: rewarding, stressful and pretty cool

Jodie Mills¹

¹CareFlight, Murrumbidgee, Australia

Coopers Crossing, 1985 – Sister Kate Wellings readies herself for a day of flying around the outback treating and saving numerous locals who have gotten themselves into some kind of mischief. The miniseries was “The Flying Doctors” and I thought “what the most wonderful job – I am going to do that!”. A little spark in me did think - why not “The Flying Nurses? Nearly 40 years on and I get to talk about the best job around – a ‘Flying Nurse and Midwife”.

A CareFlight helicopter arrived in the NT in 2007 – we joke that “the wallabies brought us to town”. A plague of wallabies at Tindal Airbase near Katherine, was prohibiting the landing of aircraft – or if they did land it would be some time before the aircraft was flying again. This helicopter retrieved about 120 patients per year, in and out of Katherine Hospital mostly, with the odd call out to primary car crashes and cattle station mishaps. Fast forward 17 years and we now retrieve 7900 patients per year and take approximately 9600 calls for help in our call centre. Our service is patient focused, and I am proud to say, many missions are nurse/ midwife led.

Nurses and midwives work in autonomous roles, on four different platforms –patient transfer vehicles, fixed wing and rotary wing aircraft and jets. The work is diverse, exciting, challenging, rewarding and at times stressful. Our crews work at top of scope each day, finding new ways of getting the job done which is affectionately known as “MacGyvering a solution”.

Unlike hospital nursing at present, we do not have a problem recruiting nurses and midwives. A luxury not lost on me. Why is it easy for us and not others? How do we ignite in hospital nurses/ midwives the thrill of nursing and midwifery that is felt by the team at CareFlight everyday? I see a partnership opening, I see a new way of working side by side with hospitals to again make nursing and midwifery not just a job but a vocation – it’s the least we can do for our patients.

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The impact of hope and compassion in the Western Desert and how we changed Medicare!

Sarah Brown AM¹

¹Purple House, Alice Springs, Australia

From the desire of the Pintupi to return to their Ngurra (country) came a whole world of advocacy and innovation around the treatment of End Stage Renal Failure.

Our beginnings, our successes and challenges provide a fascinating example of how community controlled, culturally embedded services can have ripple effects across the country.

What can we learn from this and how can people from remote communities teach clinicians and academics to look at problems and solutions in a different way?

Come for a rattly ride on some of the roughest and most extraordinary bush tracks in Australia.

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Influence, engage and innovate – leading from behind, nursing at the forefront of health emergencies

Bronte Martin AM¹

¹National Critical Care and Trauma Response Centre, Australia

The National Critical Care and Trauma Response Centre is a key component of the Australian Government's health emergencies preparedness and response capability to incidents of local, national and international significance.

Key elements of the NCCTRC's capacity to quickly and effectively respond include the coordination and deployment of the Australian Medical Assistance Team (AUSMAT) capability, inclusive of a deployable, fully self-sufficient 60 bed Field Surgical hospital accredited by both WHO and ACHS. In addition, NCCTRC coordinates the delivery of a DFAT-funded Regional Engagement Program, to build more effective, equitable and resilient health emergencies response capacity across 6 Pacific countries and Timor Leste.

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The future of midwifery workforce in Australia

Assoc Prof Zoe Bradfield¹

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Health workforce numbers around the world are at critically low levels. The latest State of the World's Midwifery report indicates a predicted need for an additional 900,000 midwives by 2030. Current midwifery workforce shortages are being met with a range of approaches to increasing retention and reducing attrition. In Australia, national reviews commissioned by policy makers and regulators have been undertaken in the last 12 months with reports pending.

The urgency to address midwifery shortages have resulted in many of the conversations being centred around how can we recruit and retain more of the same? If we've learned anything from the recent global pandemic, it's that crisis provides an opportunity to question and challenge the way things have always been done.

There have been clear signals in the health workforce market that 'status quo' is not sustainable. Midwifery is no different. This presentation will provide space to challenge thinking about what is needed to ensure a sustainable midwifery workforce for the future.

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Introduction to government - navigating complex government for stakeholders

Mrs Kellie Wilton¹

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Stakeholder engagement is integral to government as we don't have the knowledge or expertise on every subject. Through the mutual exchange of knowledge and expertise our stakeholders help us deliver high quality policies, programs, and services.

Every day, across all of government, at every level, we engage with people who have a vested interest in what government does. The quality of these relationships determines how well we deliver on our vision for better health and wellbeing for all Australians, now and for future generations. As such navigating and understanding how government, and its departments, are structured and how policies and programs are proposed, commissioned, and funded, can be confusing for stakeholders. Stakeholders can sometimes have different levels of skills and experience in engaging with government. This can affect their ability to fully participate in an initiative, as well as the quality of the information they provide. This forum is designed to work with stakeholders to build their capacity to contribute and align their strategic vision with the priorities, policies, and programs of government.

This presentation aims to support stakeholders in navigating the complex government environment. By unpacking how departments are structured, how policy is driven and exploring processes such as budget the presentation will provide a deeper understanding so as to enhance strategic stakeholder engagement and optimise opportunities.

By having a better understanding of the ways of working with government, organisations will be better supported to effectively manage issues, build strong relationships, and balance organisational priorities strategically and align with government priorities, policies, and programs.

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Nursing clinical placements: are they cost-effective?

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Aim/Objective: This presentation reports the findings of two phases of a four phase study which aims to determine the most cost-effective method to structure nursing clinical placements to prepare clinically competent, work-ready Registered Nurse graduates in the Australian context.

Methods: A four-phase, mixed methods study inclusive of a scoping review, national cross-sectional study, comparative mixed methods case studies and cost effectiveness analysis.

Phase One: A scoping review using JBI methodology of English publications of all types between January 2002 to September 2023 to understand the extent and type of evidence for undergraduate nursing student clinical placement models and their characteristics, focusing on outcome measures of cost-effectiveness, clinical competence, and work readiness.

Phase Two: A national cross-sectional survey of nursing education providers to understand the costs related to clinical placements.

Phase Three: Comparative mixed methods case studies with qualitative and quantitative data gathered from key stakeholders at each case study site (n=4).

Phase Four: A cost-effectiveness analysis using the Quality adjusted passing student's education (QAPSE) outcomes measure.

Results: The scoping review yielded 52 publications, with the majority from Australia, USA, and Canada (37 Primary research publications, seven discussion papers, one government report, five literature reviews, and two quality improvement activities) revealing that there is no published data examining the cost effectiveness of clinical placement models. The national survey results will be presented.

