

ORAL ABSTRACT BOOK

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**CHRISTCHURCH TOWN HALL
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100

Transformational Nursing Leadership – our leaders of tomorrow

Hetaraka L

Chief Nurse, Ministry of Health, Aotearoa, New Zealand

‘Transformational Nursing leadership plays a pivotal role in advancing healthcare towards a healthier, more equitable future by fostering a supportive environment that inspires and motivates teams to deliver exceptional patient care. Transformational leaders build a culture of mutual respect and open collaboration, actively encourage innovation, and facilitate shared decision-making not only among nurses but also across disciplinary boundaries. In today’s complex healthcare landscape, where patients and whānau needs are multifaceted, such leaders drive action by advocating for continuous improvement, challenging outdated practices, and harnessing collective expertise to design patient-centric solutions.

The importance of transformational leadership expands further into enabling transdisciplinary practice, which is the integration and purposeful sharing of knowledge and skills across diverse professions to address the complexity of modern health challenges.

Transdisciplinary teams, under strong nursing leadership, are empowered to break down silos and collaborate fluidly with other professionals ensuring care is holistic and responsive to patient and whānau expectations. Leaders who champion this model instil a shared vision, embed a common language across disciplines, and reinforce organisational cultures build on trust and Inclusion. In Aotearoa New Zealand transformational Nurse leaders have a unique responsibility to support whānau-focused healthcare. They act as the human face connecting whānau to the health System, advocating for culturally safe, family-centred practices that respect the values and realities of all whānau. Ultimately, transformational Nursing leadership is both the catalyst and the foundation for healthier futures. It propels change, supports effective and innovative transdisciplinary practice, and champions a healthcare System where whānau are at the heart of care’.



101

A contemporary perspective on the nursing and midwifery professions in Australia

McMillan PSM A

Chief Nursing and Midwifery Officer & Australian Government Department of Health, Disability and Ageing

This presentation offers an exploration of the evolving landscape of nursing and midwifery in Australia. Against a backdrop of rapid healthcare advances, shifting consumer expectations, and significant policy reforms, the roles and responsibilities of nurses and midwives are expanding. Drawing on recent research, workforce data, and national policy direction, the discussion will address opportunities such as the integration of technology, cultural competency, and interprofessional collaboration. It will also highlight the professions' vital contributions to person-centred care and the pursuit of equitable outcomes for all Australians. The presentation aims to foster a deeper understanding of the dynamic nature of nursing and midwifery in Australia today.

102

Using AI and digital technologies in clinical simulation to promote communication confidence in undergraduate nursing students.

Gardner D¹, Levett-Jones T¹, Brogan E¹

¹University of Technology Sydney

In manikin-based simulations, limited real-time authentic feedback in response to learners' actions can reduce opportunities to learn from immediate patient responses and limit flexibility in decision-making. Conversational Agents (CAs), informally known as chatbots, are AI driven virtual units designed to engage in human-like conversations with users. When used in an educational setting, these intelligent systems can provide interactive support to participants by delivering natural responses and creating an authentic conversational experience for the learner.

Aim/Objective:

To examine the use and effectiveness of CA technology to simulate patients' voices, to support the development of undergraduate nursing students' non-technical skills.

Methods:

A cross-disciplinary team from the faculties of Health and Engineering explored the feasibility of a scalable communication skills training platform used in conjunction with a clinical simulation laboratory experience. This AI generated chatbot served as the voice of a manikin-based 'patient', enabling first-year nursing students to engage in meaningful and authentic therapeutic conversations whilst providing clinical care. A mixed methods sequential explanatory study was conducted to measure the level of satisfaction of the students from the simulation experience, and to gather feedback.

Results:

Student feedback indicated that this novel simulation approach enhanced the learner experience, increased confidence, clinical reasoning, and critical thinking skills, and strengthened cognitive and social communication skills. The study findings also highlighted areas for improvement, including the need for a foot pedal to control the CA hands-free from all areas surrounding the bedspace, whilst also promoting adherence to infection control practices.

Conclusion:

Students felt that this teaching and learning strategy was immersive and realistic, making it superior to the alternative tutor or peer voiced simulations they were exposed to, and the overall experience was rated as positive. Our ongoing research will focus on evaluating further diversification and utilisation of such CA products in healthcare curricula.

103

The impact of genAI on academic integrity: Nursing academics' experiences in undergraduate education

Dabkowski E¹, Allen L¹, Whitehead D¹, Missen K¹, Worn R¹

¹Federation University Australia

Aim/Objective

This study explored nursing academics' perceptions and experiences of generative artificial intelligence (GenAI) in undergraduate nursing education. GenAI is emerging as a significant and complex influence on student learning, assessment practices, and professional development. The authors of this abstract are all Academic Integrity Officers (AIOs) serving on University Academic Integrity Committees. This paper presents findings related to the pedagogical, ethical, and professional implications of GenAI use in nursing programs.

Methods

A qualitative descriptive design was used to capture rich insights from 22 nursing academics across Australia and New Zealand. Participants were recruited through purposive sampling and were actively engaged in undergraduate teaching and assessment. Semi-structured interviews were conducted in February 2025 via Microsoft Teams. Data were analysed using Braun and Clarke's reflexive thematic analysis.

Results

Three main themes and nine sub-themes were identified. The main themes were (1) Ambiguity of GenAI Use—including uncertainty around university policies, diverse academic attitudes and curriculum development gaps; (2) Impact of GenAI on Nursing—encompassing concerns about knowledge translation, student preparedness, and professional identity, along with integrity and professionalism in nursing and (3) Ethical Use of GenAI—emphasising the need to model, teach, and assess responsible engagement aligned with graduate attributes and national nursing standards.

Conclusion

GenAI presents both a threat and opportunity to academic integrity in nursing education. Participants stressed the urgent need for sector-wide guidelines, educator support, and intentional curriculum design/assessment to prevent misuse whilst promoting critical thinking and ethical use. Embedding GenAI literacy within academic integrity education is essential to preparing digitally capable and ethically grounded nursing graduates.

Keywords:

Generative AI, academic integrity, nursing education, ethical practice

104

Authentic interprofessional education for undergraduate health students using VR180 technology

Cowan A¹, Dabkowski E¹, Mee J¹, Garvey L¹, Hood K¹, Jones E¹, Meredith G¹

¹Federation University Australia

Aims/Objectives:

To enhance interprofessional education (IPE) for undergraduate health students through an innovative, immersive VR180 learning tool that simulates complex clinical environments and decision-making scenarios.

Methods:

A branching 180-degree stereoscopic virtual reality simulation was developed in-house to immerse students from nursing, physiotherapy, occupational therapy, and other health disciplines in a 35-minute interactive hospital scenario. Using headsets and handsets, students engaged with pre-recorded patients, families, and healthcare staff, making clinical decisions that influenced the storyline. The simulation focused on a patient fall, integrating safety, communication, and ethical considerations. A qualitative exploratory approach was used, with audio-recorded focus groups conducted post-simulation. Thematic analysis was applied to evaluate student experiences.

Results:

Three core themes emerged from the analysis:

- Realism and Immersion in Learning – students described the experience as lifelike and engaging;
- Decision-Making, Collaboration, and Critical Thinking – the branching choices supported clinical reasoning and team-based care;
- Emotional and Professional Challenges – students reported increased awareness of interpersonal complexities and professional tensions. Many reflected on the simulation's impact on their confidence and approach to real-life scenarios.

Conclusion:

This VR180-based IPE simulation offers a dynamic, learner-driven experience that enhances realism, critical thinking, and interprofessional collaboration. The findings support broader integration of immersive technologies into healthcare education to better prepare students for the complexities of modern clinical practice.

Key words:

Interprofessional Education, Virtual Reality

105

Teaching biosciences in undergraduate nursing with Virtual Reality (VR) applications

Loessl B¹

¹Murdoch University

Aim/Objective:

Teaching biosciences in nursing presents challenges like high failure rates, concept comprehension difficulties, heavy unit content, and limited resources. Virtual Reality (VR) technology in education has garnered significant interest over the past few years, and could offer a cost-effective, resource-saving, and captivating solution with its immersive exploration of the human body. This study aims to explore the effectiveness of VR as a pedagogical tool in teaching biosciences, particularly anatomy and physiology, to first-year nursing students. It investigates the impact of VR on learning satisfaction, immersion, and student perceptions, while identifying enablers and barriers to its integration and also comparing VR experiences to traditional cadaver labs.

Methods:

A mixed methods case study approach was employed at an Australian university. Data were collected through online surveys and focus groups involving first-year nursing students, tutors, and technical staff. Learning theories including implicit learning, model learning, constructivism, and connectivism informed the pedagogical framework.

Results:

Preliminary findings suggest that VR enhances student engagement and learning satisfaction. Students described the VR experiences as interactive, immersive, and exciting. They reported that it supported active learning and deepened understanding of anatomical structures. However, some students experienced cybersickness, and engagement diminished after approximately three sessions. Tutors highlighted the importance of guided, structured activities and recommended using VR as a complementary modality rather than a standalone method.

Conclusion:

VR holds promise as a cost-effective and engaging teaching tool in nursing bioscience education. While it supports learning when well-integrated into the curriculum, challenges such as limited software availability and user discomfort need to be addressed. Continued development and evaluation of VR applications are essential to fully realise its potential in health education.

106

Action towards a healthier future for rural women accessing maternity care

Jones L¹, Staff L¹, Elliott S¹

¹Charles Sturt University

Background: In recent years there has seen significant closure of small maternity units particularly in rural regions of Australia. There are some small maternity units that continue to provide complete care to childbearing women which is the focus of this research. The issue here is that these small rural maternity units tend to only cater for women who are having a low-risk pregnancy. When the women are deemed 'high risk' they will need to transfer to a larger maternity unit for their ongoing antenatal care and childbirth. Little is known about the experiences of women, their partners and midwives' who care for these women.

Aim:

This research explored the experiences of women, their partner and midwives who provided care for women having to transfer to a larger maternity unit due to being deemed at risk.

Methods: A qualitative descriptive phenomenology approach is used in this research to interview women, their partners and midwives who have cared for these women either via zoom or face to face. Thematic analysis was used to develop codes and themes through an inductive process.

Results:

This paper will present the findings from these interviews. Themes include: throws whole relationship out the window; focuses you to make choices you otherwise would not; do not realise how hard it is; you are an individual not a rule to name a few. These will be explored further in the presentation for all participants perspectives.

Conclusion:

Ultimately the findings will contribute valuable data that will help inform practice, health service and health policy development. Recommendations will be made in how best these women can be supported when there is a need to transfer maternity care and the role of the midwife in providing courage and compassion.

Key words:

maternity care, rural women, transfer

107

New Zealand nurses' suspicion of child abuse: A qualitative study

Platt S¹

¹AUT University

Aim/Objective:

New Zealand has the fifth worst child abuse rate of 31 OECD countries. Children and their families often see nurses before, and commonly more frequently than other health professionals. Therefore, nurses are well placed to assess if children are at risk of abuse and/or neglect. This study aimed to explore nurses' suspicion of child abuse, how this suspicion arose, how they responded, any barriers they encountered responding, and any bias that informed their suspicion.

Methods:

A qualitative interpretive descriptive approach was taken. Seven focus group interviews were employed with Braun and Clarke's (2022) thematic analysis used to analyse the data. Participants were registered nurses or nurse practitioners, ranging in age and experience and were predominantly those who identified as women. In-person and virtual focus groups provided flexibility and enabled participants from all over New Zealand to participate.

Results:

Data analysis is in progress at the time of abstract submission. Preliminary results point to a suspicion arising from a gut feeling, which is described as "yuck" and "hard" by nurses, but signals what matters. Provisionally, three barriers nurses encountered for responding to their suspicion were due the current reporting systems and structures, and to social work and teachers in the compulsory education sector. Biases which underpinned nurses' suspicion were both culturally and personally situated.

Conclusion:

This research enables nurses and allied health professionals who work alongside them to understand the nuanced and complex nature of a suspicion of child abuse. This matters because the better we understand this, the better we can support nurses when responding to a suspicion of child abuse, aiming to protect children from harm.

Keywords:

child abuse; suspicion; nurses, barriers;

108

Developing national standards of nursing competence to enable a flexible future-focused workforce.

Kamo W¹, Byrne C², MacGeorge J¹, Dewar J¹

¹Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, ²Department of Nursing, Auckland University of Technology

Aim:

To develop and implement new national standards of nursing competence that enable a flexible, future-focused nursing workforce grounded in clinical and cultural safety, uphold Te Tiriti o Waitangi, and address the enduring impacts of racism and health inequities in Aotearoa New Zealand.

Methods:

A two-year, multi-phase process was undertaken to review and redesign the national standards of nursing competence. This included literature reviews, analysis of existing competencies, and extensive engagement with nurses, educators, Māori and Pacific health leaders, and other key stakeholders. Wānanga, focus groups, written submissions, and hui were used to gather diverse perspectives, particularly prioritising Māori voices and Te Tiriti o Waitangi obligations. Iterative drafting and validation processes ensured the standards were informed by evidence, lived experience, and collective expertise across the sector.

Results:

The outcome is renewed set of national nursing competence standards that integrate clinical and cultural safety as inseparable foundations of practice. The standards embed Te Tiriti o Waitangi and anti-racism principles across all pou, making culturally safe and equitable care a core expectation for every nurse. They reflect a shift toward a more agile, ethically grounded, and culturally responsive nursing workforce. The new framework positions nurses to lead transformative change, support equity for Māori and all communities, and meet the evolving needs of Aotearoa New Zealand's health system.

Conclusion:

The new national standards of nursing competence represent a significant step forward in transforming nursing practice in Aotearoa New Zealand. By embedding Te Tiriti o Waitangi, cultural safety, and anti-racism as central to competence, the standards ensure that nurses are not only clinically capable but also equipped to advance equity and uphold Māori health aspirations. This shift reaffirms nursing's leadership role in dismantling systemic inequities and delivering safe, effective care for all. The standards lay a foundation for a future-focused, culturally grounded nursing workforce prepared to meet the challenges of a dynamic health landscape.

Keywords:

standards of nursing competence, Te Tiriti o Waitangi.

109

Empowering emergency nurses to improve resilience and psychosocial wellbeing.

Alrawaili A¹, Kimpton A¹, Jackson M¹, Jones L²

¹RMIT University, ²CSU University

Background:

Emergency nurses are frequently exposed to high-pressure environments that place them at elevated risk of psychological distress, burnout, and reduced resilience. Enhancing their psychosocial wellbeing is critical for reducing nursing attrition, sustaining workforce effectiveness and quality care delivery.

Aim:

This study aimed to evaluate the effectiveness of an adapted psychosocial support intervention, based on the WISER (Web-based Implementation of the Science of Enhancing Resilience) program, in improving resilience, self-efficacy, general health, and reducing burnout among emergency nurses in Saudi Arabia.

Methods:

A mixed method design using a pre-post intervention approach was employed with 109 emergency nurses across four hospitals in Saudi Arabia. Interviews were also undertaken. This paper presents only the quantitative findings. The sample was predominantly female (96%), aged under 40 years, and diverse nationalities. Participants engaged in a six-module adapted WISER-based program designed to enhance resilience and psychosocial wellbeing. Standardised instruments were used to measure outcomes: the Nicholson McBride Resilience Questionnaire (NMRQ), General Self-Efficacy Scale (GSE), General Health Questionnaire (GHQ-12), and Copenhagen Burnout Inventory (CBI). Paired samples t-tests were conducted to assess changes between pre- and post-intervention scores.

Results:

Statistically significant positive changes were achieved across all measures. Resilience scores increased from developing to exceptional level (mean difference = 13.69, $p < .001$). Self-efficacy scores rose from medium to high levels (mean difference = 7.2, $p < .001$). General health improved with reduced psychological distress (mean difference = 7.99, $p < .001$). Burnout levels significantly decreased across personal, work-related, and client-related domains (mean difference = 1.10, $p < .001$).

Conclusion:

The adapted WISER-based psychosocial intervention demonstrated substantial positive impacts on nurses' psychosocial wellbeing. These findings highlight the importance of structured resilience programs in improving workforce sustainability and reducing burnout in emergency healthcare settings in Saudi Arabia.

Key words:

emergency nurses, resilience, psychological wellbeing, Saudi Arabia

110

Does mentorship matter? Hearing the stories of New Zealand heads of nursing.

Kelly M¹, Jamieson I, Andrew C

¹University Of Canterbury

Mentorship has been identified as an important part of preparing people for leadership roles and supporting them once in those roles. The New Zealand Nurses Organisation (2022) describe mentoring as a process or practice based on the relationship between the mentor and mentee and that the mentorship relationship involves the mentee, with less experience, learning from and engaging with the mentor who is more experienced. Mentoring relationships can also include peer mentoring or group mentoring. Mentorship can be formal or informal and can be organised by the mentee or organised for them.