Conclusion: This study responds directly to the persistent problem of quality of clinical placements for undergraduate nursing students by analysing cost-effectiveness. The outcome of this study has the potential to positively impact the current health workforce crisis by decreasing attrition in nursing programs. Finally, the study outcomes will provide evidence to inform future policy, funding, and decision making for clinical placements in nursing.

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Bridging the gap between interprofessional education and collaborative practice through online education

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Aim: Interprofessional education (IPE) is fundamental to supporting students and staff to become collaborative, practice-ready professionals, well-positioned to engage in interprofessional collaborative practice (IPCP). Facilitating factors for IPE include the development of shared knowledge and understanding of IPE, interprofessional thinking and acting, and the promotion of mutual understanding. However, a gap exists between learners, teachers and professionals (micro level), and at the organisational level between teaching and health organisations (meso level). This presentation reports on an Introductory IPE-4-IPCP online education module for health care staff, health education faculty and health professions students which aimed to bridge that gap.

Methods: Following the development of the Introductory IPE-4-IPCP module we sought to understand the impact on a) learners' self-assessed confidence in the ability to engage in IPE and IPCP and b) learners' preparedness for change towards interprofessional collaborative practice. A multi-methods study using focus groups and pre-post measures of self-reported confidence; attitudes towards teamwork and the interprofessional socialisation and valuing scale.

Results: Focus group data analysis yielded four themes - content, learner experience, implementation, and patients/clients. Both student and faculty learners reported changes pre and post module, although these were only significant in the student learners who increased confidence regarding ability to engage in IPCP across all self-report items ($p < .001$); confidence in working in as part of a multidisciplinary team ($Z = 4.30$ $p < .001$) and in attitudes, beliefs and behaviours of regarding engaging in collaborative care ($Z = 5.026$, $p < .001$).

Conclusions: The introductory IPE-4-IPCP module provides a shared view of IPE and IPCP across micro and meso levels, offering consistency in teaching and practice across education and health care organisations. Completing the module resulted in changes for all learners although changes in knowledge confidence and attitudes toward IPCP learning were significant for student learners.

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From concept to reality: developing a simulated electronic health records program

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Aim: An innovative simulated electronic health record software program has been designed and developed with the aim of transforming the delivery of simulated learning for undergraduate Australian health professional students. This software will ultimately offer seamless integration between theoretical and simulated subjects and demonstrates a novel and sustainable approach to deliver what has been to date, a complex and unachievable target.

Methods: Our interdisciplinary approach incorporated inputs and expertise from various university and healthcare divisions, including computer science, information technology, clinicians, and educators. The development of the software involved iterative design phases with user-centred testing. Emphasis was placed on creating a user-friendly interface that promoted patient safety and supported student learning.

Results: Initial feedback from educators, students, and clinicians has been overwhelmingly positive, praising the system's ease of use and focus on supported learning.

Conclusion: The development of this academic electronic health record illustrates the successful outcome of persistent collaboration across diverse academic divisions. It is anticipated that this project will not only achieve its primary aim of enhancing student learning and their preparedness for clinical placement, it also set a precedent for future interdisciplinary projects in health technology.

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Poverty on placement - experiences of students at one Australian university

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Aim/Objective: This study, within one Australian university, aimed to gather quantitative and qualitative data to illustrate the impact that placements are having on the financial and overall wellbeing of students enrolled in programs/degrees where unpaid placements are compulsory for registration or admission to their profession.

Methods: A literature review, consultation with key stakeholders within the University and relevant peak bodies including the Australian Council of Heads of Social Work Education (ACHSWE) and Council of Deans of Nursing and Midwifery (CDNM), student focus group were utilised to develop an online survey distributed to students enrolled in relevant programs/degrees.

Results: 1141 students completed the survey, over half (n=623) were nursing or midwifery students. Overall satisfaction of being on placement was rated an average of 3.5 out of 5. Whilst most students recognised benefits such as opportunities to develop skills and confidence and to put theory into practice, over 95% identified impact on financial wellbeing as a major disadvantage of placements. Over 98% of students reported being adversely affected by financial difficulties during placement, 93% of respondents reported that unpaid placements were detrimental to their stress levels and 81% said it affected their mental health. Over 99% of students called for paid placements and/or financial support for students on placement to help address student poverty, wellbeing and attrition.

Conclusion: Responses to the Poverty on Placement survey demonstrate that the compulsory placement requirements for students in a range of health and education disciplines are having a detrimental impact on student wellbeing and creating inequitable learning environments. Urgent reform - that keeps student and emerging practitioner wellbeing at the fore - is required and must be addressed from all levels of higher education providers, and state and federal governments involved in both the training and employment of health and education professionals.

Keywords: student poverty placement wellbeing

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The influence of student nurse employment models on preparation for practice

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Background: Employing student registered nurses (RNs) in health-related roles is widely believed to improve consolidation of learning, confidence, and professional socialisation.

Aim: We sought to explore how employment as a student while studying for a nursing degree influenced learning and transition to practice.

Method: A mixed methods approach was used including a cross sectional survey and interviews. The setting was public and private hospitals in Victoria, Australia. Participants were RNs currently undertaking a graduate nurse program in Victoria (June to September 2022). An adapted version of the Revised Casey Fink Graduate Nurse Experience (r-CFGNE) survey tool was used. Focus groups/interviews were conducted with graduate RNs recruited through the survey to explore concepts in-depth.

Results: Seven hundred and seventeen participants opened and completed at least some of the survey. Eighteen nurses participated in the focus group interviews. Sixty-five percent of participants worked while they were studying for their nursing degree. Survey participants indicated that employment in a nursing related role while a student influenced their learning and RN preparation. The Registered Undergraduate Student of Nursing (RUSON) model was most frequently cited as having the greatest positive influence on transition to practice. Descriptive differences were observed between type of employment undertaken while studying and graduate retention. A greater proportion of participants who had been employed as a RUSON during their degree indicated that they had remained with their student employer throughout their graduate year, and a greater proportion were intending to stay in nursing. Thematic analysis demonstrated that student RN employment in health had a positive influence on graduate nurse preparation.

Conclusion: Employment in health while studying for a nursing degree was associated with enhanced student experience, professional socialisation, and graduate confidence. These findings have implications for educational preparation of registered nurses and for recruitment and retention in the profession.

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Exploring telehealth within routine pregnancy care: a pilot randomised controlled trial

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Objective: Telehealth has become part of routine pregnancy care for many health services in Australia, largely following restrictions introduced during the COVID-19 pandemic. Evidence of safety and views on whether telehealth should continue in a post-pandemic environment are conflicting. We explored the feasibility of conducting a randomised controlled trial (RCT) of telehealth in pregnancy care. This presentation will focus on the women's experiences.

Methods: We conducted a pilot RCT comparing combined video-based telehealth and face-to-face pregnancy care (combined care) with all face-to-face pregnancy care. The study included low-risk women and was conducted between July 2022 and August 2023 at two tertiary maternity hospitals in Melbourne, Australia. Data collection included surveys of women at recruitment and four months postpartum.

Results: In total 137 women were recruited, of whom 58% were having their first baby. Half were allocated to combined care and half to all face-to-face care. Participants felt comfortable asking questions during video telehealth appointments (87%; 27/31), but only 32% (10/31) felt care was of the same standard as face-to-face care. Some telehealth appointments were by telephone, and similarly to video telehealth, participants felt comfortable asking questions (84%; 21/25), but more (48%; 12/25) felt they received the same standard of care as face-to-face care. Pre-randomisation, 80% (81/134) of participants would have liked the option of some telehealth as part of their care. Post-birth this reduced to 52% (53/101), and most wanted flexibility and choice in how many and which appointments were telehealth. Fewer participants in combined care rated their overall pregnancy as 'Good/Very good' (67%; 30/45), compared with those in all face-to-face care (82%; 47/57).

Conclusion: Telehealth in pregnancy care provides choice and flexibility for women, however further research is required to guide its use and optimise women's experiences of telehealth in pregnancy care.

Keywords: Telehealth; pregnancy care

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Nurses' perceptions regarding experiences of and need for social and emotional support

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Aim: A significant knowledge gap exists in the literature concerning social and emotional support within clinical settings, particularly in nursing hindering the development of targeted and effective support strategies. This study aims to address this gap by delving into the perceptions of practicing nurses regarding their experiences of and need for social and emotional support in clinical environments, with the ultimate goal of ameliorating challenges faced by the nursing workforce.

Method: The study employed a qualitative approach, utilising narrative inquiry to capture the narratives of practicing nurses' encounters with and requirements for social and emotional support. Participants were selected using purposive and snowball sampling techniques. Narrative analysis was employed to reconstruct each participant's story, followed by vertical and horizontal analysis using Braun and Clarke's thematic analysis approach.

Findings reveal six themes: Defining emotional and emotional support; Collegial bullying; Professional safety; Toxicity's toll; Teamwork makes the dream work; Meeting unmet social and emotional support needs.

Conclusion: The findings underscore the necessity for a transformative shift in fostering supportive nursing environments. Healthcare institutions and stakeholders must take concrete actions to create an environment where nurses are not only acknowledged and valued but also nurtured and empowered. Ultimately, these changes will enhance the quality of patient care and elevate the nursing profession. This study offers substantial implications for nursing education by advocating for the integration of emotional and social support training into nursing curricula, emphasising the importance of addressing collegial bullying, promoting teamwork and collaboration, and developing management and leadership skills among students. Resilience training, mentorship programs, self-care initiatives, effective communication training, and an emphasis on policy advocacy and continuous learning are all highlighted as essential components in preparing future nurses to deliver high-quality care while navigating the emotional and social challenges of the profession.

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Yarning about transformative change for First Peoples' health

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Aim/ objective: To support the review of the 2017 Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework.

Focus: The workshop will enable participants to review the existing Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework and provide recommendations. The objective of this work is to enhance the value and impact of nursing and midwifery education for First Peoples' health. Participants will be enabled to amplify the work of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) as we move to transform nursing and midwifery educational outcomes for Aboriginal and Torres Strait Islander peoples.

Overview: Nursing and midwifery education is poised at a critical point in Australia's history. There are opportunities to strengthen and forge new pathways to reconciliation; or to stand by and passively enable continued historical injustices in healthcare. This workshop will be conducted as a Yarning Circle to draw on the strengths and Knowledges of Aboriginal and Torres Strait Islander nurses and midwives. It is envisaged that together with passionate accomplices' participants together will reveal and address contemporary curriculum challenges evidenced by the GENKE II report, Leaders in Indigenous Nursing and Midwifery Education Network (LINMEN) members, the 2023 referendum and ongoing racism and equity gaps in both educational and healthcare institutions for Aboriginal and Torres Strait Islander peoples.

Brief workshop plan: Participants will be supported and guided in a Yarn by CATSINaM LINMEN members to provide guidance and feedback on the Health Curriculum Framework. Yarning will be conducted using cultural respect and deep listening. Participants will be provided with information, and 3 key questions will guide the yarns. The Yarns will be recorded, and notes taken to ensure all voices are properly captured included.

P1

Applying classic grounded theory in nursing studies: a systematic review protocol

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Background: Classic grounded theory (CGT) is a valuable method for nursing research, but the application of CGT methodology in nursing studies has not been specifically investigated. With its growing popularity the responsibility to ensure the quality of studies being undertaken becomes increasingly important.

Objective: This systematic review will apply the constructs of the Guideline for Reporting and Evaluating Grounded Theory Research Studies (GUREGT) to appraise how consistently researchers adhere to the principles of CGT methodology.

Methods: The reporting of this review will be guided by the preferred reporting items for systematic and meta-analysis guidelines (PRISMA) statement and data synthesis guided by the Synthesis Without Meta-analysis (SWiM) guideline. Publications will be uploaded to Rayyan™. The quality of each article will be assessed using the CASP qualitative research appraisal tool. Analysis of the selected studies will be performed using the GUREGT, explicitly the classic grounded theory guiding principles.

Registration details - Protocol Registration: Prospero ID - CRD42021281103

Results: The results of this review will provide a framework to inform the precise application of CGT in future research. This in turn will enhance the rigour of subsequent CGT studies, which will better inform nursing practice and education going forward.

Keywords: Classic Grounded THEORY, nursing, methodology, systematic review protocol.

P2

Exploring First Nations nursing student study journeys; co-creating a culturally safe environment

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Aim/Objective: To explore the journeys of First Nations students undertaking nursing studies, to identify university level factors contributing to culturally safe experiences and highlighting strengths, enablers, gaps and barriers that impact upon study program continuation and completion. Additionally, to explore staff experiences of supporting First Nation students within the tertiary setting and identify unmet cultural safety training needs. With these insights we then worked collaboratively with First Nations students to co-create recommendations to address these gaps and needs.

Methods: This collaborative research project brought together nursing academics and First Nations student participants. A mixed methods approach was employed, combining student study journey mapping, a staff experience survey and the analysis of quantitative enrolment, discontinuation and course completion data. This combined analysis allowed us to identify themes and trends that were indicative of study journey trajectory/outcome and staff training needs.

Results: We identified critical touch points within the student study journey that were indicative of outcome; highlighting those that were associated with a positive trajectory and others where the implementation of specific and structured support were required. Yet, significant gaps remain in support availability and staff training and development needs. In response to these, student led recommendations for improvement were co-developed.