Sixteen current and former heads of nursing (HoN) from schools or departments of nursing in New Zealand were interviewed about their career pathways. All participants were asked about their experience of mentoring during their nursing career. The responses were varied with some participants identifying that they have had formal mentoring relationships, others having informal mentoring relationships and some not having had any mentoring. The value of peer mentoring and the role members of the Council of Deans, and Nurse Education in the Tertiary Sector had in supporting and mentoring them in their HoN role was also highlighted by some participants.

Listening to the stories from the HoNs it was clear that there is no consistent framework or plan for mentoring in nursing or nursing education in New Zealand. This coupled with the research into mentorship in nursing and nursing education and its value in helping to grow, develop and support aspiring nurse leaders leads to the question "It is time we looked at more formal arrangements for mentorship?"

New Zealand Nurses Organisation. (2022). Mentoring, professional and clinical supervision, preceptorship and coaching. <https://www.nzno.org.nz/Portals/0/publications/Guideline%20-%20Mentoring,%202022.pdf>

111

Gender discrimination in nursing: “He stood there in an auditorium full of educated women and called us girls”

Gauci P¹, Luck L¹, O'Reilly K¹, Peters K¹

¹Western Sydney University

Aim:

To explore the experience of workplace gender discrimination for women registered nurses.

Methods:

This research is the second phase of a sequential explanatory mixed methods study. Feminist perspectives underpinned by social constructionism comprised the theoretical lens for this research. Registered nurses (N=18) who identified as women and have worked clinically in Australia, were purposively selected for individual interviews between July and November 2024. Data were analysed using thematic analysis.

Results:

Preliminary data analysis revealed five overarching themes; ‘Surveillance of women’; ‘Men’s rhetoric’; ‘Awareness’, ‘Standard practice’, and ‘We allow it’. Results showed that socially constructed gender norms form the basis of inequalities that disadvantage women in nursing. Participants were aware of a patriarchal culture in nursing which benefits men with power and status. Results also showed that antiquated stereotypes and gendered language used to describe women and their workplaces were common, contributing to the devaluation of women in general.

Conclusion:

This research highlights the multiple and complex issues related to workplace gender discrimination in the nursing workforce. It identifies where marginalisation and barriers exist for women in a woman dominated profession. Gender is inherently a political and social construct; therefore, recognising that discrimination is often implicit and unconscious, and built into cultural and societal norms is fundamental to achieving gender equality in nursing. It is hoped that this research not only builds upon the existing conversation around leadership for women in the health workforce, but also initiates a broader discussion about the gendered privilege men bring with them into the nursing profession.

Keywords

Feminism, qualitative, women, workforce

112

Leading rural health reform – enabling nurse leadership in policy and practice

Collison L¹, Flynn R¹

¹Australian Primary Health Care Nurses Association

Aim/Objective:

This presentation aims to demonstrate how primary health care (PHC) nurses are uniquely positioned to lead rural and remote health reform and to examine the policy structures needed to support and sustain nurse-led models of care. It will argue that realising rural health equity depends on enabling PHC nurses to move beyond service delivery roles and into system leadership.

Methods:

This analysis draws from national workforce data, rural health policy frameworks, and evidence from nursing-led service innovation in rural settings. The presentation integrates workforce trends, policy analysis, and real-world rural nursing experiences to identify both opportunities and systemic limitations to PHC nurse leadership. It critically examines how current policy, education, and service design either support or hinder the implementation and sustainability of nurse-led models.

Results:

While national health strategies increasingly promote PHC, the implementation of nurse-led models is challenged by restrictive funding mechanisms, fragmented policy support, and under-recognition of nursing leadership. Although nurses and midwives constitute the largest group of health providers in rural and remote areas of Australia their voices are often absent from planning and governance structures. The presentation will highlight successful examples of nurse-led care where leadership has been enabled through flexible funding, interdisciplinary collaboration, and strong local governance. These will be contrasted with regions where promising models were decommissioned or never scaled due to policy misalignment or lack of structural support. Audience members will gain a clear picture of the leadership potential that exists in the nursing workforce—and what is currently being left untapped.

Conclusion:

The current moment presents a critical opportunity for health leaders, educators, and policy-makers to champion PHC nursing leadership. This presentation will argue for bold policy reform, investment in nurse leadership capability, and the re-framing of nurses as central, not supplementary, to rural health strategy.

113

ACT's small but mighty Nurse Practitioner legislative reforms

Murray P¹, Buchanan-grey M¹, McGrory C¹

¹Health and Community Services Directorate

In 2020, the ACT Office of the Chief Nursing and Midwifery Officer reviewed the nurse practitioner (NP) role identifying legislative and policy barriers limiting NPs' scope of practice (SoP).

The Nurse Practitioner Professional Practice Project Final Report provided strong recommendation for changes to legislation and policy. Agreed by the ACT Minister for Health in June 2023, the NP reforms are progressing through the ACT Legislative Assembly, poised to enable NP practice authority and right touch regulation to authorise medical certificate of cause of death, non-written health directives and drivers licence medicals.

NP reforms will ensure legislation relating to NP workforce remains fit for purpose, enables NPs to work to their full SoP and enable timely access and choice to safe, efficient health care services for the ACT community.

Following the passing of the legislation towards the end of 2025, the ACT will be the first Australian jurisdiction to enable NP practice authority to authorise death certificates, supporting consumers in residential aged care, palliative care and community care practice settings.

Implementation will consider policy, system, ICT, education and training changes. The NP Taskforce, a dedicated cross-directorate executive, will oversee the governance of these reforms supporting genuine collaboration and support to drive reform for the ACT.

In the context of the national healthcare system reform addressing barriers with evidence-based policies will elevate NP roles in the ACT. These reforms will benefit NPs, employers, other health practitioners and the ACT community by increasing choice in, and access to, high quality care.

The confined terminology of health professionals, such as 'doctors' or 'medical practitioners' in the legislation restricts the authorisation of other health professionals to work to their full SoP. This initial tranche of NP reforms, backed by community consultation and solid evaluation evidence post implementation, is a crucial step towards broader NP reforms in the ACT.

114

Integrating Indigenous Knowledges into Nursing Curricula: A Strategic Approach to Improving First Peoples' Health

McCormack B¹, West R¹

¹University Of Sydney

Improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples requires a systemic transformation in nursing education—one that privileges Indigenous knowledges, person-centred care, and cultural safety. The Council of Deans of Nursing and Midwifery (CDNM) has identified “Contribute to Improving First Peoples' Health” as a strategic priority. This presentation shares a transformative curriculum approach that supports this goal by embedding Indigenous-led knowledges and culturally safe pedagogies across all years of nursing education.

Despite national accreditation requirements mandating Aboriginal and Torres Strait Islander health content, many institutions continue to rely on isolated units rather than holistic integration. At the Sydney Nursing School, we are addressing this gap through the co-design and implementation of an Integrated Indigenous and Person-Centred Theory (IIPCT) and its companion Curriculum Framework (IIPCCF). These innovations serve as culturally responsive mechanisms to shift paradigms in nursing education.

We will present the IIPCT's philosophical and theoretical foundations and describe how the IIPCCF operationalises these principles throughout the curriculum. This includes how these frameworks advance student capability in cultural safety, relational accountability, and Indigenous governance in education and health.

This work aligns with CDNM's commitment to “fostering positive and respectful relationships” and building sustained actions in partnership with Aboriginal and Torres Strait Islander peoples to improve health outcomes. We will discuss the pedagogical and institutional challenges of this work, and highlight how this approach is equipping future nurses to be leaders in equity-focused and culturally safe care.

115

Mahere Hāu - Developing an integrated bicultural nursing assessment framework

Cameron M¹, Foxall D¹, Holman G²

¹University Of Waikato, ²Clinical Partner

Aim/Objective:

To develop and implement a holistic, bicultural health assessment framework that integrates mental health across all nursing curricula, scaffolds across each year of the pre-registration nursing qualifications, and supports students in delivering culturally responsive, person-centred care.

Methods:

Nursing academics employed an iterative, co-designed process to develop an integrated assessment framework. The model is underpinned by Māori health frameworks, including the Meihana model and hui process. The framework is embedded across the undergraduate program. Teaching methods include bicultural co-delivery, fictional whānau scenario-based learning, reflective practice, and clinical integration.

Results:

The framework repositions nursing assessment as a person-led, strength-based process, moving away from professional agendas to focus on what matters most to individuals and whānau. It promotes holistic assessment—mental, spiritual, physical, and social—through intentional communication and genuine connection. The inclusion of mental state assessment alongside physical data and the use of inclusive language reflect the programme's commitment to whole-person care. Students and clinicians in practice report increased confidence and a deeper understanding of culturally safe, relationship-based assessment.

Conclusion:

This framework offers a transformative approach to nursing education and care, weaving bicultural values and mental health into all aspects of assessment. It is adaptable across diverse clinical contexts and cultivates practitioners who centre care around the voices and values of those they work with. Current and future development includes review considering the updated New Zealand Registered Nurse scope of practice, and continued work to broaden cultural inclusivity.

Keywords:

biculturalism, health assessment, person-centred care, nursing education

116

Empowering First Nations nurses through culturally connected learning: a pilot study

Lawrence J¹, Deravin L¹, Frances K¹, Quarrel S¹, Wells L¹, Montgomery K¹, Keogh R¹, Dunn B¹

¹Charles Sturt University

Aim/Objective:

This pilot study evaluates the impact of a dedicated First Nations-only online cohort in the Bachelor of Nursing (BN) program at a regional Australian university. The research explores whether a culturally safe, cohort-based model improves progression, retention, and student experience among First Nations nursing students studying together online.

Methods:

Guided by an Indigenist research paradigm, the study employs yarning as a culturally appropriate qualitative method through both individual and group interviews with cohort participants. Quantitative data on student progression and attrition will be compared across First Nations and non-First Nations cohorts. This mixed-methods approach aims to capture both measurable outcomes and rich, contextualised student narratives.

Results:

Preliminary findings suggest that students in the First Nations-only cohort experience enhanced peer connection, cultural safety, and academic confidence. These factors appear to positively influence engagement, satisfaction, and retention. Quantitative analysis is ongoing.

Conclusion:

Cohort-based, culturally responsive models of online nursing education play a vital role in improving educational outcomes for First Nations students. By embedding cultural safety, peer support, and Indigenous pedagogies, initiatives described in this study can enhance academic success and support professional identity and confidence. The pilot findings have significant implications for addressing the underrepresentation of First Nations people in the health workforce—particularly in rural and regional Australia where health inequities are most pronounced.

Keywords:

First Nations nursing, cultural safety, online education, student retention

117

Designing for diversity: Inclusive Strategies in Nursing Education

Caulfield R¹

¹Murdoch University

Aim/Objective:

The development of a new undergraduate nursing curriculum provided an opportunity to integrate innovative, activity-based learning strategies designed to enhance student engagement and support diverse learning needs. A key focus was the intentional inclusion of structured challenge levels and embedded support mechanisms to accommodate neurodivergent learners, ensuring accessibility and optimising knowledge retention. To evaluate the effectiveness of these strategies, a pilot session—the Airway Olympics—was conducted, using gamification and universal design principles to create an inclusive and engaging learning experience.

Methods:

The Airway Olympics was designed as a hands-on learning activity focused on airway management skills. Gamification elements, including progressive challenge levels, real-time feedback, and team-based problem-solving, were integrated to enhance motivation and engagement. Universal design principles were embedded to ensure accessibility, including clear task structuring, multimodal content delivery, and flexible participation options. The pilot session was conducted with current undergraduate nursing students, with targeted data collection from neurodivergent learners to assess the effectiveness of the design in supporting cognitive processing, engagement, and knowledge retention.

Results:

Preliminary findings indicate that the Airway Olympics was highly engaging and effective in reinforcing airway management concepts. Students reported increased motivation, improved skill retention, and enhanced teamwork. Neurodivergent learners highlighted the benefits of predictable structures, sensory-friendly adaptations, and scaffolded challenge levels, which supported their learning needs. Key themes included the importance of clear instructions, the role of peer motivation, and the need for adaptable participation options.

Conclusion:

Gamification and universal design principles can enhance engagement and accessibility in nursing education. The success of the Airway Olympics highlights the value of integrating structured challenge levels and inclusive learning strategies into curriculum design to support neurodivergent learners. These findings provide insights for developing more effective and inclusive educational experiences in nursing programs.

Keywords:

Neurodiversity, Inclusive education strategy, Nursing education, Active learning

118

Healthcare Professionals' Insights into Medicare-Rebated Chronic Disease Management Plans on Self-management among Patients with Diabetes: A Qualitative Study

Ghasemi M¹, Cross W¹, Hood K¹

¹Federation University Australia

Background and Purpose:

Chronic Disease Management (CDM) Plans target the coordination of patient needs. However, patients with chronic conditions are often poorly served by current health delivery arrangements that fail to manage care needs across different service providers. This qualitative study examines healthcare professionals' perspectives on the effectiveness of CDM plans in promoting self-management among patients with diabetes.

Methods:

A qualitative study used individual semi-structured interviews with ten healthcare professionals. All participants utilised CDM plans in general practice settings in Australia. Interviews were audio-recorded and transcribed verbatim. Thematic analysis was conducted to examine how healthcare professionals perceive the effectiveness of CDM plans in promoting patient self-management. The study findings were further analysed using the Andersen Behavioural Model of Health Service Use as an underlying theoretical framework, and a modified model is proposed for greater efficacy and efficiency of access to the CDM plans.

Results:

These professionals identified obstacles with patients, individual healthcare professionals, and delivery across the healthcare system, rendering the achievement of optimal patient outcomes challenging. Four major themes were identified in this study: We acknowledge the burden of diabetes, but we cannot do magic! True empowerment can only be achieved by giving patients some control over their decisions, a robust care planning process is not person-centred, and there are limitations within the system at all levels.

Conclusion:

Medicare-rebated CDM plans are a widely used tool in primary care practices in Australia. Better-targeted services based on patient needs, a higher level of coordination between the multidisciplinary team, patient involvement in their shared goals and decision-making, and regular review and follow-up are essential requirements for improving and reforming the current implementation of CDM plans, with consideration given to rolling out a blended funding process.

Keywords:

Chronic disease management plan, primary health care, general practice setting, patient's perspective, patient care planning, patient-centred care, patient with diabetes, self-management, shared goal settings.

119

Stand strong: a qualitative study of Māori with venous leg ulcers

Kidd J¹, Wharakura M², McGregor D³, Laking G⁴, Dobson R⁵, Jull A⁶

¹Auckland University of Technology, ²Wā Time and Space, ³Te Whatu Ora Waitematā, ⁴Te Ara Mātauranga Matepukupuku, University of Auckland, ⁵School of Population Health, University of , ⁶Te Kura Tapuhi, University of Auckland

Aim/Objective:

To explore the experience of Māori with venous leg ulcers (VLU).

Methods:

A decolonising and Māori centred approach to ensure Indigenous concerns and worldviews were central to method and theorising, achieved by having most of the research team Māori, employing a kairangahau Māori (Māori researcher), and using tikanga (Māori practices) during the data collection and wānanga (thought space). Participants were recruited from past participants in two randomised controlled trials for kano ki kano (face-to-face) interviews between November 2019 and June 2020 using pūrākau (story). Data analysis used a wānanga process that involved all the research team gathered for a day and this process of deliberation was informed by reflexive thematic analysis.

Results:

Thirteen participants were interviewed, eight prior to SARS-CoV-2 restrictions and five after the imposition of contact control; three participants were interviewed via Zoom. The participants' mean age was 61 years (range 39 -87) and eight were wāhine (women) and two participants included whānau (family members). We generated four themes from the pūrākau: ko wae wae ahau (I wear the leg), ngā mea hōhā (annoying things), ka tangi to ngākau (heartfelt grief) and mamae (pain).

Conclusion:

The themes highlight the exhausting burden of VLU. Māori conceptualisations of health incorporate multiple dimensions and threats to one or more dimensions result in the whole structure of a person's well-being becoming vulnerable. Previous studies have ignored the cultural impact of VLU, but acknowledging and integrating Indigenous experiences of care has the potential to reset service provision for all patients. Care needs to move beyond a mechanistic focus on the lesion and leg towards an approach that focuses on the whole person and those connected to them.

120

Setting our nursing future: NMBA RN and EN standards for practice

Motley J¹, Morphet J

¹Nursing and Midwifery Board of Australia and Monash University
Regulating Australia's nurses and midwives

The Nursing and Midwifery Board of Australia (NMBA) works to ensure that Australia's nurses and midwives are suitably trained, qualified and safe to practise. Public safety is our priority. University researchers were engaged to review the current NMBA Registered Nurse (RN) standards for practice and Enrolled Nurse (EN) standards for practice (Standards) to inform drafting of revised Standards. The Standards set out the expectations of an RN or EN's practice (regardless of the practice area or years of experience), inform the RN and EN accreditation standards, the regulation of RNs and ENs and the determination of the RN and EN's capability for practice. Conducting these reviews concurrently presented an opportunity to align the Standards and better articulate the similarities and differences between RNs and ENs.