Conclusion: Consistent, comprehensive and structured support across the study journey is critical for ensuring that First Nations nursing students are most likely to not only complete their program but thrive throughout their study journey. As opposed to the implementation of reactive support once students are facing challenges; this is too late, which likely negatively impacts the student's trajectory for success. In order to achieve this, tertiary institutions must equip their staff with the appropriate services, tools and training. Doing so may help ensure improved recruitment and retention of First Nations nursing students and increased workforce representation.

P3

Escaping sepsis: using a game-based learning approach to innovate nurse education

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Aim: The purpose of the 'Escaping Sepsis' educational escape room (EER) was to create an innovative learning environment to promote content retention, critical thinking and apply learnt concepts to nursing practice for continued professional development (CPD) in a Victorian metropolitan hospital.

Methods: An education needs assessment was undertaken to identify learning needs of an acute care nursing cohort in early 2023. Based on these results, 'Identifying sepsis and initiating the Adult Sepsis Pathway' was highlighted as a knowledge gap. A literature review around active teaching approaches revealed game-based learning is becoming increasingly popular and effective in nursing education, thus an EER was the chosen teaching strategy. The clinical scenario was developed based on the authors clinical experiences and designed to align with intended learning outcomes. These included: 1) identify risk factors, signs, and symptoms of sepsis, 2) demonstrate the initial management of sepsis, 3) evaluate clinical information to provide appropriate nursing care and 4) develop collaborative communication that supports safe decision making. The EER was piloted with three participants who had a 15-minute time cap to solve riddles, find clues and use clinical information to escape. A further three participants received observer cards to ensure they were also immersed in the content knowledge. Data was collected via feedback forms.

Results: All learners reported the EER strengthened their knowledge and plan to apply new learnings to their clinical practice. Using a Likert scale, over 70% of learners "strongly agreed" the content of the session was useful and interesting. The consensus from the learners was that the EER was fun, informative, and consolidated theoretical and clinical knowledge.

Conclusion: EER's are an effective and active learning strategy within nursing education that encourages learners to engage, collaborate, enhance critical thinking skills, improve clinical knowledge, and promotes the delivery of safe and high-quality patient care.

Keywords: educational escape rooms; game-based learning; innovative nurse education.

P5

Supporting Timor-Leste midwives and nurses: an evaluative study

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Background: The current maternal and newborn outcomes in Timor-Leste have drawn attention to its healthcare workforce's training and professional development needs. Professional development training sessions were crafted for thirteen Timorese midwives and nurses using various approaches and methods. This was implemented at a University in Australia. Australian maternal and newborn health specialists developed and delivered this bespoke training program during a five-week residential program conducted in Australia.

Aim: To describe an Australian maternal and newborn health training program for Timorese midwives and nurses and report quantitative and qualitative evaluations.

Methods: Surveys were used to collect qualitative and quantitative data at three-time points – pre-training, post-training, and in-country follow-up. The pre-training survey occurred before the program in Australia, the post-training survey occurred immediately after the program in Australia, and the in-country survey occurred two months after returning to Timor-Leste. Quantitative data were analysed using descriptive statistics, and qualitative data using thematic analyses.

Findings: Timorese midwives and nurses expressed increased knowledge and skills required for enhanced maternal and neonatal care. The participants learned to use evidence-based research as a foundation for practice change, identified their knowledge gaps, and took steps to acquire skills in respectful maternity care and safe practice.

The participants also identified barriers to implementing quality improvement projects to enhance maternity services. Most participants expressed an improvement in the English language following the five-week program in Australia – an unintended outcome emanating from a combination of engagement with local members, the University, and the broader Australian communities.

Conclusion:

An Australian onshore training program in collaboration with local Clubs for Timorese midwives and nurses can support midwifery skills and professional development in Timor-Leste, aiming to assist women, infants and the healthcare professionals who care for them in Timor-Leste.

Keywords: midwifery; infant health; Timor-Leste; Australia

P6

Investigating factors influencing student satisfaction in aged care placements: a cross-sectional study

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Aim/Objective: This study aimed to investigate factors influencing students' satisfaction with aged care placements. Providing positive clinical experience in aged care is crucial for nursing students to learn safe quality care and foster a sustainable workforce.

Methods: In this cross-sectional study, responses related to aged care settings were obtained from the National Placement Evaluation Centre's national survey. Using multinomial logistic regression, demographics, academic, placement characteristics and placement quality were investigated in relation to students' overall satisfaction.

Results: A total of 1179 responses were extracted to analyse students' aged care placement experience. Students reported satisfaction with their clinical placement, with a mean score of 7.7 (SD=2.2). While most of the students had a positive experience, achieving their learning objectives (85.9%), they reported limited opportunity to interact with the multidisciplinary team (74.6%). Further, students reported a relatively negative experience with staff, such as willingness to work with students (76.9%) and being a positive role model (76.7%). Higher year enrolment (2nd and final year), domestic enrolment, and lower scores on clinical environment and learning support contributed to lower student satisfaction whereas facility clinical educators providing supervision and higher scores in clinical placement quality were positively associated with increased student satisfaction.

Conclusion: Despite students' overall satisfaction with aged care placements, it is clear there are areas for improvement and a need to develop a structured approach to enhance aged care clinical experiences, including the progressive development of learning objectives and career preparation and increasing participation in interprofessional collaboration. It is important to foster the aged care profession through education and training to create a positive learning environment. More importantly, education providers and aged care facilities should enhance supervision quality by developing standardised training programs and securing sufficient supervisors in aged care placements.

Keywords: Clinical placement, aged care, student satisfaction.

P7

Factors that influence final year nursing students' selection of graduate programs

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Aim: To examine factors that influence final year pre-registration nursing student's selection of their graduate year program and explore student experiences of a clinical school model in influencing their selection.

Methods: An exploratory descriptive design was implemented using data from four focus group interviews (n=9 participants). Convenience sampling of all final year undergraduate nursing students at one university was conducted from June to October 2023. Participants were recruited from four metropolitan clinical nursing schools and one regional campus.

Results: Four themes were identified during analysis of focus group interviews. The impact of clinical placement, Alignment of culture and values, Career aspirations, The student experience of a 'clinical school model'.

Participant responses indicated the importance of alignment of personal values and the perceived organisational culture. Clinical placement experiences are an important factor in student decision making when choosing graduate programs. The experiences of student peers on clinical placement, family and friends' experiences as consumers of health services are also important factors in the decision-making process. Participants identified tension between prioritising geographical location or a preferred specialisation and this affected how they viewed their career path. Informed by the interview data, students prioritised organisational culture, geographical location and positive clinical placement experiences as the most important factors in choosing a graduate program.