Aim

Present the research and consultation outcomes that have informed the development of the current draft Standards.

Methods

This review used an interactive mixed methods study design which enabled early data collected (literature review and mapping) to inform interviews and drafting of the Standards which were in turn revised via Delphi consultation with key stakeholders.

Results

Three rounds of Delphi consultation were planned. Consensus on the relevance and clarity of each standard was achieved following two survey rounds for EN and three survey rounds for RN. Key stakeholders confirmed their support for the alignment of, and distinction between, the EN and RN standards. The revised, draft Standards were described as being clearly articulated, contemporary, and evidence informed.

Conclusion and implications

The final review phase will involve careful consideration of consultation feedback from an 8 week public consultation to ensure refreshed Standards that are evidence-based, contemporary, capture important developments since last reviews and align with other NMBA standards, codes and guidelines that form part of the professional practice framework for ENs and RNs in Australia.

Keywords:

professional standards, practice standards, nursing regulation

121

Nurses in rural practice through Bourdieu's theory of capital: A qualitative study to inform recruitment and retention

Maneze D¹, Molloy L, Detourettes E, Kuzmins K, Chan A, Smith B, Salamonson Y

¹University Of Wollongong

Aim/Objective:

This study aimed to explore the experiences of nurses working in rural and remote Australia, with a focus on the social, cultural and economic capital influencing their decisions to remain in rural practice. It further sought to understand how nurses navigate personal and professional challenges of rural settings, and how they find meaning and satisfaction in their roles — insights that will inform strategies for recruitment, retention and improved practice in rural settings.

Methods:

Data were collected from nurses working in regional NSW using semi-structured interviews. These were analysed into themes guided by Bourdieu's theory of capital. Metaphorical imagery enhanced the presentation of nuanced lived experiences of nurses in rural practice.

Results:

Three interlinked themes emerged: (1) Drawn by the tide – where nurses were initially drawn and incentivised by nature and rural lifestyle; (2) Feeling the undertows of reality – unveiling challenges including resource scarcity, limited professional development, contracted social networks and systemic inefficiencies; and (3) Buoyed by anchors – meaning found in connections, where nurses found motivation and emotional sustenance in community and peer relationships, despite blurred boundaries and workloads. These findings illustrated how initial attraction, evolved into deeper insights, strengthened by personal resilience and community connections — capitals that shaped the dynamic journey of rural nurses and their commitment to stay in rural practice.

Conclusion:

Rural nursing is marked by an emotional and professional tension between the initial idealism of rural life and the ongoing reality of personal, social, professional and organisational constraints. Nonetheless, the meaningful accretion of social ties, cultural adaptation, and professional identity evolves into deep relational care and community integration which play a crucial role in sustaining rural nurses. Strategies to enhance recruitment and retention should acknowledge and strengthen these forms of capital and incentives while addressing structural barriers to ensure long-term workforce sustainability.

Keywords:

Rural, recruitment, retention, workforce sustainability

122

Student-led initiative to improve planetary health content in nursing education

O'Connell D¹, Levy M¹, Prahatheesan P¹, Chan V¹, Saravanos G^{1,2}

¹Susan Wakil School of Nursing and Midwifery, Faculty of Medicine and Health, University of Sydney,

²Sydney Infectious Diseases Institute, Faculty of Medicine and Health, University of Sydney

Introduction

Planetary health and sustainable development are growing objectives for the current world and are critical concepts for those working in the health sector. The nursing profession plays a key role in achieving sustainable healthcare systems and addressing the health-related impacts of climate change. Accordingly, nursing students must be exposed to these topics in their education to develop high-quality and sustainable healthcare that is resilient against environmental threats.

Main Body

Sydney Nursing School (SNS) partnered with the Planetary Health Report Card (PHRC) to explore planetary health content in the Bachelor of Nursing and across the broader institution. The PHRC is a student-led evaluation examining five categories: Planetary Health Curriculum, Interdisciplinary Research, Community Outreach and Advocacy, Support for Student-Led Planetary Health Initiatives, and Campus Sustainability. To date, 151 health professional schools across 18 countries have participated; however, nursing schools are underrepresented, with no submissions from Australian nursing schools.

University of Sydney is 11th in the 2025 QS World Sustainability Rankings, reflecting the successful implementation of renewable energy, recycling programs, environmentally friendly transport, and advocacy for student-led initiatives. Planetary health research is a university focus, and SNS academics engage in interdisciplinary research on 'heat and health' and 'disaster response', aiming to generate solutions to complex climate change issues.

While the Bachelor of Nursing curriculum contains broad statements regarding climate change, specifically weather events, planetary health, sustainable development goals and food security, it is overall inconsistent in the implementation of these topics and does not mirror the extensive research efforts conducted by academics.

Conclusion

Improving the implementation of planetary health in the curriculum can support nursing students to develop the skills and knowledge needed to address related health system challenges. Our experience participating in PHRC can inform the efforts of other Australian nursing schools and health professional groups to improve planetary health education.

Keywords

Planetary health, nursing education

123

Inaugural School of Nursing Planetary Health Report Card in Aotearoa

Flash M¹, Brook H¹, Dekker L¹, Babu Y¹, Devanand N¹, Wanigasuriya H¹, Gilder E^{1,2}, Bogati R¹

¹Waipapa Taumata Rau | University Of Auckland, ²Te Toka Tumai | Auckland City Hospital

Aim

The Planetary Health Report Card (PHRC) is a student-driven tool evaluating health professionals' education and engagement with planetary health across five categories: 1) Curriculum, 2) Interdisciplinary research, 3) Community outreach and advocacy, 4) Support for student-led initiatives, and 5) Campus sustainability.

Although started in medical schools, PHRC now includes nursing, allied health and veterinary science, aiming to inspire health education to address "the greatest threat to global health in the 21st century"

Methods

A descriptive needs analysis. Individual school reports contribute to a multi-centre, international report published on Earth Day. In 2025, six pre-registration nursing students completed the first PHRC report, supported by two faculty staff.

Results

The overall grade was C-, ranging from A- (campus sustainability) to F (curriculum). Apart from limited content in a first-year paper, "Population Health", planetary health is absent from the core pre-registration nursing curriculum (F). Despite teams within the university researching planetary health, institution-wide collaboration and global engagement are lacking (interdisciplinary research: D-). Although the university has a strong sustainability policy, partnering with numerous external organisations, including the local council, there is a lack of focus on planetary health (community outreach: B-). There are limited resources and minimal funding for student-led initiatives (Student-led initiatives: C-). Overall, the university has a clear carbon-zero strategy, aiming for net carbon zero by 2030 (Campus sustainability: A-).

Conclusion

This is the first PHRC completed by any School of Nursing (SoN) in Aotearoa. The report identified metrics that need addressing, specifically that planetary health is missing from the pre-registration nursing curriculum. We also need to take advantage of opportunities to co-create planetary health research within the university and the broader community. The SoN will use this data to embed planetary health within the nursing curriculum, preparing the next generation of nurses and nurse leaders.

Keywords

planetary health, sustainable healthcare, nursing curriculum, student initiative.

124

Internationally qualified nurses: Ensuring safety to practice through objective competence assessments

Milligan K¹, Alganion M¹, Li E²

¹Nursing Council Of New Zealand, ²Pearson

Aim: To provide an overview of some challenges when making regulatory changes to the assessment of competence for internationally qualified nurse (IQNs).

Background:

Following the COVID19 pandemic, the number of IQNs considering moving to Aotearoa New Zealand increased significantly. The traditional processes to assess the competence of IQNs comprised each individual nurse undertaking a competence assessment programme. Internationally, the shift to a more objective form of assessment of clinical competence had been occurring. The Nursing Council of New Zealand (the Council) undertook an extensive consultation with the health sector to address issues and to identify a form of assessment that ensured the regulatory accountability for public safety. As safety to practice is paramount to the Council the decision was made to alter the assessment process to an objective assessment of competence. Measures have now been developed which include a theoretical examination and an objective structured clinical examination (OSCE).

This presentation will focus on the OSCE. A range of challenges have arisen during the design, development, and early phases of the implementation of the OSCE. These issues include the difficulty of assessing the competence and safety of nurses to practice in Aotearoa New Zealand when they have international clinical experiences but do not have experience in the local clinical environment. Initial processes were established to ensure face validity, trustworthiness, and fairness of the examination. Validity and reliability are now being assured through the use of psychometric measurements. The trustworthiness and fairness of the examination are also reviewed through psychometric measurements.

The OSCE is now embedded as an objective examination of clinical competence which has a standardised approach. Ongoing processes are being implemented to ensure the OSCE continues to align with the regulatory accountability for public safety.

125

Breaking barriers: tackling mental health access in rural New Zealand

Ferris-Day P¹

¹Massey University

Access to mental health services in rural New Zealand is fraught with numerous challenges that significantly impact individuals' well-being. Despite ongoing efforts to improve mental health care, rural areas continue to face unique barriers that hinder effective service delivery. Using a case study approach bounded within one rural locality within New Zealand, health-seeking behaviours among men were examined. Drawing on Foucault's theory of power and using Fairclough's (2015) Critical Discourse Analysis (CDA) the study questions the power imbalance that may marginalise men and prevent them from seeking help. It highlights the conditions under which mental health services and support exist and explores how alternatives might be possible. A comprehensive review of existing literature, together with a qualitative case study identified and analysed the key barriers to mental health service access in rural regions. Data was collected from various sources, including academic journals, government reports, and first-hand accounts from service users and providers.

Research invariably finds that discourses associated with men and masculinity, especially in rural areas emphasise stoicism, self-reliance, and toughness. However, this presentation questions whether the lack of community connectivity alongside poor service provision is the main factor contributing to reluctance to seek help. The presentation will address the challenges of accessing and receiving mental health support when individuals seeking help are often overlooked by the very services that claim to assist them. Rather than the usual rhetoric of voicing the provision of more services there needs to be a consideration of community connectedness and how that connectedness can influence a person's overall wellbeing.

Key Learnings:

- Whose needs are being met, the system's or those seeking help?
- Barriers to accessing mental health support: we need to go beyond mental health services and invest in reconnecting communities and fostering a sense of belonging.

126

Work, Worth, and Wellbeing: From Sacrifice to Sustainability

Jackson T¹

¹University Of Waikato

In caring professions, like midwifery and nursing, self-sacrifice has long been worn as a badge of honour. Skipped meal breaks, emotional exhaustion, and silent endurance are often seen as markers of commitment. But what if this relentless giving isn't a strength - but a sign that something must shift?

This talanoa invites us to move - from sacrifice to sustainability. Grounded in lived experience of a Pacific midwife, researcher and educator, it explores how we can continue to care for others without losing ourselves along the way.

Drawing on reflections from midwifery practice and education, this talanoa considers the cultural, structural, and systemic costs of our current ways of working. It examines how overextension affects not only us as individuals but also the safety of our services, the wellbeing of whānau and communities we serve, and the future of our workforce.

Framed through the interconnected lenses of work, worth, and wellbeing, the focus shifts from personal burnout to collective responsibility. It explores how leadership, education, and Indigenous cultural frameworks and concepts, can guide us toward more sustainable, reciprocal, and relational ways of working.

With story, reflection, and practical insight, this talanoa offers a call to action: to reimagine care that doesn't come at the cost of our own wellbeing and sustainability. Instead, we look to a future where care is anchored in balance - nurturing both those who receive care and those who provide it.

127

Creating a clinical home: Fostering belonging and employment for undergraduate nursing students.

Hunt L¹, Frost J, Luck L, Barker J, Field P, Webster S

¹Western Sydney University

Aim:

To explore the effectiveness of a novel education and employment model for pre-registration nursing students to enhance professional confidence, clinical preparedness, sense of belongingness and professional self-efficacy.

Methods:

Second and third year pre-registration nursing students were emailed and invited to express interest in applying for an Undergraduate Assistant in Nursing position within one of three Local Health Districts. Applicants were screened and excluded from the project if they were, out of pattern in the program, had an At Risk whilst on Professional Experience Placement, international, 3rd year in the year of application, not compliant with NSW Health requirements, had not completed their first 80 hours of Professional Experience Placement, had any misconducts in the program or failed any Professional Experience Placements.

Results:

In the 2023 and 2024 academic years a total of 2,032 student were emailed and invited to express interest in the Undergraduate Assistant in Nursing role. A total of 856 students expressed interest, after screening 329 were deemed eligible and were invited to an education provider interview, 102 students attended the interview. 101 of these students were sent to 3 local health districts for employment interview. Of these students 93 were successful at interview, 3 unsuccessful at interview, 3 withdrew prior to interview and 2 resigned post-commencement of employment.

Conclusion:

Investing in the preparation of pre-registration nursing students ensures they are "work-ready," reducing the need for extensive support as new graduates. This preparedness not only enhances their transition into the workforce but also contributes to their longevity in the profession, ultimately supporting a stable and sustainable future workforce.

128

'One wrong move and it's a patient's life': Nursing and Midwifery students' mathematics anxiety, confidence and competence

Walters A¹, Wallace H¹, Vasilevski V¹

¹Deakin University

Aim/Objective:

The aim of this study was to explore the relationship between mathematics anxiety, confidence, and competence among Nursing and Midwifery students. It sought to identify the factors influencing maths confidence and competence, the tools and resources that have supported students, and student experiences that influence mathematical learning and confidence.

Methods:

A descriptive cross-sectional study was conducted. Bachelor of Nursing and Midwifery students at a Victorian university were invited to complete a four-part online survey. Part A captured demographics; Part B included the validated NSE-Math tool, using an 11-point Likert scale to assess self-reported confidence. Part C measured mathematical competence with 12 drug calculation questions aligned with the confidence scale. Part D included open-ended qualitative questions that explored students' experiences with mathematics and identified resources or strategies they had used to reduce maths anxiety and improve their confidence and competence.

Results:

A total of 263 completed responses were received. Preliminary analysis indicates a significant relationship between high levels of mathematics anxiety and lower levels of both confidence and competence. Qualitative responses highlighted a range of personal, educational, and environmental factors that influence students' mathematical experiences, with students citing the usefulness of practice tools, supportive instruction, and positive reinforcement in reducing maths anxiety and improving skills.

Conclusion:

Mathematics anxiety is a notable challenge for many nursing and midwifery students, impacting their confidence and competence in drug calculations. Educational interventions targeting maths anxiety and promoting confidence-building strategies are essential for improving student outcomes and ensuring patient safety in clinical practice.

Keywords:

Patient safety, Medication calculations, Descriptive cross-sectional study, NSE-Math tool.

129

Investigating nursing students' perceptions of academic and clinical dishonesty

He F¹, Alanazi F⁴, Zhang N³, Geale S¹, Ke C¹, Burston A²

¹Australian Catholic University, ²Australian Catholic University, ³Australian Catholic University, ⁴Northern Border University

Aim

The study aimed to explore the nursing students' perception of academic and clinical dishonesty.

Methods: A cross-sectional descriptive design using an online survey with a convenience sample of 166 undergraduate and postgraduate nursing students between September and November 2024. A modified version of the Nursing Student Perceptions of Dishonesty Scale (n=66 items) was used. Descriptive statistics, t-tests, and ANOVA were used to analyse the data, with significance at $p < 0.05$.

Results:

The overall mean score on the nursing students' perceptions of dishonesty scale was 1.69 (SD = 0.52), indicating that many behaviours were not perceived as dishonest by students. For classroom settings, a strong association between cheating and not my problem ($\rho = .817$) was found. For clinical settings, a strong association between perjury and non-compliance ($\rho = .809$) was found. The strongest correlation identified was between cheating and non-compliance ($\rho = .796$). Postgraduate students had lower medians in assistance ($p = .004$) and cutting corners ($p = .002$) than undergraduate students. International students reported lower medians compared to domestic students in stealing ($p < .001$), assistance ($p < .001$), cutting corners ($p < .001$), and not my problem ($p = .014$).

Conclusion:

This study found a strong positive link between classroom and clinical dishonesty, indicating students who cheat in class are more likely to struggle with professional standards in clinical settings. Postgraduate and international students perceived lower levels of dishonesty than undergraduate and domestic students. Findings can guide the development of strategies to reduce dishonest behaviour and support preparation of ethical, accountable nursing graduates.

Key words:

academic integrity; academic dishonesty; clinical dishonesty; nursing students

130

Juggling competing needs: Stressors experienced by nursing ākonga in Aotearoa New Zealand.

Owen K¹, Jones S¹, Ramaekers S¹, Minnoch T¹, Tuohy C¹

¹Whitireia Nz

This presentation will explore findings from a mixed-method pilot study to identify stressors, as reported by ākonga, while studying for a Bachelor of Nursing (BN) degree in Aotearoa New Zealand. Stress is a unique experience occurring when the demands of a situation outweigh a person's ability to cope. Stressors are associated with major life events or the cumulative effects of everyday pressures such as the cost of living, family life and relationship issues.

International research has shown that completing a nursing degree is stressful, with clinical placements being the most stressful aspect of the programme. However, international studies do not account for the specific contextual nuances experienced by BN ākonga studying in Aotearoa New Zealand. Over the last decade, nursing ākonga have faced increasing stressors and support needs, with a rising number self-identifying as neurodiverse, experiencing disabilities and/or mental health challenges.

Initial findings from a survey completed at the end of a 3-year BN programme, identified that 72% of respondents felt significantly or extremely stressed while studying, with financial hardship being a common theme. 42% were unable to pay housing costs, utility bills or buy enough food to eat at some point during their studies. Specifically, ākonga in the survey and through focus group discussions reported juggling the competing needs of family responsibilities and paid employment with the costs of attending placements and maintaining health. High levels of stress negatively impacted on the mental and physical health of ākonga while they balanced the complex and interconnected nature of their personal lives with the expectations of academic and clinical study.

The findings of this study will be useful to both nurse educators working in pre-registration programmes and registered nurses supporting ākonga on clinical placements, helping to ensure equitable access to support that fosters both academic and clinical success.

131

Trusting the gift of silence in nursing practice.

Reid K¹

¹University Of Canterbury

Abstract:

Silence is a complex phenomenon, with implications on how to 'be with' another in caring relationships. It is a powerful and helpful form of communication and compassionate, supportive companionship. It is person-centred and can convey meaning when there are no easy answers. For nurses to be effective with the art and science of silence we must be comfortable in silence ourselves.

Method:

Using a phenomenological methodology informed by van Manen and Heidegger, this research incorporated unstructured audio taped interviews with people receiving care, their family members, the bereaved, and members of the interprofessional teams delivering care. The process of being open to the direction participants wanted to journey through this research invited a co-constructed method of engagement.

Results:

The outcome of the research reveals the lived experience of silence, incorporating the themes: silent moments, silence as suffering and compassion, silence as connection, intuitive silence and gratitude, being silent for others, silent meaning of symbolic language. This research reconnected with some of the ancient wisdoms about silence, offering insights from the past that may support the path to our future.

Key Words:

Silence, caring, compassion

132

Supporting Chinese Australian carers through hospital-to-home care transitions: Co-designed multimedia resources

Zhong Y¹, Antoniadou J², Brand G¹, Crawford K¹, Heiss L⁸, Hewitt A⁹, Hill K³, Hutchinson A⁴, Lalor A^{9,3}, Ling D¹⁰, Livingston P⁵, Lobchuk M⁶, Rawson H¹, Thomacos N⁷, Allen J¹

¹Nursing and Midwifery, Monash University, ²Health Communication in Society, La Trobe University, ³Rehabilitation Ageing and Independent Living (RAIL) Research Centre, Monash University, ⁴Centre for Quality and Patient Safety Research - Barwon Health Partnership, School of Nursing and Midwifery, Deakin University, ⁵School of Nursing and Midwifery, Faculty of Health, Deakin University, ⁶College of Nursing, Rady Faculty of Health Sciences, University of Manitoba, ⁷School of Health and Biomedical Sciences, RMIT University, ⁸Department of Design, Monash University, ⁹Department of Occupational Therapy, Monash University, ¹⁰Department of Social Work, School of Primary and Allied Health Care, Monash University

Aim:

Chinese Australian informal carers face unique challenges in supporting older adults during hospital-to-home transitions, often due to unmet information needs specific to their cultural context. This presentation describes the co-design process of developing multimedia resources (videos and booklets) to address these needs.

Methods:

A co-design method was employed, with data gathered through small group and individual interviews with 10 Chinese (Cantonese and Mandarin speaking) Australian carers and staff from a Chinese community-aged care organisation. Data collection was supported by translators/interpreters. Data were analysed for content, and themes were incorporated into storyboards and scripts for the multimedia resources. The storyboards and scripts were presented to a Carer Advisory Group comprising carers, community and inpatient providers, for further review and feedback.

Results:

Participants, expressed a preference for resources as videos and booklets, in their first language and in English. Key themes identified were the need for advanced preparation, access to an interpreter, clear communication, and comprehensive discharge planning. Based on these themes, storyboards and scripts were co-developed and contained practical advice and tips for other carers and older adults navigating transitional care. A professional videographer supported the development of multimedia resources. The completed videos and booklets were presented back to the Carer Advisory Group for final feedback. Examples of the multimedia resources will be presented.

Conclusion:

This work highlights the value of co-design for creating culturally appropriate resources to support Chinese Australian carers during older adults' care transitions. By addressing their identified information needs, the videos and booklets have the potential to improve hospital-to-home transitions. A strategy to disseminate the multimedia resources is being developed with key stakeholders.

Keywords:

transitional care, co-design, Chinese carers, video.

133

Assessment and Communication Excellence for Patient Safety: ACCELERATE Plus Trial

Middleton S^{1,2}, Thornton A³, Whittam S^{1,2}, Slade D⁴, Goncharov L⁴, Tuqiri K⁵, Pollnow V², Steadward Y⁵, Bilo J⁶, Bowen K⁷, Brown T², Aggar C⁸, Gleeson N⁷, Chow J⁹, May S¹⁰, Melbourne G¹⁰, Newbury J¹¹, Chappelow J¹¹, Sciuriaga H¹², Sturgess L¹³, Hackett K¹⁴, Newman D¹⁵, Curtis S¹³, Lagat S¹², McEwin R¹², Helps C¹⁵, Cummins M¹³, McMahon J⁶, George J⁶, Christian C¹⁰, Cuffe J⁶, Lee L¹⁰, Saheb S¹, McInnes E¹, On behalf of the ACCELERATE Plus Project Team

¹Nursing Research Institute, St Vincent's Health Network Sydney, St Vincent's Hospital Melbourne and Australian Catholic University, ²St Vincent's Hospital, ³Australian Commission for Patient Safety and Quality in Health Care, ⁴The Institute for Communication in Health Care, Australian National University, ⁵The Prince of Wales Hospital, ⁶St Vincent's Hospital, ⁷Lismore Base Hospital, ⁸Southern Cross University, ⁹Ingham Institute for Applied Medical Institute, ¹⁰Fairfield Hospital, ¹¹The Sutherland Hospital, ¹²Royal Prince Alfred Hospital, ¹³St George Hospital, ¹⁴South Eastern Sydney Local Health District, ¹⁵Northern New South Wales Local Health District

Background:

Preventing patient harm through systematic patient assessment, patient-centred nursing bedside handover and escalation of findings to the multidisciplinary team, is crucial. Adverse events such as patient deterioration, falls, and pressure injuries often result from delayed detection and response.

Aim:

To determine if an organisational, ward-level, nurse-led intervention involving systematic comprehensive patient assessment, patient-centred nursing bedside handover and improved multidisciplinary communication, reduced medical emergency team calls, unplanned Intensive Care Unit (ICU) admissions, falls, and pressure injuries; and improved safety attitudes and interprofessional collaboration.

Method:

Our stepped-wedge cluster randomised control trial required nurses to: conduct a systematic comprehensive patient assessment, perform patient-centred bedside handover, and escalate concerns to the multidisciplinary team. Routinely collected data measured patient outcomes of: medical emergency team calls, unplanned ICU admissions, falls, and pressure injuries. Clinicians and patients from 24 wards across eight acute-care hospitals were surveyed pre-and post-intervention assessing: (i) patient perceptions of safety; (ii) nurses' and (iii) doctors' safety attitudes, interprofessional collaboration, and patient safety. Nurses also provided views on organisational context, barriers to physical assessments, and work engagement. Pre/post-intervention differences were analysed using logistic generalised estimating equations, adjusting for clustering by hospital.

Results:

Outcomes from >40,000 patients were obtained; these data are being analysed and will be presented. Survey responses were obtained from 1,316 nurses (pre: n=703, post: n=613), 356 doctors (pre: n=214, post: n=142), and 1,543 patients (pre: n=781, post: n=762). Nurses reported significant improvements in: safety attitudes (p=0.0028), reduced barriers to physical assessment (p<0.0001), patient safety (p<0.0001), and organisational context (p=0.0001). Nurses work engagement remained unchanged (p=0.5623) as did doctors' safety attitudes (p=0.2866), but interprofessional collaboration significantly improved for both nurses (p=0.0212) and doctors (p=0.0016). Patients' safety perception also improved (p=0.0127).

Conclusion:

By focusing on nursing practice foundations of patient assessment and communication, ACCELERATE Plus has enhanced physical assessment, patient safety and interprofessional collaboration.

134

Applied Multimethod Thematic Analysis: A worked example using an international study of menopause in Registered Nurses

Hughes K¹, Cronin C², Bidwell G², Donevant S³, Kaunonen M⁴, Marcussen J⁵, Wilson R⁶

¹Massey University, ²Essex University, ³University of South Carolina, ⁴Tampere University, ⁵University of Southern Denmark, ⁶RMIT University

Aim/Objective:

Nurse researchers from six participating countries (Great Britain, Australia, New Zealand, USA, Finland and Denmark) collaborated on an international menopause study on nurses. The aim of the research was to demonstrate an iterative two stage thematic analysis within a qualitative paradigm as it applied to an international menopause study.

Methods:

Using an exploratory approach, the Framework Method and Braun and Clarke's thematic analysis were applied to data from 48 participants.

Results:

The Framework method provided an organising structure capturing large amounts of narrative data into a structured matrix. Following detailing of the larger data set into abstracted categories, Braun & Clarke's thematic analysis method enabled researchers to abstract themes into specific narratives reflective of participants voices.

Conclusion:

The iterative thematic analysis approach enabled nurse researchers to effectively collaborate across different countries, different time-zones and different cultures to synthesise a large body of qualitative data in a systematic, structured approach. This research demonstrates an iterative systematic methodological approach that can be used by nurse researchers analysing data manually where other programs are not available.

Key Words:

menopause, qualitative analysis, framework method, applied nursing research.

135

Enhancing nurse thriving at work, graduate retention through a co-design management model

Jacobs S², Terry D¹, Moloney W³, Lewis P⁴, Topping A⁵, González-Agüero M⁶, Cavanagh S³

¹School of Nursing and Midwifery, University Of Southern Queensland, ²School of Nursing, University of Auckland, ³Betty Irene Moore School of Nursing, University of California – Davis, ⁴School of Nursing, Midwifery and Social Work, University of Queensland, ⁵School of Nursing and Midwifery, University of Birmingham, ⁶School of Nursing, Pontificia Universidad Católica de Chile

Aims:

Nurses thrive at work is central if the culture and workforce retention challenges which plague the nursing profession are to be reversed. Early career nurses (ECN) have the highest rates of attrition; therefore, it is crucial they contribute to the evaluation and development of policy and system change. This international study aims to examine current supports, identify additional needs, and bring ECNs and nurse leaders together to co-create innovative initiatives to improve workplace thriving and retention.

Methods:

The study uses a mixed-methods longitudinal design, integrating the Institute for Healthcare Improvement Framework for Improving Joy in Work and the Thriving at Work models. Participants include ECNs and nurse leaders in New Zealand, Australia, and the US with an emphasis on local adaptation. Data collection involves an annual survey to identify levels of thriving and support and co-design meetings between ECNs and nurse leaders to effectively engage ECNs in system redesign.

Results:

The 2024-2025 Australia and New Zealand survey data identifies strong support from colleagues, considerable learning, and a positive work environment crucial for ECN thriving. The need for more resources, better training, and improved work-life balance was emphasized, with specific suggestions including increasing staff numbers, increased training, and fostering a supportive and inclusive environment.

Conclusions:

Organisations must ensure policies encompass adequate resources and training for ECNs, while promoting flexible scheduling to improve work-life balance. Taking these findings into co-design meetings this study will enable the development of innovative initiatives to enable health policies to enhance thriving and retention of ECNs.

Keywords:

Early-career nurses; nurses; thriving at work; retention; workforce development

136

Leadership in Nursing: Future-Proofing the Workforce by Addressing Early Career Nurses' Needs

Ng L^{1,2}, Terry D^{1,2}, Tan J^{1,2}

¹University Of Southern Queensland, ²Center of Health Research- University of Southern Queensland

Introduction:

The nursing workforce is continuously evolving, driven by advancements in nursing, personal career aspirations, and various other practices. Effective leadership is crucial in actively listening to early career nurses (ECNs) to ensure their retention in the workplace and profession. This study explores the experiences of ECNs, highlighting the role of nurse leaders in shaping workforce models that reflect diversity and needs of communities. By understanding and addressing these factors, nursing leaders can develop a more inclusive and supportive environment for all nurses.

Methods:

Semi-structured interviews were conducted using a hermeneutic phenomenological approach with thirty-seven ECNs, four years after graduation. Participants were part of a larger study exploring the key drivers of workforce longevity. Data were analysed using Thematic Analysis.

Results:

Several leadership-related themes emerged. Firstly, ECNs emphasised their ambition to advance in their roles through growth and commitment, highlighting the need for nurse leaders to foster professional development. Secondly, ECNs must be adaptable to the changing needs of the profession, requiring nurse leaders to support skill extension and comfort zone expansion. Thirdly, ECNs recognised the importance of continuing education for future career opportunities, while balancing diverse work and personal commitments, highlighting the nurse leaders promote work-life balance. Lastly, ECNs expressed concerns that early specialisation limited future career flexibility, suggesting nurse leaders encourage diversity of professional experiences early in careers. Overall innovative health services along with policies to support a diverse and inclusive workforce are essential.

Conclusions:

The future nursing workforce requires nurse leaders committed to excellence, providing ample opportunities for growth, and place a strong emphasis on continuing education. Embracing diversity and inclusion is essential within an ever-changing professional landscape. To retain ECNs, nursing leaders must be flexible, adaptable, and supportive, fostering an environment for nurses to thrive and advance their careers.

137

Australia's Healthcare Workforce Crisis: The Need for Ethical and Sustainable Approaches to Internationally Qualified Nurse recruitment

Sheehy L, Bloomfield J, Cheney K, Fraser J

¹The University Of Sydney

Aim/Objective:

The aim of this presentation is to provide an analysis of the safety, sustainability, and ethical issues related to recruiting internationally qualified nurses (IQNs) to Australia's healthcare and aged care workforce.

Methods:

A discursive analysis based on a comprehensive review of peer-reviewed articles, government reports, international guidelines, and policy documents was conducted. Key themes explored included patient safety, sustainability, and the ethical dimensions of international nurse migration.

Results:

Australia has established rigorous standards for assessing the professional competency of IQNs. But tensions continue, and challenges to their integration and retention within the healthcare system remain. International nurse migration can alleviate workforce shortages in Australia, while at the same time exacerbate healthcare deficits in source countries, many of which face critical shortages. Sustainability concerns focus on ensuring long-term workforce stability and maintaining high-quality care. Complex ethical issues are created from the targeted recruitment of nurses from resource-limited countries, raising significant global equity concerns.

Conclusion:

Addressing Australia's healthcare workforce needs requires ethical and sustainable recruitment practices. A balanced approach is necessary to meet workforce demands while promoting global health equity and safeguarding public safety. The ethical recruitment of IQNs must ensure professional integration and retention, mitigate the impact on source countries, and prioritise safe, high-quality patient care.

Key words:

International- recruitment, sustainability, ethics, workforce

138

Exploring the influence of emotionally intelligent leadership on mental health nurses' wellbeing and turnover. A qualitative descriptive study

Johnson W¹, Alexander L^{1,2}, Bucknall T^{1,2}

¹Alfred Health, ²Deakin University

Aim/Objective:

Amidst critical global nursing shortages, retaining mental health nurses is crucial to continue providing high quality care. Mental health nurses frequently encounter physical and verbal violence, however their professional quality of life is more influenced by job stress than by workplace violence. Emotionally intelligent leadership in healthcare settings has been shown to substantially impact nurses' experiences, job satisfaction, wellbeing, and intent to remain in their positions. Previous research, however, has not explored how it affects the unique challenges faced by mental health nurses. The aim of this project therefore was to understand mental health nurses' experiences of emotionally intelligent leadership, and the impacts these experiences have on their wellbeing and turnover intention.

Methods:

Employing a qualitative descriptive design, this study utilised face-to-face and online semi-structured interviews, which were analysed according to Braun and Clarke's (2006, 2013, 2019, 2020) thematic analysis. Participants were registered nurses working within a major metropolitan area mental health service in Melbourne (n=14). The interview guide, developed using the five components of emotional intelligence—self-awareness, self-regulation, motivation, empathy, and social skills—focused on mental health nurses' experiences of these leadership qualities.