Conclusion: Preliminary findings indicate that consideration of graduate program selection is a high priority for final year nursing students. There is an opportunity for pre-registration nursing programs and health services to work together to support students in their graduate year selection. With the increasing pressure on health services to recruit and retain novice graduates, the findings from this project help in our understanding of how nursing students' select a graduate program in a competitive workforce environment.

Keywords: Nursing graduate, graduate program, nursing student, clinical school, nursing workforce.

P8

Enhancing nursing education through quality thesis supervision in hybrid coursework master degrees

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This research explores the often-overlooked realm of supervision within coursework master degrees, specifically focusing on the research component inherent in advancing registered nurses' expertise. While extensive attention has been given to doctoral research supervision in the literature, there remains a significant international gap in managing the minor thesis component within master degrees. Despite the integration of research elements into master's courses, there exists a dearth of attention on effective supervision strategies, a crucial aspect in nurturing advanced nursing practice. Amidst the prevalence of hybrid master's degrees offered by most of the universities affiliated with the Council of Deans Nursing and Midwifery (CDNM), there is an evident need to comprehend these programs and the pivotal role of supervision for educational and developmental purposes. Understanding these degrees is vital for future innovation and progression within the field. Our research contributes new insights into how experienced nursing supervisors deliver quality research supervision in these degrees. A qualitative descriptive study, experienced nurse academics (n=28) from 18 universities affiliated with the CDNM were interviewed. Participants shared rich insights about what is needed to achieve quality research supervision and thesis outcomes. In this presentation, the researchers report three characteristics essential for quality research supervision in hybrid coursework master degrees. These are the supervisory practices of: establishing a robust research and supervisory framework; proactively using supervisory skills to lead and drive for student and project success; and attending to personalised and nuanced aspects of supervision to fostering student development and success.

These findings contribute significantly to new understanding of supervising minor theses at master level and provide a valuable foundation for developing supervisory practices. Ultimately, this research enhances the educational experience within coursework nursing master's degree programs, paving the way for the advancement and optimisation of supervision strategies, thus promoting higher-quality nursing education and practice.

P9

Student nurses – future proofing the next generation of the nursing workforce

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Primary Health Care (PHC) nurses form the largest group of healthcare professionals in Australia's primary care sector, numbering over 96,000. This diverse group includes nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs), and registered midwives (RMs). (Department of Health and Ageing (DoHA), 2023). These nurses are skilled, regulated, and trusted health professionals working in partnership with multidisciplinary teams to manage chronic and complex conditions, prevent illness and promote health across the lifespan. They work in diverse clinical settings including general practice, schools, community health, aged care, Aboriginal and Community Controlled Health Services, refugee health and corrections.

Attracting the next generation of healthcare workers to primary health care presents a significant and intricate challenge. Often absent from nursing curricula or only briefly covered under the umbrella of 'community nursing,' primary health care lacks substantial representation. In addition, while many curriculums across Australia cover chronic and complex care, not all articulate how this type of care is delivered in primary health care contexts. This gap in exposure to the sector's diversity, autonomy, and collaborative nature becomes a barrier, hindering nurses from transitioning and working to their full scope of practice. To address this, PHC needs to be embedded the curriculum, not just in theory but also in practical application if future nurses are going to address the health needs of Australian communities.

Despite most clinical placements occurring historically in in hospital settings, students should receive quality theory and clinical practice in primary health care to enable prevention and chronic and complex health needs to be addressed by the future workforce. APNA's 2023 student nurse placement data reveals an alarming 50% of participants had no prior exposure to primary health care. Ensuring diverse health needs are met and hospitalisations are minimized requires a paradigm shift in nursing education, acknowledging, and integrating the significance of primary health care in preparing a competent and versatile nursing workforce

P10

Effect of early warning systems on nurses' higher order thinking: systematic review

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Aim: To examine the impact of mandated Early Warning Systems (EWS) on the development of registered nurses' higher-order thinking.

Methods: A systematic literature review was conducted, using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (PRISMA). CINAHL, Medline, Embase, PsycInfo were scrutinised according to strict eligibility criteria, returning 315 results. Following initial screening, the remaining articles were appraised for quality, resulting in the inclusion of eleven studies. All five authors were involved in data extraction and analysis.

Results: EWS has both supportive and suppressive impacts on the development of nurses' higher-order thinking. The EWS supports higher-order thinking by validating nurses' subjective clinical assessments of patients and by offering a justification for escalating care. However, experienced nurses believe that development of junior nurses' higher-order thinking may be hindered due to overreliance on EWS.

Conclusion: EWS play a crucial role in the identification of clinical deterioration in hospitalized patients. However, the impact of EWS on the development of nurses' higher-order thinking has not been extensively studied. Our findings indicate EWS have both supportive and suppressive effects on nurses' higher-order thinking. When serving as a supportive factor, EWS reinforce the development of nurses' heuristics, which are mental shortcuts that experienced clinicians rely on when interpreting their subjective clinical assessments of patients. However, EWS also have suppressive effects on higher-order thinking, impeding the development of nurses' higher-order thinking and heuristics. This limitation restricts the nurses' ability to build a muscle memory of similar patient presentations they may encounter in the future. It's crucial for clinicians to refine and expand their repertoire of heuristics, as this enables them to ensure the safe and effective care of patients who exhibit similar physiological signs and symptoms in the future. This builds on registered nurses clinical reasoning and HOT which are essential for safe care.

P11

Students' perceptions of case-based learning in midwifery education

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Aim/Objective: Case-based learning (CBL) is often used in nursing and midwifery education to explore authentic clinical scenarios to support student learning. However, CBL is implemented in many ways. Some curricula use new cases each semester/trimester, some continue cases across the year, and others use a 'caseload' of women across a midwifery degree, enabling students to follow the history of women in their caseload. This study aimed to explore students' perceptions of varied models of CBL used to support student learning to prepare for clinical midwifery practice and continuity of care. **Methods:** This exploratory descriptive study explored midwifery students' perceptions from three Australian universities using CBL scenarios in their curricula. Second, third, and fourth-year BNBM dual degree students participated in focus group discussions. Audio recordings were transcribed and thematically analysed.

Results: Students across all programs valued CBL for developing their critical thinking and clinical decision-making. They felt they were good discussion starters to learn together. The variety, breadth and depth of cases reflected clinical practice. Students appreciated when the CBL case in a tutorial was also used in their skills laboratories. However, students found the CBLs used were generally not reflective of continuity of care with new cases introduced each week. When the same case returned for a subsequent 'pregnancy', they did not recognise this, treating it as just another case.

Recommendations for improvement included increasing accessibility with transcripts and/or subtitles of video and audio cases and using images to connect the text with a 'woman'. Whilst some wanted more cases, having too many cases at a time was considered not reflective of clinical practice. More detail, akin to a medical record, was desired.