Results:

Preliminary findings identified specific examples of leaders exhibiting qualities of emotional intelligence that fostered a supportive work environment and contributed to positive staff experiences. Identified themes informed opportunities for enhanced leadership practices and can assist with the development of an emotional intelligence leadership program in mental health which has a focus on staff retention.

Conclusion:

Understanding how emotionally intelligent leadership influences mental health nurses' experiences and wellbeing is crucial for workforce retention and growth. Strategies that align leadership practices with staff needs are essential for enhancing staff morale, with likely positive impacts to consumers under their care. The study's insights further contribute to the evidence-base highlighting the direct correlation between emotionally intelligent leadership and nursing retention, and is paramount in sustaining the increasingly under-stress mental health workforce.

Keywords:

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

200

Bringing the Meihana Model to Life: Transforming Nursing Practice for Māori Health Equity

Pitama S

University of Otago/ ōtākou whakaihū waka

The Meihana Model (2007, 2014, 2017) is more than a framework—it's a powerful tool for change in Aotearoa's healthcare landscape. But how does it truly come to life in nursing practice? This keynote will move beyond theory and dive into real-world application, exploring how the Meihana Model empowers nurses to embed cultural safety, equity, and whānau-centered care into their everyday work. Through practical examples, we'll uncover how this model transforms practice, influences outcomes, and ultimately becomes second nature in nursing care. Whether you're new to the model or looking to deepen your understanding, this session will inspire and equip you to make a meaningful difference in Māori health advancement.

201

Exploring nursing educators' support for gender diversity in undergraduate curricula

Collingburn I¹, Bourke S², Copnell B²

¹Deakin University, ²La Trobe University

Aim/Objective:

This study aimed to explore nursing educators' perceptions and experiences regarding the inclusion of gender diversity in the undergraduate nursing curriculum. The research sought to understand educators' perspectives on the importance of gender diversity education, their preparedness to teach gender inclusive care, and their views on curriculum integration.

Methods:

A descriptive qualitative design was adopted, involving semi-structured interviews with six nurse educators teaching into one Australian undergraduate nursing program. Participants were selected through purposive sampling, and data were examined using thematic analysis to uncover patterns and key themes.

Results:

The analysis revealed three interconnected themes: (1) educators' perceptions of the importance of gender diversity content in nursing education, (2) their preparedness to teach gender-inclusive care, and (3) their feelings and challenges regarding the inclusion of such content. While educators acknowledged the necessity of gender diversity education to promote culturally safe and inclusive healthcare, they identified gaps in resources, training, and institutional support. Many expressed a willingness to integrate gender diversity into their teaching but felt they lacked the necessary knowledge and guidance.

Conclusion:

The results highlight the urgent need for comprehensive training, strong institutional backing, and curriculum enhancements to effectively incorporate gender diversity in nursing education. Bridging these gaps will strengthen educators' preparedness and empower nursing students to provide inclusive, culturally competent care, ultimately fostering better health outcomes for gender diverse populations.

Keywords:

Undergraduate curriculum; gender diverse; nursing educator; nursing student.

202

SHIFTing horizons: empowering nursing academics through Scholarship of Teaching and Learning (SoTL) focused Communities of Practice (CoP)

Oommen A¹, Thakkar M¹, Rajasekaran D¹, Schönwetter D²

¹Torrens University Australia, ²University of Manitoba

Aim/Objective:

To achieve a healthier future and, foster innovation in nursing education, nursing academics must be confident, research-active, and pedagogically empowered. This study explores how participation in the Scholars for Health Innovation and Future Teaching (SHIFT) Community of Practice (CoP) supports these goals by strengthening academics' confidence, building SoTL capability, and fostering ongoing professional development among academics in health science and nursing disciplines.

Methods:

SHIFT (Scholars for Health Innovation and Future Teaching) is a faculty-led Community of Practice initiative at an Australian university, designed to support academic staff in developing scholarship capabilities in teaching and learning. Using a longitudinal mixed-methods approach, this study tracks changes in SoTL engagement, confidence, and academic output among SHIFT CoP participants. SHIFT CoP participants are academic staff from nursing and health sciences disciplines (n=29). Data collection includes a retrospective baseline survey, a current-state survey and a follow up after two months from the initial survey, administered via Microsoft Forms. Comparative analysis of data examines the developmental trajectory of participants across these timepoints, with quantitative data supported by qualitative reflections.

Results:

Preliminary findings suggest that CoP participation fosters increased confidence in research design, ethical approval processes, and collaborative inquiry. Participants report greater clarity in framing research questions, applying SoTL methodologies, and translating findings into curriculum and teaching practices. The CoP environment promotes mutual learning, peer mentoring, and tangible research outputs such as abstract submissions and ethics applications. These outcomes highlight the transformative potential of CoPs in empowering nurse academics and embedding a culture of scholarship in health professions education.

Conclusion:

This research contributes to the broader discourse on academic development and leadership in nursing by demonstrating how strategic, peer-supported structures like SHIFT strengthen long-term capability within the nursing academic workforce, thereby advancing the quality of teaching and contributing to improved health outcomes.

Key words:

Academic development, CoP, SoTL

203

Becoming a nurse academic: An exploration of role transition in academia.

Endrawes G¹

¹Western Sydney University

The transition from a clinician into a new academic role can be challenging and overwhelming. This challenge also exists among academic staff who have prior academic experience but transitioning into their new academic role in a different tertiary setting. Aim: This presentation aims to explore the experiences, thoughts, and needs of academics, transitioning into their new academic role. Method: a mixed-method approach was used in this study. This presentation will focus on the qualitative part of the study using phenomenology as a philosophical framework guiding the study. Thus, allowing the voices of new academics to be expressed through shared meanings. Data was collected using semi-structured 1:1 interviews with 10 participants, data was analyzed using thematic analysis. Findings: Five major themes were identified. Theme 1- Choosing the Path: motivations for an academic career, theme 2- Navigating new water-defining roles and expectations, theme - Facing the storm: challenges in the new academic role, theme 4- Harmonizing life: achieving work-life balance and well-being, theme 5- Resilience in action: strategies for coping and thriving. Findings of this study have implications for staff development, in addressing the educational and support needs of new staff, which is crucial for staff satisfaction and retention, and creating a positive work environment. This, in turn, will have a significant impact on students' learning experiences.

Keywords:

nurse educators, transition, phenomenology, new academic role

204

Is artificial intelligence eclipsing critical thinking in nursing and midwifery student? A scoping review

Wilson A¹, Figeys M¹

¹University of Newcastle

Aim/Objective:

In undergraduate and postgraduate nursing and midwifery programs, how does the implementation, or deliberate mitigation, of AI in assessments affect students' critical-thinking and conceptual mastery, and which assessment designs safeguard these skills? This scoping review aims to examine how AI impacts students' critical-thinking performance and mastery of foundational concepts and identify assessment strategies that preserve academic rigour.

Methods:

Using Joanna Briggs Institute methodology for scoping reviews and reported with PRISMA-ScR, this review searched PsycINFO, CINAHL PubMed, Embas, Emcare, and Eric for English-language literature published from November 2022 to April 2025. Eligible records involve: (1) nursing or midwifery students; (2) AI implementation (e.g., AI-generated feedback, automated marking) or mitigation (e.g., AI-restricted examinations, proctored oral vivas) in assessments; and (3) outcomes related to critical thinking, clinical reasoning, conceptual mastery, or assessment designs to protect those skills. Covidence will be used for screening, data extraction and quality appraisal. Variables will include study design, AI functionality, assessment context, learning outcomes and impacts on critical thinking. Quantitative findings will be summarised descriptively, and qualitative data will undergo inductive thematic analysis to identify overarching themes.

Results:

The review will tabulate evidence by AI modality, assessment type and measured learning outcomes, and synthesise themes on (i) changes in observable critical reasoning, (ii) learner and educator perceptions of cognitive effort, and (iii) shifts toward authentic, real-time evaluation. Full results will be presented at the conference.

Conclusion:

This research aims to describe assessment approaches that preserve and strengthen nursing and midwifery students' critical-thinking skills in tertiary learning environments, guiding the responsible integration of generative AI without sacrificing academic rigour.

Keywords:

artificial intelligence, critical thinking, authentic assessment, nursing/midwifery education

205

A health literate responsive nursing workforce in Aotearoa New Zealand needs experienced and Māori nurses.

Carrucan-wood L¹

¹Waipapa Taumata Rau University Of Auckland

Aim/Objective:

This is the first study in Aotearoa New Zealand to determine the health literacy of Registered Nurses (RNs) and explore RNs' understanding of health literacy in their practice.

Methods:

An explanatory mixed method sequential design involved two phases. Phase 1 surveyed a 10% random sample (N = 3,100) of RN members of the New Zealand Nurses Organisation using the Health Literacy Questionnaire (Osborne et al., 2013). Descriptive statistics analysed seven independent variables and the nine HLQ domains (n = 343). Two MANOVAs were performed, one included variables associated with personal characteristics and the other with professional characteristics. Phase 2 consisted of three parts and contributed data from 13 virtual focus groups with RNs (N = 50) analysed by a general inductive approach. Part A presents the focus group RNs' understanding of health literacy and their application of it in practice. Part B presents the focus group RNs' explanation of the Phase 1 results. Part C presents the Māori RNs' cultural interpretation of health literacy.

Results:

Phase 1: For personal characteristics, no significant main effects or interactions were found on any of the nine domains. For professional characteristics, the only variable to have a significant effect was Years working as a nurse, $F(18,646) = 1.59, p.05$. Phase 2: Part A: Health literacy is about patients' understanding of their health conditions and their interactions with health services. Part B: Phase 1 significant results were explained as due to nurses' experience and their own personal exposure to health services. Part C: For the Māori RNs, health literacy is purposeful mahi upholding te ao Māori and involves: Te ao Māori, Whānaungatanga, Akoranga and Prioritising mahi.

Conclusion:

A health literate responsive nursing workforce will remain aspirational until we can build health literacy capacity representative of experienced RNs and Māori RNs health literacy practice.

Keywords:

Health literacy, Health Literacy Questionnaire, Nursing workforce, Māori nurses

206

De-escalating self to de-escalate others: Co-creating a sense of safety and wellbeing

Beattie J¹, Innes K¹, Morphet J¹

¹Monash University

Background:

Workplace violence remains a global problem in healthcare. Psychological and physical safety is essential for wellbeing and engagement between healthcare providers and people receiving care. The autonomic nervous system interprets sensory information from the surroundings, interactions with others, and the body's internal organs, and evaluates threat or safety. This subconscious process is called neuroception (Porges, 2007). Understanding the neuroscience behind threat and safety can help develop strategies and self-care practices to address such challenges.

Aim/Objective:

This presentation examines how normal autonomic nervous system states play a key role in perception of threat or safety and how this influences social engagement, emotional and physical wellbeing, and decision making ability. Evidence-based self-care practices will also be discussed.

Methods:

The presentation uses an analytical framework informed by polyvagal theory (Porges, 2007, 2011; Porges & Porges, 2023) and draws on previous research related to workplace violence (Beattie et al., 2019; Beattie et al., 2018) to answer the question: What neurobiological response could be occurring when healthcare providers experience workplace violence?

Results:

Autonomic nervous system responses to perceived threat can activate the fight, flight or freeze response, often below the level of consciousness, and outside executive functioning control. Implementing self-care practices early, such as breath awareness, sound, movement, attention and concentration exercises, and co-regulation, can assist in regulating reactivity and return to a state of social engagement.

Conclusion:

Understanding the neuroscience of threat and safety can assist healthcare providers to better understand how to respond to workplace violence. In addition, knowledge of self-care practices can assist in decreasing reactivity, improve healthcare provision, and increase health and wellbeing.

Keywords:

workplace violence, threat, safety, neurobiological response.

207

Where is person-centredness in the honey? An autoethnography

Weller-newton J^{1,2}

¹University of Canberra, ²The University of Melbourne

Introduction/Background

Professional communication is integral in the delivery of nursing care, along with respecting the person when nurses communicate with patients/clients. However, with the linguistics of Gen Z, and millennials often influenced through social media how do we safeguard the fundamental relational impact of 'the person', when communicating professionally.

Methods

Drawing upon autoethnography of a 2024 hospitalisation and person-centred framework (McCormack, 2024), this presentation aims to open a discussion on professionalism through the concept person-centredness and a person's preferred name. The author's preferred name is 'Jenny' which was clearly stated on a 'white board' in a hospital room. Yet, they were called, amongst others: 'dear', 'darl', 'professor' and 'honey'.

Central to person-centred care is ensuring respect and humanising caring practice through being. In the context of current societal trends that include changing and divergent, often binary values, how can we embed the core value of respect as an element of professional practice? Ensuring the patient's preferred name as both an indicator and recognition of personhood and dignity, surely must be considered a key component of nursing practice across healthcare settings.

Discussion

Facilitating a person-centred learning culture, requires assimilation across education and practice contexts (Dickson et al., 2020). Professional communication skills development needs to embrace the values of person-centredness, acknowledging the diversity of teaching staff, students, clinicians and healthcare consumers. Critical reflexive and collaborative learning will be instrumental in ensuring that the person's name is maintained, in the busyness of care delivery.

208

Exploring the Assisted Dying service experiences of Nurse Practitioners and Medical Practitioners

Bustin H^{1,2,3}, Reid K¹, Andrew C¹

¹University Of Canterbury, ²Ara Institute of Canterbury, ³Health New Zealand Waitaha

Introduction:

End of life care options have changed drastically for those living in an assisted dying (AD) jurisdiction, with malignancy being the most common diagnosis of assisted deaths. Health care accessibility is broad and complex; according to Levesque et al.'s (2013) accessibility framework, there are five key dimensions which determine overall accessibility. These are: approachability, acceptability, availability and accommodation, affordability and lastly, appropriateness. For health practitioners (HPs) with a scope of practice which permits AD service provision, this end of life care option can be challenging. The AD experiences of HPs helps to shape their attitudes, contributing to their approachability and acceptability of the AD service; thus, HPs have a vital role in the accessibility of AD services.

Aims:

To explore the AD service experiences of nurse practitioners and medical practitioners and to understand the influence of organisational AD policies on HPs.

Methodology:

A comprehensive literature review was undertaken in May 2023 using a 'Patient, Intervention, Comparator, Outcome' mnemonic, with relevant synonyms, across six databases, which produced 1110 results. These articles were screened for relevance and quality. Several themes emerged from the literature which were analysed and categorised into four key themes and 10 sub-themes.

Results:

The first key theme described the motivational basis for participation, while theme two has been named 'cautious practice' and it describes the reasons for HPs apprehension with AD service provision. Theme three describes the moral and ethical complexities of AD, and the fourth theme discuss the motives for non-participation and conscientious objection.

Conclusion:

This literature review revealed a varied degree of experiences, attitudes and opinions about AD. Health care facility variation in response to AD was also noted to be problematic for HPs, impacting upon their willingness to engage with patients about the AD service and for some, contributed to their cognitive dissonance.

209

Empowering indigenous nursing education leadership in Aotearoa New Zealand

Hogarth K¹, Rapata-Hanning M

¹Otago Polytechnic

Aim

This case study investigates the pivotal role of indigenous nurse leaders in Aotearoa New Zealand and their influence on promoting inclusive and culturally safe healthcare. It highlights how Māori nursing leadership contributes to transforming health care education, delivery, and workforce development through indigenous knowledge and practice.

Method

The study draws on an analysis of historical and contemporary contributions of Māori nurse leaders, examining leadership frameworks and culturally grounded models of practice. It explores how these leaders incorporate tikanga Māori, Mātauranga Māori, and the principles of Kawa Whakaruruhau and Te Tiriti o Waitangi into nursing practice to enhance cultural responsiveness and equity.

Results

Māori nurse leaders act as powerful advocates for systemic change, fostering a nursing workforce that is both culturally competent and responsive to the unique needs of tangata, whānau and hāpori. Their leadership supports the integration of indigenous worldviews into clinical settings and educational curricula, promoting health equity and challenging colonial norms in healthcare structures.

Conclusion

Indigenous nursing leadership is essential to achieving culturally safe, equitable healthcare in Aotearoa New Zealand. Māori nurse leaders offer critical insights rooted in lived experience and Indigenous knowledge, calling for a shift toward healthcare models that honour and elevate Māori values. Empowering these voices is key to building a more inclusive and effective health system for all.

210

Decolonising and politicising nursing education: An exemplar of a professional supervision short course

Hunter K, Cook C¹

¹AUT

Aim:

To illustrate a process of decolonising nursing education responsive to the current political and regulatory context. in Aotearoa New Zealand.

Methods:

This presentation draws on the exemplar of a two-day Professional Supervision Short Course for registered nurses. Decolonisation is a process of divesting colonial power and recognising indigenous sovereignty. Decolonising requires facilitators' and participants' ongoing consciousness-raising about the continuing effects of colonisation and the politicisation of health on Māori as tangata whenua.

Results:

In the Aotearoa context, successive governments have made legal and policy decisions that are not aligned with Te Tiriti o Waitangi, or that are aligned but not funded to be successfully implemented. The current government has made a series of legislative changes and put forward bills that negatively impact Māori and will enable government interference in the independence of health professional regulatory bodies. During this time, the Nursing Council has led a Tiriti o Waitangi-aligned process to revise the Standards of Competence. The direction of governmental vision is the antithesis of the path the Nursing Council is taking in terms of upholding Te Tiriti o Waitangi. Therefore, providing professional supervision for nurses aligned with the new Standards of Competence is impossible without a historical understanding and critique of the political context in which nurses will demonstrate them. The course is continually revised to integrate Te Ao Māori more fully and to support critical reflection using videos, group activities, factual historical information, and evidence-based arguments. Alan AtKisson's metaphorical Amoeba Model of Social Change is used to help participants understand their positioning and to plan immediate, achievable, small goals.

Conclusion:

Professional supervisors are in the challenging position of endeavouring to role model practice that Māori experience as culturally safe when systemic inequities are endemic. Awareness of and responsiveness to societal structures of privilege and inequity are fundamental to critical companionship through supervision.

Keywords:

decolonising curricula; Nursing Standards of Competence; professional supervision; critical reflection

211

Be Brave Advocate And Report Racism Towards Nursing Students During Placements

Dafny H¹

¹Flinders University

Introduction:

The experience of racism in healthcare is particularly challenging to address due to misunderstandings of the definition, the complex interplay of other potential discriminations and, at some level, the denial that it occurs. Limited studies have reported racism as an aspect of workplace violence toward nurses and nursing students from both patients and staff, suggesting that they may feel isolated and unsupported. Detrimental effects on the physical, mental and emotional wellbeing of those experiencing racism are highly likely, which may further contribute to leaving the nursing profession.

Aim:

To understand nursing students' experience of unethical behaviour, including racism during clinical placement, the perpetrators, impacts, advocating and reporting.

Methods:

An interpretive, qualitative design with 15 South Australian undergraduate nursing students were interviewed. The interviews were transcribed and thematically analysed.

Results:

Not all racism events witnessed by nursing students were directed at themselves, with instances of poor behaviour, lack of empathy and poor care by staff nurses directed to patients from culturally diverse backgrounds resulting in patients not receiving the care they requested or delays in addressing health issues.

The two major themes with subthemes of the findings include (1) The multi-faceted student nurse experience of racism during placement. (2) The pervasive influence and limited reporting of racism by nursing students.

Conclusions:

The experience of racism in various forms within the healthcare setting has a significant negative impact on nurses, nursing students, and patient care and urges policy and management to combat racism and create a safe environment.

212

Integrating Mātauranga Māori, Kawa Whakaruruhau, and Te Tiriti o Waitangi: Autoethnographic journey developing a Nursing Philosophy in Aotearoa

Madden K¹, Waddell C², Rewi T², Miller M¹, Allott L¹

¹Southern Institute Of Technology, ²Te Whatu ora Southern

Aim

To explore an autoethnographic journey in embedding Te Ao Māori, Mātauranga Māori, Kawa Whakaruruhau, and Te Tiriti o Waitangi into the philosophical foundations of a School of Nursing in Aotearoa, fostering transformative and culturally responsive nursing education.

Background

Nursing education in Aotearoa is evolving to honour Te Tiriti o Waitangi and uphold culturally safe practices. Integrating Māori worldviews and knowledge systems is essential in addressing health inequities and fostering a nursing workforce that is equipped to serve Māori communities with cultural integrity. However, the process of developing a truly transformative nursing philosophy grounded in these principles requires critical reflection and intentional action.

Methods

This study adopts an autoethnographic approach, capturing lived experiences of five key educators who are passionate around the need for change. Collaboratively they have developed a philosophy specific to Murihiku/Southland which has involved the art of reflection, personal development, commitment and identification of challenges encountered while embedding Māori frameworks into nursing curricula. Guided by Manny Downs Tōhora Model this research critically examines personal and institutional shifts, highlighting challenges, successes, and lessons learned in aligning a nursing philosophy with Te Ao Māori principles.

Results

Findings reveal the complexities of establishing and maintaining professional trust and respect and advocacy. Key themes include the importance of empowering leadership, identification of historical challenges, partnerships and engagement with Māori

Conclusions

This study highlights the critical importance of a genuine commitment to Te Tiriti o Waitangi and Māori knowledge systems in nursing education. Ensuring a meaningful and enriching experience for taira in their undergraduate training requires an education deeply grounded in Mātauranga Māori and Te Tiriti principles. This is exemplified by the leadership and teaching teams, who are fully engaged in the developed philosophy and dedicated to sharing their journey of creating a nursing framework that meets the unique needs of Murihiku/Southland

213

Establishing a student nurse led primary care clinic to improve physical health and mental wellbeing.

Heslop K¹, Ward T¹

¹Curtin University

Background:

Student nurses are part of the future primary health workforce and mental health workforces. Providing authentic real-world experiences during their clinical practice placements in undergraduate programs has been demonstrated to increase the likelihood of them choosing a career in primary care nursing.

Aims:

To develop a student led clinic to support undergraduate student nurses' community clinical placements in a primary care setting.

Method:

Nursing academics partnered with a community healthy lifestyles program that provides affordable support to individuals in achieving lasting health, wellness, and weight management goals, through partnerships with local primary health providers, to develop a student led clinic to support undergraduate student nurses' community clinical placements.

Student nurses engage with clients to assess and monitor weight, BP, diet, exercise, smoking and alcohol use, stress anxiety and depression, and assess fitness and strength at 2-monthly health assessment visits. At each visit they discuss each client's health goals and provide tailored health information and refer them to low-cost community services and programs to enable to reach their health goals. They also get hands on experience documenting health information, the logistics with running a clinic and liaising with and making referrals to other primary care providers.

The collaboration between nursing academics and a primary care providers allowed the clinical experience to be tailored to the needs of the student

Results:

All students were able to achieve their learning outcomes from the placement and provided positive feedback about the primary care placement. The development of the student led clinic and results of a survey of participants experience of student's engagement in the clinic will be discussed in this presentation.

Conclusion:

Collaboration between nursing academics and primary health care providers enabled the learning experience to be tailored to the students learning needs to achieve their learning outcomes.

Key words: Student nurses, primary care, clinical placements.

214

Beyond the Surface: Exploring Pre-Registration Nursing Students' Obesity Perspectives for Inclusive Education

Brogan E¹, Sin C², Cheng H², Denney-Wilson E²

¹UTS, ²University of Sydney

Aim

Obesity is a public health concern in Australia and around the world. As obesity rates continue to rise, future generations of nurses will inevitably need to provide care for individuals living with obesity. Research shows that individuals with obesity often encounter weight-biased attitudes from health professionals, including nurses and pre-registration nursing students. By examining their perspectives on obesity, we gain valuable insights into potential barriers, biases, and knowledge gaps that could affect their ability to deliver comprehensive care to individuals with obesity. This study aimed to explore the attitudes of pre-registration nursing students towards individuals with obesity, investigate factors contributing to bias, and contribute to ongoing discussions on advancing healthcare education.

Methods:

A quantitative design: online survey distributed to pre-registration nursing students at an Australian University. The survey utilised three validated questionnaires (Attitude Towards Obese Persons scale, Belief about Obese Persons scale, and Fat Phobia Scale) assessing attitudes, beliefs, and perceptions regarding obesity.

Results:

A total of 117 students completed the survey, with a predominantly female representation (84.6%) and the majority aged between 18-24 (70.1%). While 76.6% of respondents expressed a positive attitude towards individuals with obesity, there were some concerning findings: 70.9% believe that obesity is within an individual's control, and 81.2% attribute poor eating habits as a primary cause of obesity. Furthermore, 36.7% of participants exhibited a moderate to high level of fatphobia. Notably, a significant statistical association ($p=0.019$) was found between the weight bias scales "Attitude towards Obese Persons" and "Belief about Obese Persons," indicating a correlation between participants' attitudes and beliefs regarding obesity.

Conclusion:

Findings indicate that pre-registration nursing students hold negative biases regarding weight and misunderstand the causes of obesity. Therefore, targeted education is essential to improve their knowledge and attitudes towards obesity and effectively address these biases.

215

The Australian academic nursing and midwifery workforce: Satisfaction and sustainability

Terry D³, Halcomb L², East L¹, Jackson D⁴, Hutchison M¹

¹University Of Southern Queensland, ²University of Wollongong, ³University of Southern Queensland, ⁴University of Sydney, ⁵Southern Cross University

Aim/Objective:

The nursing and midwifery labour force are reliant on a sustainable academic workforce for quality healthcare education, research and evidenced-based practice. However, there is concern associated with the capacity of academics to prepare future clinicians, yet there is limited evidence that has examined the current climate of the nursing and midwifery academic workforce. Thus, the aim of this study was to explore the Australian nursing and midwifery academic workforce and gain insight into employment conditions, work characteristics and satisfaction, and career trajectories.

Methods:

An online cross-sectional survey was sent to all Australian nursing/midwifery schools and disseminated via social media.

Results:

Most of the 250 respondents (n=222 nurses) were female (89%), held tenured teaching and research positions (n=126), and 52% were over 50 years old. Only 39% held a Doctoral qualification, with 44% of those without a Doctoral qualification had no intention to undertake one. Teaching-only and research-only academics had significantly higher job satisfaction than those with mixed workloads (p=0.005); Lower satisfaction with workload allocation was reported by research active academics (p=0.002). Research productivity was varied with those holding a teaching and research position having lower research productivity compared to those in research only positions (p≤0.001). Only 25% identified as having a mentor, with limited perceived benefit reported. Over half (55.1%) of participants intended to leave academia within five years.

Conclusion:

The aging academic workforce, the number of doctorally prepared nurses and midwives and the number of academics intention to leave the academic workforce raises profound sustainability issues. Strategies must be implemented to enhance job satisfaction, research productivity, career progression, and effective mentorship programs to promote the sustainability of the future nursing and midwifery workforce.

Keywords:

academia, workforce, nursing, midwifery

216

Learning landscapes: Are they fertile grounds for future nurses?

McKie A¹, Collins S¹, Maingi F¹, Bondfield N¹, Pantaleon T², Jojo N¹

¹School of Nursing and Midwifery, University of Canberra, ²Canberra Health Services

Background:

International students often face communication challenges during clinical placements. Understanding and addressing the unique needs of international nursing students are essential for optimising their educational experiences.

Objective: This study looked at the clinical learning experience of international nursing students in a Metropolitan university and attending clinical placements across various acute, subacute, primary health, and rural settings.

Methods:

A mixed-method study was conducted using purposive sampling to recruit participants. All international students undertaking clinical units were invited to participate. Phase 1 was a cross-sectional survey using Qualtrics and a Modified Clinical Learning Environment Inventory (CLEI), with 123 students responding. Phase 2 collected qualitative data using focus groups.

Results:

The clinical learning experience for international nursing students was generally positive, with high scores in flexibility (20.18/25, SD = 2.42), collegiality (26.75/35, SD = 3.71), workload balance (18.20/25, SD = 3.29), and feeling valued (14.86/20, SD = 2.13). Students feel supported by their peers, manage their workload effectively, and are recognised for their contributions. Work satisfaction (12.03/15, SD = 1.82) and consideration for others (11.60/15, SD = 1.98) are also relatively high, indicating a supportive and inclusive environment. However, there is room for improvement in reducing workplace inertia (12.08/20, SD = 2.22), which suggests some resistance to change or innovation in clinical settings. Focus groups identified significant well-being issues and support needs for international students when they are on placement. The main facilitators for students' clinical learning experiences include a supportive clinical environment, strong peer networks, and adequate staff support. More focus on active workshops, simulation-based learning, and early assessment feedback would help students build confidence and improve their performance.

Conclusion:

In conclusion, the study underscores the importance of fostering flexibility and work satisfaction while addressing challenges related to workplace inertia among international nursing students.

Key words

International students, clinical learning experience

217

Exploring nurses' experiences in implementing diabetes clinical practice guidelines in primary care setting: a qualitative study

Aldahmashi H¹

¹University Of Wollongong

Authors:

Hadwan ALDAHMASHI a Luke MOLLOYa Della MANEZE a Yenna SALAMONSON a

Aim/Objective:

To explore the experiences of nurses and stakeholders in using clinical practice guidelines for managing type 2 diabetes within primary care settings. Specifically, this study seeks to understand the challenges and identify facilitators and strategies used to promote adherence to diabetes guidelines.

Methods:

A qualitative descriptive design was employed. Semi-structured interviews were conducted with 17 participants (5 managers and 12 nurses) from three zones within a large health cluster. The COM-B model guided the interview guide. Interviews were conducted in Arabic and professionally translated into English using a forward- and back-translation process to ensure conceptual accuracy. The six-step process of reflexive thematic analysis was used to identify patterns and develop descriptive themes. The study adhered to qualitative reporting standards.

Results:

Preliminary analysis identified three major themes representing barriers and facilitators at different levels. These were: (i) A patient-related level, with challenges including inconsistent appointment attendance, poor engagement with virtual services, and difficulties using electronic booking systems. Some patients also refused referrals or avoided recommended follow-up. (ii) A nurse-related level, where participants were dedicated to patient care but reported relying on experience over guidelines, limited formal diabetes training, and insufficient nurse-specific content in the guidelines. and (iii) An organisational level, with barriers including staff shortages, lack of integrated systems, limited access to continuing education for nurses, and guideline-related issues. The guidelines were only available in English, posing comprehension challenges. Many nurses also felt the national clinical practice guidelines were designed mainly for physicians, offering limited practical guidance and role clarity for nurses.

Conclusion:

This study highlights multi-level barriers and enablers to guideline adherence. Findings will inform the next phase of the project to co-design a self-assessment tool to support nurses' adherence to T2DM management guidelines in primary care.

Keywords:

diabetes, primary care, clinical practice guidelines, nursing

218

Chronic conditions and critical care: examining the impact on nursing practice and workforce health

Lamb A¹, Sheppard-Law S^{1,2,3}, Fry M¹, Varndell W^{1,2}

¹University of Technology Sydney, ² Prince of Wales Hospital, ³ Sydney Hospital & Sydney Eye Hospital

Aim/objective:

Understanding the impact of chronic conditions on nursing practice is essential to inform workforce planning and the development of inclusive, sustainable models of nursing care. This scoping literature review aimed to synthesise published literature that examined the prevalence of chronic conditions in nurses working in a critical care environment and the impact of practicing with a chronic condition on nurses' health, and psychological wellbeing.

Methods:

The review was conducted following Joanna Briggs Institute and Prisma-SCR guidelines (Peters et al., 2020). Definitions for critical care environment and chronic condition were informed by the literature. A comprehensive search was undertaken in June 2023 across five databases. Search terms included critical care, nurs*, nurse workforce, health status, and chronic condition. Manuscripts that fulfilled the inclusion criteria were retrieved in full, assessed for quality and extracted by two independent reviewers. Mapping and aligning of the findings were tabulated and analysed into themes.

Results:

Eight studies involving a sample of 1278 critical care nurses originating from seven countries were included. All studies used a cross-sectional design and utilised a range of tools to measure nurses' health, wellbeing and work capacity. Varied chronic conditions were reported. Three themes were identified: i) impact of critical care work environments on nurses' physical health; ii) a critical care nurse's psychological wellbeing; and iii) critical care nurses' capacity to practice and deliver care.

Conclusion:

Findings highlight the potential impact and burden that a critical care work environment has on nurses who work with chronic conditions. Physical and psychological health were reportedly compromised, subsequently influencing nurses' practice and work capacity. The convergence of chronic conditions and the rigorous demands of a critical care environment presents significant implications for nursing practice and workforce health. Further research is underway to investigate the study findings within an Australian context.

Keywords:

Nursing practice; critical care; chronic conditions; workforce sustainability

219

Strengths-based Professional Supervision, the impact on critically reflective practice, healthcare provision and practitioner wellbeing

Stewart A¹, Ryan L¹, Holman G¹

¹University Of Waikato

Professional supervision is a key tool in fostering critical thinking in professional and clinical health practice. It has been shown to support health professionals to critically reflect on their practice, facilitate restorative conversations, promote a collaborative approach to health care delivery, and foster creativity and innovation. In facilitating critically reflective practice, professional supervision also assists practitioners uncover taken-for-granted assumptions to better understand how professional approaches influence practice.

Aim/Objective:

Strengths-based models of supervision have been reported to be particularly effective in facilitating critical thinking and supporting collaborative practice development. The purpose of this research is to explore the benefits of strengths-based professional supervision training on participants' ongoing engagement with supervision and the impact on their critically reflective practice. It also seeks to understand the impact on practitioner wellbeing and their healthcare provision.