Conclusion: Scaffolding learning across the duration of a degree is a critical pedagogical practice. CBL is beneficial, but it is important to seek student feedback to improve educational practices.

P12

Innovating practice to overcome barriers in perioperative hypothermia prevention for orthopaedic patients

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Aim/Objective: Perioperative hypothermia poses a significant economic burden on the Australian healthcare system, costing over 1.2 billion AUD annually. Despite a wealth of guidance and evidence available to inform best practices in perioperative temperature management, including the ACORN standards, high rates of perioperative hypothermia persist. The aim of this review was to assess barriers and facilitators to the implementation of guidelines for the prevention of inadvertent perioperative hypothermia in orthopaedic patients. This presentation aligns with the theme of 'Uniting and Igniting' by addressing the collective efforts required to propel us towards a future where patients no longer suffer the adverse outcomes associated with perioperative heat loss.

Methods: This systematic review included primary studies published in English between January 2008 to July 2022. Study selection, quality assessment, and data extraction were completed independently by researchers. Data were extracted using the Consolidated Framework for Implementation Research and mapped to the Expert Recommendations for Implementing Change strategies.

Results: Eighty-seven studies were included in the review. The most frequently reported barriers related to evidence strength, relative advantage, and cost of implementing perioperative hypothermia prevention guidelines. The top four strategies were: Identify and prepare champions; conduct educational meetings; assess for readiness and identify barriers and facilitators; and inform local opinion leaders.

Conclusion: This review provides synthesised evidence regarding barriers and facilitators to perioperative hypothermia guidelines for patients undergoing orthopaedic surgery. This knowledge contributes to the ongoing dialogue and commitment to overcome the challenges and achieve success in perioperative hypothermia prevention.

Keywords: Perioperative hypothermia, Barriers, patient safety, orthopaedic.

P13

The concept of capability in pre-registration nursing education: a scoping review

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Aim: To identify and summarise the requisites of capability for practice and enablers to support development of capability in pre-registration nursing education and areas in need of further research.

Methods: A scoping review was conducted, following JBI guidelines, to identify what is known on the concept of capability in pre-registration nursing education. Records published without date restriction were searched using MEDLINE, Embase, Emcare, CINAHL and Scopus databases. Grey literature and reference list searching was conducted. Sources explicitly reporting requisites of capability, or enablers of capability development in pre-registration nursing education, were eligible. All sources, written in English and available in full text, were included. Data were extracted and synthesised using a specifically designed extraction tool.

Results: The number of records reviewed totalled 896. Twenty-three studies met the criteria for inclusion in the synthesis. Nineteen capability requisites for practice were reported. Whilst various enablers to support development of capability requisites were reported, some challenges were also identified.

Conclusion: This review identified requisites of capability for practice and enablers that may support development of capability in pre-registration nursing education. This holistic set of capabilities have previously not been reported. Given the emerging nature of the concept, this collective set of requisites may not be indicative of all required capabilities of nursing students upon graduation. Efforts to develop a definitive set of requisites and explore strategies to support and enable capability development are needed to advance this concept in the pre-registration nursing education context.

P14

Developing future academic leaders the aspiring Deans leadership development program: process evaluation

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The Aspiring Deans Leadership and Development Program (ADLP) is an initiative of the Council of Deans of Nursing and Midwifery (Australian & New Zealand) (CDNM) designed to promote academic nursing and midwifery leadership as a career and to develop these workforces. The CDNM has requested an evaluation to inform future program development. Academic leadership in nursing and midwifery is integral to addressing global workforce challenges. With the profession's continuous growth, establishing robust succession plans is imperative to develop opportunities for nurturing and cultivating future leaders. Succession planning is an intentional process focused on mentorship, and increasing leadership preparedness, and aims to protect against future faculty staffing crises. Through formal mentorship programmes, faculty receive structured guidance and support mitigating the risk of premature departure among future nursing and midwifery leaders.

The evaluation project aims to assess the quality, impact, and key success factors of the CDNM ADLP. A process evaluation methodology using a 7-step evaluation framework, including a logic model will be used. Data will be collected via a review of program documents and interviews with stakeholders including mentors, mentees, managers, Deans/Heads of Schools and the executive coach. A general inductive analytical approach will be used. A sense-making workshop with key stakeholders will be undertaken to discuss and reflect on the evaluation results and to develop ideas for future programs. Results will be informed by 5 key evaluation questions: 'How relevant was the design', 'The impact of the design on mentees, mentors and Deans/Heads of School', 'What were the highlights and success factors of the program', 'What challenges were experienced during the program', and 'What would improve the experience and outcomes'. This evaluation will identify if the Aspiring Deans Leadership Program met or exceeded all expectations.

The findings will highlight critical success factors and areas for improvement; thus, informing the future Aspiring Deans Leadership Development Program Development.

Keywords: Mentorship, Leadership, academia OR faculty, succession planning.

P15

Steering the ship: strong leadership for transformative change in aged care navigation

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Aims: To investigate the stressors that are experienced by residential aged care managers that lead to burnout.

Method: A scoping review was undertaken using the following five databases: CINAHL, MEDLINE, EMCARE, SCOPUS, and INFORMIT. The first review of title and abstracts was conducted by three authors to determine eligibility, using the program JBI SUMARI to manage the process. During the second review, two authors were involved in the screening of each full-text article, and where disagreement occurred, a collaborative conversation took place until consensus was achieved.

Results: An initial search found 275 articles, of which 5 met the inclusion criteria for the final review. Studies showed that burnout in residential aged care managers was influenced by a variety of stressors. Stressors identified in the literature were analysed and grouped into the following categories: Responsibilities, Reaction, and Regulation. These groups encapsulated risk factors for burnout in residential aged care managers, supporting the original work conducted on burnout by Maslach and Leiter (1997).

Conclusion: Studies on burnout in residential aged care managers can be assigned to environmental stressors that are situational and organisational and are outside the control of the individual (Maslach, 2003). Residential aged care managers experiencing burnout has a direct impact on the quality of care provided to residents (Iaconi et al., 2022; Hower et al., 2021). Another possible consequence is the increased risk of adverse health outcomes for residents (Hower et al., 2021) and a negative impact on staff outcomes (Iaconi et al., 2022). Consequently, this may also lead to an early departure from the nursing profession (Hower et al., 2021). Strategies that support residential aged care managers to manage and lessen the phenomenon of burnout requires further exploration.

Keywords: Aged, burnout, professional, leadership.

P16

Influencing the next Gen healthcare professionals – a pilot study

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Aim/Objective: Evidence suggests participation in a single sim-IPE session within an interprofessional team has benefits in terms of attitudes towards interprofessional learning, improving student engagement and enhancing professional identity. We aimed to run a series of simulations over one day involving undergraduates in nursing, midwifery, paramedicine, and medicine.