Methods:

Data is being collected using a qualitative online questionnaire followed by thematic analysis of participant responses. Research participants are being recruited from a pool of approximately 200-300 participants who have completed a strengths-based supervision workshop. Questions participants are responding to include: How has the understanding and use of strengths-based supervision skills supported intentional conversations within the workplace? How did supervision support you to meet the professional requirements of your profession? For example, has it impacted the way you notice and manage ethical situations? What difference have you noticed in how you work with health consumers in your care?

Results:

This research is underway with results ready to be presented at the symposium.

Conclusion:

Given the current complexity and the challenges practitioners face within healthcare in Aotearoa, this research stands to strengthen professional, organisational and individual awareness of the vital role of supervision within healthcare. It is also expected to enhance institutional commitment to, and the implementation of, professional supervision for health care practitioners.

220

Access to greenspace and nurses' wellbeing

Middleton R¹, Moxham L¹, Fernandez R², Lewer K³

¹University Of Wollongong, ²University of Newcastle, ³Australian Catholic University

Aim/Objective:

The nursing profession is at a critical juncture, with workforce challenges such as high stress, burnout, and demanding workloads driving many nurses to consider leaving the field. These challenges underscore the urgent need for innovative strategies that enhance nurses' well-being while supporting sustainable and inclusive healthcare systems. This scoping review aimed to examine the current evidence on the impact of greenspaces on nurses' well-being in healthcare settings.

Methods:

The study employed the JBI scoping review framework and adhered to PRISMA-ScR guidelines. Database searches included CINAHL, Medline, ProQuest, and SCOPUS to ensure comprehensive coverage of relevant literature. The search strategy underwent iterative refinement with librarian input, utilising advanced tools like Covidence™ for systematic article management.

Results:

Findings reveal that greenspaces, defined as natural areas or urban vegetation integrated into healthcare environments, hold substantial potential for enhancing nurses' well-being. Evidence suggests that greenspaces reduce stress, fatigue, and insomnia; alleviate anxiety and loneliness; and boost self-esteem and mood. These benefits extend beyond individual health, directly contributing to improved patient safety and quality of care. The findings emphasise that enabling nurses to engage with greenspaces fosters both personal and professional resilience.

Conclusion:

This review aligns with the Symposium theme, 'Empowering nurses and midwives: action towards a healthier future,' highlighting greenspace integration as a strategic approach to reduce burnout, enhance workplace satisfaction, and build resilience. The evidence offers nurse leaders actionable, evidence-based strategies to design healthcare environments that incorporate greenspaces, promoting inclusivity, diversity, and sustainability in the nursing workforce. By addressing these critical challenges and inspiring forward-thinking innovation, these findings empower nurse leaders to support the future nursing workforce through restorative and healing environments.

221

Who owns the role? Intellectual property, and regulatory requirements in simulation-based education.

Rhodes J¹

¹Nursing Council Of New Zealand

Background:

Simulation-based education enhances clinical reasoning, and communication in protected learning environments. However, ownership of simulated patients presents challenges related to leadership, legislative requirements, and policy development. The question of whether individual educators or institutions own these patients has implications for sustainable simulation practices.

This issue reflects a tension between personal intellectual contributions and institutional responsibility, aligning with a theory of coexistence. This theory suggests that educators balance altruistic motivations, ensuring the sustainability of educational resources for students and institutions, with egoistic motivations, such as professional recognition and ownership of creative work.

Aim:

This study aimed to explore the complexities of simulated patient ownership, focusing on the interplay of individual educator contributions, institutional policies, and regulatory requirements by investigating ownership challenges, this research aimed to inform policy development for sustainable simulation practices.

Methods:

This research used heuristic inquiry, using a reflective analysis of a case study involving a simulated patient to examine ownership challenges. Focus groups with national and international educators provided further insights into the tensions between individual creativity and institutional policies. These discussions examined how uncertainty over ownership affects simulation delivery, particularly during educator transitions between institutions.

Results:

The absence of intellectual property policies creates uncertainty and inconsistency in simulation-based learning. This issue has regulatory implications, as simulation is a regulatory requirement of nursing education programmes. Without established guidelines, workforce mobility can disrupt simulation continuity, impacting learning experiences and institutional accreditation compliance.

Conclusion:

Developing policies on simulated patient ownership is essential for sustainable simulation practices. Institutional leaders must collaborate to create policies that balance intellectual property rights, educator contributions, and institutional interests. Establishing these policies will promote educational continuity and support workforce mobility and regulatory requirements.

Keywords:

simulated patient, intellectual property, nursing regulation, simulation policy

222

Preparing the future nursing workforce for New Zealand's demographic change: Delphi consensus on curriculum priorities

Heath S¹, Hudson S, Aziz N

¹The University Of Waikato

Aim/Objective:

New Zealand faces the prospect of significant population change, with the ≥ 65 population projected to increase by 36% within ten years. By 2052, half the population will be over 50 years old. This demographic shift requires a substantial response to prepare the future nursing workforce. In 2022, the research team completed two national studies. The first was a stocktake of the content and placements offered in pre-registration nursing curricula about older adult health across New Zealand's polytechnic sector. The second explored student nurses' perceptions of working with older adults. The findings provided a foundation for collaboration with expert colleagues on curriculum imperatives.

Methods:

In 2023, a Delphi survey was conducted. It was based on student perceptions, curriculum strengths and opportunities identified in the earlier research, and the ten fields of good practice in higher education provision related to older adult healthcare (Honeyfield, 2021). Stakeholders included experts from the aged care sector, public and private health services, Māori and other cultural health providers, rainbow community, social services, charitable organisations, and non-governmental organisations.

Results:

Key findings from the first two studies will be outlined, showing how they informed the Delphi survey. The main focus will be the Delphi survey, including the topics about which the expert panel achieved consensus. These areas included understanding social and economic challenges of getting older and being well and old for a long time; the need for anti-ageism education and its potential to reduce intersectionality in already marginalised communities, together with a greater understanding of what it means to be old across cultures and within diverse communities.

Conclusions:

These findings will be used to suggest how nurse educators might respond to New Zealand's changing demography and progress to date in doing so.

223

Dressing the part: Exploring the impacts of nursing attire on perceptions of competence, trust and professionalism in Australia.

Johnston-Devin C², Cousins M³, Lane-Krebs T¹, Lane-Krebs K¹

¹Central Queensland University School of Nursing Midwifery and Social Science, ²Central Queensland University School of Nursing Midwifery and Social Science, ³Central Queensland University School of Nursing Midwifery and Social Science, ⁴Central Queensland University

Aim/Objective:

The study explores patients' and the public's perceptions of nurses' competence, trust, and professionalism based on their attire. The project sought to understand contextual factors influencing these perceptions, develop a tailored data collection tool and conduct original research.

Methods:

The project consists of three distinct phases. Phase one, a systematic review, contextualises existing knowledge on the impact of nursing attire and therapeutic relationships. Phase two focused on developing a new data collection tool addressing deficits identified in previous studies. Phase three is data collection and analysis using the new protocol.

Results:

Nursing attire has significantly transformed over time, reflecting shifts in healthcare culture. Patients and the public frequently form opinions of nurses' competence and professionalism based on initial interactions. Perceptions through nonverbal communications, including nursing attire, directly impact therapeutic relationships, influencing patients' satisfaction with healthcare.

Four key themes, Grace in tradition, Dressing the part, Comfort through familiarity, and Shifting perspectives, were identified. Noted survey tools have been previously used to measure nursing image, nursing attire was not a primary feature of those tools. Anecdotal evidence from clinical exposure of the researchers as health clinicians suggested significant connections between attire and patients' perceptions. Notable variations based on cultural and contextual settings also arose. The limitations of previous studies linked to inclusivity challenges. Noted voids concerning information relating to male nurses, limited consideration of cultural nuances within geo-specific environments and healthcare settings outside of acute hospital contexts. The development of a new protocol for research focusing on the specific impact of nursing attire sought to address these deficits.

Conclusion:

Nursing attire is a critical yet overlooked aspect of non-verbal communication, directly influencing perceptions of professionalism in nursing. The findings underscore the need for evidence-based nurse uniform policies that prioritise professional functionality concurrently with patient satisfaction and comfort. This research provides a foundation for developing nursing attire guidelines using the lens of consumers.

Key words:

Nursing attire, perception, therapeutic relationship, professionalism

224

Mapping the Landscape of Early and Mid-Career Nursing and Midwifery Researcher Activities: A National Survey of Australia

Straiton N^{1,2}, Holman T^{1,2}, Brogan E³, Goldsmith H⁴, Musodza W^{5,13}, Ferguson C^{6,14}, You W⁵, Algozo C⁵, Bowden A^{6,16}, Brunero S^{3,17}, Clifford B^{17,18}, Doab A¹⁵, Javid N^{2,12}, McDonagh J^{6,14}, McErlean G^{6,11}, Mimmo L⁴, Musgrave L³, Paull G¹⁹, Pope N^{9,10}, Qiu Y³, Riley T⁸, Sheppard-Law S^{3,7,8}, Varndell W^{3,7}, Middleton S^{1,2}

¹Nursing Research Institute, St Vincent's Hospital Sydney, St Vincent's Hospital Melbourne and Australian Catholic University, ²School of Nursing, Midwifery and Paramedicine, Australian Catholic University, ³School of Nursing and Midwifery, Faculty of Health, University of Technology Sydney, ⁴Sydney Children's Hospitals Network, ⁵School of Nursing and Midwifery, Western Sydney University, ⁶School of Nursing, University of Wollongong, ⁷The Prince of Wales Hospital, ⁸Sydney & Sydney Eye Hospital, ⁹Murdoch Children's Research Institute, ¹⁰Child Health Evaluative Services, Research Institute, The Hospital for Sick Children, ¹¹St George Hospital, Nursing and Midwifery Centre for Research, ¹²University of Newcastle, ¹³Western Sydney Nursing & Midwifery Research Centre (WSNMRC), Blacktown Clinical and Research School, Blacktown Hospital, ¹⁴Centre for Chronic & Complex Care Research, Blacktown Hospital, ¹⁵Kirketon Road Centre, South Eastern Sydney Area Health Service, ¹⁶Illawarra Shoalhaven Local Health District, ¹⁷St Vincent's Hospital Sydney, ¹⁸National Centre for Clinical Research in Emerging Drugs, University of New South Wales, ¹⁹St George Hospital

Aim/Objective

Strengthening nursing and midwifery research capacity and capability are critical to address healthcare issues, workforce challenges and improve patient outcomes. However, there is limited evidence on the roles, research activities, and support structures available to early- and mid-career nursing and midwifery researchers (EMCRs) in Australia. This study aimed to describe the research activities of nursing and midwifery EMCRs across Australia, identifying key barriers and enablers to research engagement.

Methods

An online cross-sectional survey (Oct–Dec 2024) targeted Australian nurses and midwives who completed a PhD in the past 10 years. Responses were analysed using descriptive statistics.

Results

Forty-five EMCRs completed the survey: 35 early-career (0–5 years post-PhD) and 10 mid-career (5–10 years), mean age 48.3 ± 9.1 years. Most identified as female and held academic-only roles (66.7%), with others in 'other' (20%), clinician-researcher (8.9%), or clinician (4.4%) roles. On average, 21–40% of their role focused on research. Grant applications varied: early- vs mid-career researchers applied to Category 1 (30% vs 44%), Category 2 (35% vs 33%), and Category 3 (52% vs 53%) schemes, indicating despite years since obtaining PhD mid-career researchers were still frequently applying for smaller-scale grant funding. Additionally, mid-career researchers were more likely to lead Category 3 grants (e.g., as Chief Investigator A) than larger, more competitive Category 1 schemes. Key barriers to research included limited research time (33.3%), high workload (22.2%), and insufficient funding (17.7%). Enablers were mentorship, protected research time, and equitable institutional support. Nearly half (46.7%) of nursing and midwifery EMCRs rated their institution's research support as average.



Conclusion

This study highlights limited opportunities and poor support for nursing and midwifery EMCRs in Australia. Despite this, they remain research active. Increasing dedicated and protected research time, mentorship, funding access, and leadership opportunities is essential to develop future research leaders.

225

Closer to home: Clinical placement collaborative proof of concept

Vernon R^{1,4}, Owen V^{1,2,3,4}, Hurley J^{1,2,3,4}

¹University of South Australia, ²North Adelaide Local Health Network, ³Department for Health and Wellbeing, Government of South Australia, ⁴Adelaide University

South Australia has taken a 'grow your own' approach to building and sustaining a nursing workforce by implementing an innovative 'closer to home' placement model for Bachelor of Nursing (BN) students. Facilitating sustainable and consistent access to quality learning experiences; reducing placement poverty; improving graduate opportunities; and enhancing workforce attraction, retention and sustainability are foundation concepts of this innovative collaborative initiative.

Aims:

To build opportunities and increase connections and placement experiences for nursing and midwifery students within or near to the community in which they live.

- Attracting, recruiting, and retaining nursing workforce by facilitating quality student placement opportunities closer to home.
- Reducing placement poverty and aligning future workforce with organisation and culture to enhance graduate outcomes and opportunities.
- Creating sustainable collaborative partnerships between university and industry in the provision of quality learning experiences for BN students.

Methods:

The Clinical Placement Collaborative (CPC) is a partnership between the university, three local health networks and the office of the Chief Nursing and Midwife implemented in 2024. Recruitment of students occurred via an electronic invitation sent to students with a postcode in the participating LHNs geographic regions. Students were subsequently aligned and orientated to the designated 'home' LHN.

Within the initial CPC cycle 1045 BN students completed a four or eight week 24/7 rostered and facilitated placement.

Initial summary results:

Increased placement capacity by 20% (n=105).

Improved student and industry satisfaction and placement experience scores.

Increased Assistant in Nursing opportunities and recruitment.

Improved and increased graduate TPPP employment pathways.

Facilitated pathways for student placements between metro and regional LHNs venues.

Conclusion:

Taking this collaborative partnership approach to building, educating, and sustaining a nursing workforce, has consistently demonstrated improved student learning experiences; created new recruitment and employment opportunities for students and new graduates; improved capacity and access to quality placement opportunities 'closer to home, and contributed to reducing the financial burden on students undertaking professional experience placement.

226

CALD Nursing Students' Experiences and Perceptions of Workplace Violence during Clinical Placement: An Integrative Review

Shrestha S¹

¹Western Sydney University

Aim

Workplace Violence (WPV) is any act of abuse, threat, or assault that occurs at work. Globally, WPV has been a growing problem in the healthcare industry. Within the nursing profession, WPV can even begin for nursing students while on their clinical placement. Clinical placements should be a positive learning experience, but studies have shown that students have encountered WPV within this environment. While the experiences of nursing students in general are extensively discussed in the literature, the experiences of Culturally and Linguistically Diverse (CALD) students are underrepresented. Given the internationalisation of nursing education, there is an increasing number of CALD students pursuing a nursing degree. Therefore, this study aims to explore the experiences and perceptions of CALD pre-registration nursing students regarding WPV during clinical placement.

Methods

This paper presents an integrative review of the existing literature. Academic databases such as CINAHL, MEDLINE, Scopus, and ProQuest, along with the grey literature databases, yielded 1,665 studies. Title and abstract screening were followed by full-text review, resulting in five primary studies and one thesis that met the inclusion criteria (n=6). One study used a mixed methods approach, while the other five studies were qualitative.

Results

Three main themes emerged from thematic analysis: 'Violence stemmed from being different', 'Student nurses' experiences of violence', and 'Enduring the consequences of violence'. The second theme was further categorised as: 'Experiences of discriminatory encounters', 'Bullying: A part of the nursing culture', and 'Prejudicial treatment based on race'.

Conclusion

Exposure to WPV leads to negative learning experiences for student nurses and may influence their practice as a professional nurse. As such, in the face of nursing workforce attrition, respecting diversity and adopting a culture of inclusivity is a vital step in retaining CALD students and promoting safe, positive learning experiences.

Keywords:

Workplace Violence, CALD, nursing student, clinical placement

227

Enhancing student learning and workforce preparedness through a novel continuity-aligned collaborative clinical education model in practice

Crowfoot G¹, Kelly M, Vandy C, Olaisen J, Makaza M, Mollart L, Koizumi N, Orsina M, Porteous B, Bembridge E, Stubbs M

¹University Of Newcastle

Aim:

The study aimed to evaluate the efficacy of a novel, pilot, continuity-aligned dedicated education unit placement model on the learning experience quality and workforce preparedness of third-year undergraduate nursing students.