Methods: A mixed methods approach was undertaken using a survey and body language analysis.

Results: Following the simulation, 75% students (n=12), reported being to a very great extent/great extent/fairly great extent comfortable engaging in shared decision making with the patient and gained an appreciation for the benefits of interprofessional teamwork. A third of the cohort reported feeling, to a moderate extent, able to describe their professional role or identifying preconceived ideas about roles. Pre and Post test scores related to interdisciplinary practice improved across the factors of teamwork, collaborative practice and patient outcomes related to collaborative practice.

Conclusion: The greatest improvement noted in post-test scores was in the factor of collaborative practice.

Keywords: collaborative practice, interprofessional education, simulation for learning.

P17

Practice lab masterclass: when a great idea became a reality

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Aims/Objectives:

1. Create a safe, interactive and engaging opportunity for students to practice foundational skills with the support of an experienced Registered Nurse
2. Provide a tailored approach to support core nursing skills to improve clinical placement outcomes
3. Make Practice Lab Masterclasses accessible to students accommodating various timetable schedules

Methods: In collaboration with stakeholders including subject coordinators, the clinical liaison team, the Deputy Head of School, clinical facilitators and clinical simulation team, a program of clinical masterclasses was developed and piloted with 1st, 2nd and 3rd year students in an undergraduate Bachelor of Nursing Program.

The Masterclass sessions were designed to supplement the clinical laboratory classes for the core clinical subjects in each year. The Masterclass sessions were run by an experienced clinical facilitator and held in a dedicated practice lab. Sessions were designed to be practical and to maximise the time available for students to practice skills. Students were able to book in to classes on a voluntary basis. At the conclusion of the masterclasses, students were asked to complete a short (anonymous) feedback survey on their experiences. This survey data was then analysed using statistical analysis and thematic analysis for free-text answers.

Results: "Build it and they will come" - Attendance at Masterclasses was consistently high and extra classes were added to meet demand.

There were 154 survey responses received. All participants rated the Masterclasses a 4 or 5 out of 5 on a likert scale for satisfaction. All 154 students answered yes to the questions "Do you feel the the session improved your clinical skills and knowledge?" and "Do you feel more confident in performing these skills on clinical placement?"

Themes identified included improved student confidence, peer-to-peer learning, consolidation of learning and increased engagement in learning.

Conclusion: The clinical Masterclasses were effective in supplementing the education provided and preparing students for clinical placement.

Keywords: clinical education, nursing students, clinical placement, masterclass.

P18

Achieving student success in nursing and midwifery through clinical learning tools

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For Nursing and Midwifery students, clinical placements are an integral part of entry-to-practice programs. This project aims to gain insight into student experiences using clinical learning tools, which can support them in successfully completing their clinical placement.

Nursing and Midwifery students who are struggling with their technical and non-technical skills in nursing and midwifery may find it more difficult to successfully complete their clinical placement due to lack of preparedness. Students usually do not know they are unprepared until they are asked to 'perform' in the clinical arena.

At Victoria University (VU), Nursing and Midwifery academics have collaborated in a research project to determine whether clinical learning tools enable better outcomes for nursing and midwifery students in preparing them for the real-world.

This presentation outlines an innovative and supportive learning process developed by VU Nursing and Midwifery academics, to support students who face challenges in applying theoretical knowledge, technical and non-technical skills to the provision of person and woman – centred care during clinical placement.

The clinical learning tools — a Plan for Professional Practice (PoPP) and Action Plan of Professional Practice (APPP), will be evaluated for impact on student outcomes, unit pass grades, course progression and timely course completion. These tools have been designed to accompany student learning and development in preparation for clinical practice experience, especially when there has been a prolonged gap between clinical practice experience and/or unsuccessful completion of placement.

This research project is currently investigating nursing and midwifery students who are part of the supported learning process, and is due to be completed in 2024.

P19

Developing conflict resolution strategies and building resilient midwifery students

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Background: Workplace bullying, and violence (WBV) within the midwifery profession, has been a well-documented concern in health literature since the 1990s. Contemporary research highlights that WBV is often inflicted upon midwifery students. Workplace bullying, and violence has both short- and long-term effects on the student, including psychological trauma and poor mental health, loss of passion for midwifery and absenteeism.

Aim/Objective: To identify a solution to this phenomenon, we designed and facilitated a bespoke education program for South Australian midwifery students, enabling them to develop skills in conflict resolution, build resilience, and identify self-care strategies. This presentation focusses on Phase 1 of a larger mixed methods study.

Methods: In Phase 1, quantitative data were collected via semi-structured questionnaires and a validated conflict measurement tool, before and after attending an education workshop. Data were analysed using descriptive and inferential statistics. Results from Phase 1 informed and guided the development of an interview schedule for Phase 2.

Results: Ninety-one second year South Australian midwifery students consented to participate in Phase 1. Preliminary results of this phase will be presented. Findings of the research will report on pre and post intervention levels of knowledge, skills and confidence, and assess the impact of a bespoke conflict resolution and resilience education workshop for midwifery students in managing WBV.

Conclusion: The outcomes of this research will provide insights into the prevalence and impact of WBV experienced by South Australian midwifery students.

Keywords: Midwifery; Students; Conflict; Bullying.

P20

Defining clinical judgement in nursing!

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Aim: To develop a contemporary operational definition of Clinical Judgement in nursing.

Method: Rodgers' evolutionary method of concept analysis. Throughout the study, the authors followed the SRQR checklist.

Results: Clinical Judgement in nursing is a complex process and can impact patient safety. Three themes were identified as precursors to clinical judgement transpiring. The three themes are classified as knowing your subject, knowing your situation, and knowing the nursing process. Decision-making was the primary consequence of clinical judgement. This concept analysis guided the development of an operational definition of clinical judgement, within the context of nursing, articulated as: Clinical judgement is a reflective and reasoning process that draws upon all available data, is informed by an extensive knowledge base, and results in the formation of a clinical conclusion.

Conclusions: The purpose of this concept analysis was to propose a detailed definition of clinical judgement in nursing, that reflected its theoretical base within today's contemporary health care system. Using Rodgers' evolutionary method of concept analysis, surrogate terms, attributes, antecedents, and consequences were identified, and a contemporary definition was developed. This concept analysis provides an explanatory and descriptive statement of clinical judgement in nursing that helps clarify meaning and gives direction for future research, education, and clinical application.

P21

International nursing student disaster readiness policy could prevent trauma in post-COVID catastrophes

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Aim/Objective: To describe the experiences of International Nursing Students (INS) during COVID-19 which led to the research recommendation for nursing schools to develop a Disaster Readiness Policy for potential future catastrophes.

Methods: Narrative Inquiry

Results: INS voiced the results of an exploration into their experiences of COVID, through the co-creation of a podcast. They describe the impact of mass unemployment. Without financial entitlements, students faced actual or potential hunger and homelessness. Policies for university fee payments were inconsistent, and subsequent, adverse immigration implications remained unchanged. The rise of anti-Asian racism extended into universities, identifying policy gaps. University closures resulted in social isolation. As COVID rates in home countries escalated, so too did students' fears. Cultural and practical obstacles inhibited access to mental health support. COVID-related challenges occurred in addition to known educational and social challenges faced by INS. INS also managed issues pertinent to all nursing students during COVID. This research found that the nursing profession did not have a pre-existing policy to ensure an informed and cohesive approach to meet the needs of INS during the disaster.

Conclusion: It is feasible for other global or national catastrophes to emerge. Nursing leaders are in a position to develop an innovative Disaster Readiness Policy in nursing schools. This research concluded that a policy created in partnership with students is likely to be culturally appropriate and facilitate empowerment. The Policy should be developed before a crisis event and should reflect good governance. A Policy should address the potential impact of a disaster on students' wholistic needs. Structures to ensure students can continue their education should be developed and easily instigated. The Policy increases the capacity for INS to complete their study, and contribute to the nursing workforce. While developed for INS, this Policy can benefit IS in other faculties.

Keywords: COVID-19; International nursing students; Disaster Readiness Policy; Trauma.

P22

From simulation to service: preparing undergraduates for impactful community nursing placements

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This presentation delves into an innovative simulated learning experience undertaken by the University of Waikato undergraduate nursing students to prepare them for the world of community nursing. Rooted in the University's unique graduate profile and a comprehensive approach to community care, the simulation integrates various nursing activities, emphasising safety, person-centred care, and effective communication.

Over the course of two weeks the simulation encompasses a theoretical component (2hrs) followed by a practical session (2hrs). Students conduct a thorough risk assessment, identifying potential hazards in a home environment, seamlessly integrating practical elements like safe parking, receiving and deciphering referrals. The simulation emphasises understanding individual requirements in a community setting and tailoring care effectively.

A distinctive feature is the use of multimedia tools. Students record handovers via video, fostering reflective practice for self-assessment and improvement. The simulation encourages autonomous decision-making, mirroring the role of a community nurse, using QR codes and personal phones for content access. Projectors display environment-appropriate videos during the theoretical component, connecting theory to real-world applications in the wider community, Community Nursing office, and home settings.

The initiative includes a hands-on wound-care segment, allowing students to practice skills in a controlled environment. Multimedia extends to virtual house tours, familiarising students with diverse home environments. Developed in consultation with Pukenga Matua Nursing staff, the experience incorporates correct Te Reo kupu and a Māori worldview, aligning with the ethos of the University's Nursing program.

This simulated learning experience not only enhances technical skills but also allows the students the space to demonstrate effective communication and documentation. Through video handovers that highlight the 'three C's': connection, concerns, and care, and the virtual home tours, the initiative prepares students for dynamic challenges they may face in their placements or future careers within the Community setting. It aims to equip a generation of nursing professionals to better care for health consumers and whānau across the care continuum.

P23

A useful framework for professional/ clinical supervision using a strengths-based reflective approach

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Aim/Objective: The presentation of a framework for a strengths-based reflective approach to professional supervision.

Methods: This poster provides an overview of strengths-based reflective supervision theory and a supervision framework which has been developed from the work of McCashen (2005, 2017).

Conclusion: The framework presented provides practitioners with a collaborative, reciprocal, respectful, and inclusive supervision approach to support critically reflective practice.

Keywords: Strengths-based practice, Reflective practice, Professional supervision.

P24

Development of a midwifery student peer counselling intervention: an Interpretive Description study

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In recent years it has emerged that 'second victim' trauma (also known as 'bystander', or 'vicarious' trauma) can occur in witnesses to childbirth events in which the wellbeing or life of the woman and/or baby have been in danger. The effects on health professional second victims, including midwives and midwifery students, are sobering: they include diminished professional confidence, errors in judgment, development of dysfunctional coping mechanisms, disruption of co-worker relationships, compassion fatigue, taking time away from or considering leaving their profession, and reduced decision-making capacity. In previous research, midwifery students have identified that the opportunity to talk about and reflect on an upsetting practice incident would be helpful in this situation.

The aim of this project was to explore the desirability among, and feasibility for, midwifery students to use an adapted version of a counselling intervention that was developed in 2005 by an Australian midwife academic; the purpose of the adapted intervention is for midwifery students to assist peers who have experienced midwifery practice-related second victim trauma during practice experience placements to integrate and transition the experience. The original intervention proved effective for use with women whose birth experience was upsetting, and offers a step wise approach. For this project, midwifery students assisted with adapting the intervention, informed our understanding of its feasibility, and co-designed the first iteration of an implementation plan.

The outcome of the project is that we now have confirmation of the intervention's appeal, a modified version of the original counselling intervention that is 'end user approved', and clear understanding about the considerations that must inform and support the application of the intervention in practice.

The knowledge produced from this project will be directly relevant to higher education providers that offer pre-registration midwifery degree, and of interest to other public-facing health care disciplines, particularly those whose members work in acute settings, for example nursing and paramedicine.

P25

Engaging authentically in the nurse-patient relationship: enhancing nursing practice

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Aim/Objective: This research study aims to uncover the shared understanding of the person-centred process of engaging authentically (McCormack and McCance, 2021) within the nurse-patient relationship in hospital settings.

Methods: Using Constructivist Grounded Theory, a brief period of observation using the validated revised Workplace Culture Critical Analysis Tool (Wilson et al., 2020) observing nurse-patient interactions followed by intensive interviewing with nurses and recent inpatients.

Grounded theory processes were used including concurrent data analysis and theoretical sampling to explore tentative categories (Charmaz, 2014). New theoretical insights revealed further understandings of the person-centred process of engaging authentically.

Results: The core category of “showing genuine interest in the person” encompasses the sense that nurses and the people they are caring for are both seen as more than just the professional role or healthcare recipient, they are seen as people. Sub-categories in this study focus on how authentic engagement is enacted, and what supports the nurses and patients to connect with each other, enhancing the care experience for both cohorts. Barriers to being able to engage authentically were also reported, and these impacted on the care provided.

Conclusion: This study found a shared understanding of “engaging authentically” with universal agreement of the importance of the process from both nurses and patients. Engaging authentically enhances the development of trusting and caring healthcare relationships.

Keywords: Nurse-patient relationship, Person-centred nursing practice, Engaging authentically, Care experience, Nurse satisfaction