Methods:

Three blocks of up to 13 final-year nursing students (total: 32) completed consecutive professional experience placements (4 weeks in semester one, 6 weeks in semester two) across a seven-day rotating roster. Students were aligned with a small group of consistent preceptors for ongoing education support. A specialist clinical nurse educator and a university educator were embedded in the unit to support student learning. All staff received preceptorship education through preparatory in-services. Holistic learning activities were provided to students, such as on-ward medication simulations and following a patient's surgical journey. A survey series measured student perceptions of learning quality across three timepoints using the validated Placement Evaluation Tool (pre-commencement, mid-completion, and post-completion). Additional questions explored students' perceived knowledge, skills, and preparedness for workforce transition. Data was analysed using Friedman's test as the data was not normally distributed. Free text responses were analysed using content analysis.

Results

Statistically significant results were observed for all survey measures. The strongest improvements included student orientation ($p < 0.001$), exposure to positive role models ($p = 0.001$), feeling safe in clinical environments ($p = 0.001$), and feeling valued during placement ($p < 0.001$). Free text responses identified that the model was authentic to real-world nursing practice, expanded learning opportunities, and increased support for student learning. Students highlighted how placement continuity enhanced their learning experience.

Conclusion

The continuity-aligned dedicated education unit model appears efficacious in delivering collaborative and high-quality learning experiences for pre-registration nursing students. It also appears to increase the self-perceived preparation for workforce transition. Future work will explore the effectiveness of the model compared to existing models and explore associations between the model on nursing workforce measures and patient care outcomes

228

Nursing Students' Experiences of Mentorship by NGRNs on placement: A Qualitative Descriptive Study

Sood S¹ Luck L, Peters K,

¹Western Sydney University

Aim:

The study explored pre-registration nursing students' experiences of mentorship by New Graduate Registered Nurses (NGRNs). The challenges and opportunities associated with this mentoring relationship were identified enabling insights into strategies that can be implemented to improve students' learning experience and better prepare them for their professional roles.

Method:

The study used a qualitative descriptive design underpinned by naturalistic inquiry. Semi-structured interviews were used to collect data. Purposive and snowball sampling methods were used to recruit pre-registration nursing students based on their experience of being mentored by NGRNs. Participants were recruited through Instagram, Facebook™ and the Australian College of Nursing (ACN) website. 12 participants were interviewed as data sufficiency was achieved. The six phases of thematic analysis recommended by Braun and Clarke (2022) guided the process.

Results:

Interview generated three themes and five subthemes: Theme 1 was titled: Not just placement, a place to belong: Creating a safe environment for nursing students and included two subthemes (i) Breaking the Ice: Being Welcoming and Approachable. (ii) Cultivating Empathy and Emotional Connection. Theme 2 was titled Pedagogical approaches of NGRNs in teaching with subthemes (i) Collaborative learning in clinical setting and (ii) Building confidence: The role of time and patience. Theme 3 was titled Barriers to student learning with subtheme (i) Feeling overwhelmed: Experience and lack of confidence in NGRNs.

Conclusion:

Working with NGs is beneficial as this helps to strengthen the learning environment and individual learning creating a positive impact on the student experience. Not feeling judged, being of a similar age and having experienced the same educational journey were highly appreciated by the students. Moreover, they also encountered challenges, including the NGRN's limited clinical experience and lack of confidence, affecting their ability to teach nursing students.

229

Implementing the New Zealand Early Warning Score escalation pathway in a private hospital setting: A nursing perspective

Burland J¹

¹Ara Institute Of Canterbury

Aims:

To describe the experience of registered nurses implementing the New Zealand Early Warning Score (NZEWS) escalation pathway in the private surgical setting.

Background:

Patient deterioration is heralded by antecedent changes in vital signs. To support early detection and response to patient deterioration recognition and response systems (RRS) were introduced. Despite this there remain delays in escalation of care. The reasons for this include human factors, nurse autonomy to make clinical decisions, clinician perception NZEWS and care context factors. The discontinuous on-site presence of medical specialists in private hospitals is a contextual factor of interest that has not been previously explored.

Methods:

A qualitative descriptive approach was utilised. Registered nurses working within the desired setting were interviewed to explore their experiences implementing the NZEWS escalation pathway. Reflexive thematic analysis was applied allowing generation of themes.

Findings:

Themes are 1. Ambivalence towards the NZEWS and its application/utility in the private surgical setting; 2. Protocol adherence, escalation hesitation depends on when and to whom you are escalating care; 3. The role of modifications in promoting successful application of escalation protocol; 4. Human factors and successful implementation of escalation protocol.

Conclusion:

Imperfect implementation of recognition and response systems presents a threat to patient safety, potentially leading to delayed care escalation and failure to rescue. To optimise implementation of RRS there needs to be adequate organisational support for nurses to promote protocol adherence. Increasing nurse clinical decision-making autonomy and reviewing wording on escalation protocols to clarify expectations may improve implementation of NZEWS and promote timely care escalation. Such changes could include using consistent terms within policy documents for the role and scope of senior nurses involved in care escalation. Skillful use of modifications and providing interprofessional education regarding NZEWS. Further research about this issue in different contexts may help inform strategies to improve escalation practices.

Key words:

Failure to rescue, Recognition and response, care escalation, Registered nurses, patient deterioration.

230

Why the neurodiverse nurse?

Rihs J¹, Cole C²

¹RMIT, ²ACU

Aim/Objective

This presentation explores the contributions of neurodiverse nurses within the Australian healthcare workforce and highlights how embracing neurodiversity enhances patient care, improves outcomes, and advances nursing practice.

Methods

A narrative synthesis approach was used, drawing on clinical examples to illustrate the strengths neurodiverse nurses bring to healthcare. Key attributes such as attention to detail, innovative problem-solving, and heightened empathy were considered concerning patient safety and care quality.

Results

Neurodiverse nurses—including those with autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), dyslexia, and other cognitive variations—offer distinct strengths that enrich clinical practice. Examples include enhanced precision improving medication safety, rapid identification of clinical deterioration, and the development of innovative care strategies. Their cognitive diversity fosters personalised, empathetic patient experiences, particularly for neurodiverse patients, leading to improved outcomes. Neurodiverse nurses also enhance team adaptability and drive fresh perspectives within dynamic and complex healthcare settings.

Conclusion

The growing inclusion of neurodiverse individuals within nursing significantly strengthens the healthcare workforce. By valuing and leveraging neurodiverse strengths, the profession not only improves patient safety and care quality but also cultivates innovation in nursing education, research, and clinical practice. Supporting neurodiversity is essential for building a dynamic, resilient, and inclusive nursing profession that meets the evolving challenges of modern healthcare.

Key Words

Neurodiverse nurses, patient outcomes, patient safety, nursing education

231

The Nurse Practitioner Workforce Survey (NPWORKS): Using Data to Strengthen NP Voice and Support Māori Health Priorities

Liu J¹, Hina A², Brennan P³, Holloway K¹, Williams D⁴, Walker R⁵, Willmott C⁶, Weston K⁷, Woods L⁸, Gray (Te Whakatōhea) N⁹, Harris D^{1,10}

¹School of Nursing, Midwifery and Health Practice, Victoria University of Wellington | Te Herenga Waka, ²Whanganui Regional Health Network, ³Poutiri Wellness Centre, ⁴The Practice on Francis Street, ⁵School of Nursing, University of Auckland, ⁶Nurse Practitioners New Zealand, ⁷Te Kāreti o Ngā Tapuhi o Aotearoa College of Nurses Aotearoa, ⁸School of Mathematics and Statistics, Victoria University of Wellington | Te Herenga Waka, ⁹Health New Zealand, ¹⁰The University of Newcastle and Hunter New England Health District

Nurse practitioners (Mātanga Tapuhi) have been part of Aotearoa New Zealand's health workforce for over two decades. Despite this, no robust national dataset has existed to inform role development, policy, or workforce planning. NPWORKS was established to address this gap. Led by the profession and supported by a Steering Group and Māori NP Advisory Rōpū, NPWORKS is aligned with Te Tiriti o Waitangi.

Aim

To report baseline findings from the inaugural NPWORKS survey.

Methods

Registered NPs practising in Aotearoa were eligible. A cross-sectional survey was conducted over eight weeks (Jan–Mar 2025) using a snowball recruitment strategy through professional networks, social media, email, and word of mouth. The survey was administered via Qualtrics©. A statistical analysis plan was approved prior to data release. Quantitative data were analysed descriptively; qualitative responses were thematically analysed. Ethical approval was granted by the Human Ethics Committee at Victoria University of Wellington | Te Herenga Waka.

Results

Of 874 registered NPs, 667 responded (76%), with 545 (82%) included in analysis. Most (81%) worked in clinical roles, 18% in both clinical and non-clinical, and 1% in non-clinical roles. The majority were based in urban areas (78%), with 22% in rural settings. Respondents reported practising across diverse health contexts. Barriers to full scope practice included limitations in prescribing (61%), ordering laboratory tests (8%), and accessing radiology (37%). Nearly half (47%) reported moderate to severe burnout. While 81% of clinical respondents felt educated and supported to provide culturally safe care, only 25% felt well or fully supported to meet obligations under the Pae Ora (Health Futures) Act (2022).

Conclusion

NPWORKS fills a critical data gap and gives NPs a collective voice to inform policy, strengthen workforce planning, and support culturally responsive care aligned with Te Tiriti o Waitangi.

232

Empowering Future Nurses: Enhancing Access to Rural Clinical Placements

Simpkins S¹, Barlow-Armstrong J

¹University Of Waikato

Aim/Objective:

Our Nursing programme commenced in February 2020 with a cohort of 50 students and has grown to approximately 500 students in 2024, spanning two qualifications: the Bachelor of Nursing and the Master of Nursing. Both programmes emphasise the integration of learning experiences across various levels of healthcare, with a particular focus on rural, primary, and community settings. This integrated approach equips graduates with a deeper understanding of current and emerging health challenges in Aotearoa New Zealand.

However, research highlights that nursing students often experience significant barriers during unpaid clinical placements. These challenges are exacerbated when clinical placements occur in rural or remote locations that are not accessible by public transport and require a daily commute of two or more hours.

Methods:

In 2024, the School of Nursing trailed an initiative to increase participation in rural clinical placements. This pilot initiative involved placing small groups of three to four nursing students in rural areas and covering accommodation costs through Airbnb rentals during their placement period. Student and rural clinical staff feedback was collated prior to and following the pilot initiative to assess its effectiveness and identify areas for improvement.

Results:

Prior to the pilot, 22 nursing students attended rural placements (2023), however, many students declined the opportunity due to logistical and financial challenges (n=26). In 2024, the pilot supported 53 students, representing a 141% increase in the utilisation of rural placements. Although we continue to see a number of students declining to attend rural placements (n=30).

Conclusion:

To sustain and expand this success, the next phase will seek additional funding to further enhance support for students undertaking rural placements.

Keywords:

Clinical placements, Rural placements, Barriers to attending clinical placement.

233

The Young and the Restless: Barriers and Bridges for Aspiring Academic Leaders

Cutmore E¹, Byrne K⁴, Byrne A¹, Bolton S¹, Ekanayake U³, Anthony P¹, Johnson A²

¹School of Nursing, Midwifery and Social Sciences, Central Queensland University, ²School of Education and the Arts, Central Queensland University, ³School of Business and Law, Central Queensland University, ⁴School of Health, University of the Sunshine Coast

Aim/Objective:

Leadership plays a crucial role in academia, encompassing service roles, teaching, and research. The COVID-19 pandemic led to a significant loss of leadership at many universities. Consequently, newer ('young') academics are stepping up to fill these roles. However, being young in academia can be viewed negatively, and young academics are not always supported in moving into leadership positions. This study aimed to understand the perceptions, facilitators and barriers of being a young leader in academia and what impact these have.

Methods:

An integrative review of the literature was conducted following the methodological approach outlined by Whittemore and Knafl (2005). The databases searched included Medline, Scopus, Informit, Web of Science, and the Cumulative Index of Nursing and Allied Health Literature (CINAHL). The search yielded 675 references, and six studies were included in this review.

Results:

Three key themes were identified: Perceptions, facilitators, and barriers. Perceptions of academic leadership described a 'glass ceiling' inhibiting career advancement, the role of leadership being lost in translation, and the burdens faced by those in leadership roles. Facilitators for young leaders included organisational flexibility enabling academics to work while balancing other life commitments, opportunities for succession planning due to an aging workforce, and possession or development of skills and qualities beneficial for leadership. Barriers to leadership included time and resource constraints, and navigating bureaucracy and politics in academia.

Conclusion:

This review highlights the complex landscape faced by young academics stepping into leadership roles and provides a nuanced understanding of the challenges and opportunities for young leaders in academia. Succession planning and skill development offer pathways for growth; however, negative perceptions and lack of support can hinder progression. Addressing these barriers and changing the narrative around young leadership is essential to foster supportive environments that value the contributions of young academics and ensures the sustainability of academic leadership.

234

Developing Research Leadership for Early Career post-Doctoral researchers (PREPARED)

Marshall A¹, Buckley T², Jackson D², McCormack B², Bonner A¹

¹Griffith University, ²University of Sydney

Aim/Objective:

Despite a growing number of doctoral-qualified nurses and midwives in Australia, there remains a critical lack of structured support during the postdoctoral period, with inadequate postdoctoral opportunities. To address this need, we co-designed and piloted the PREPARED program—a flexible, self-directed research leadership initiative aimed at strengthening research capacity and supporting career progression for early-career postdoctoral researchers in nursing and midwifery.

Methods:

A modified co-design approach was employed, engaging end-users and research leaders to develop a self-directed online program, supported by a community of practice forum aimed at enhancing postdoctoral nurse researchers' leadership capabilities. The program was piloted with a cohort of early-career postdoctoral researchers (n=23) to explore the feasibility, experience, and relevance of the self-directed leadership development approach to participant needs. Participant engagement and feedback had a central role in shaping both the content and structure of the program throughout the pilot phase. Iterative refinements were made based on input gathered via surveys, reflective exercises, and group discussions.

Results:

The pilot of the PREPARED program demonstrated strong feasibility, as evidenced by high participant engagement and positive feedback. Participants reported that the program's flexible, self-directed nature effectively accommodated their diverse clinical, academic, and personal commitments. The relevance of the module content and the value of the community of practice were consistently highlighted, indicating that the program successfully addresses the identified needs of early-career postdoctoral researchers in nursing and midwifery.

Conclusion:

PREPARED is a unique co-designed, flexible, and scalable research leadership program specifically developed to support early-career postdoctoral nurses and midwives, a group critical to the future of the professions. By combining self-directed learning with structured opportunities to reflect, connect, and engage with experienced leaders, PREPARED can help to equip the next generation of researchers to advance health and wellbeing and contribute meaningfully to the ongoing development of nursing and midwifery.

235

Future proofing nursing research: Developments in PhD programs

Stirling C¹, McCormack B, Salmonson Y, Jackson D

¹University Of Tasmania

Aim/Objective:

There is a clear need to develop critical mass and grow new generations of nursing researchers. As health systems face significant problems the role for nursing researchers to address system changes is ever growing. Despite clear pockets of excellence, nurse led research is still not at the quantum that the size of the nursing workforce would warrant. PhD research preparation of nurses is an important step in increasing nursing research. A fresh examination of how doctoral programs can support growing nursing research is needed. This presentation will identify key directions for nursing PhD programs in Australia and New Zealand and policy support and reflect on the future impact on nursing research.

Method:

Recent policy shifts and data on nursing research are combined with thematic analysis of papers submitted to the Journal of Advanced Nursing special issue focusing on “Doctoral Education in Nursing”, for which the authors of this abstract acted as Guest Editors.

Results:

Key themes for the current directions and future needs for nursing PhD programs will highlight resourcing, future focused research addressing gaps in science and use of emerging methodologies. Models of doctoral education, innovative practices, and proposed future directions for doctoral training in nursing will help inform the discussion around successful nursing PhD programs.

Conclusion:

We will provide an overview of the ‘current state of play’ of Australian and New Zealand nursing PhD programs and future trends.

Key words:

Research innovation, methodology, doctoral, research impact

236

How do nurse managers balance clinical and managerial responsibilities? A scoping review

Siwan S¹, Cardwell R², McKenna L³

¹La Trobe University, ²La Trobe University, ³La Trobe University

Aim:

To systematically map evidence on how nurse managers balance clinical and managerial responsibilities of their role.

Background:

Complexity of nurse managers' roles stems from its dual focus on both clinical and managerial responsibilities. Clinically, nurse managers must maintain expertise to guide, support delivery of high-quality care and ensure care practices align with evidence-based guidelines and organisational standards. On the managerial side, they are responsible for administrative tasks such as budgeting, staffing, performance monitoring, and strategic planning. Given their significant impact on healthcare delivery, patient safety, and organisational effectiveness, understanding how nurse managers balance their roles is essential to improving the overall quality of care in healthcare settings.

Methods:

Scoping review guided by Joanna Briggs Institute (JBI) framework for evidence synthesis was conducted. Data were analysed using Braun and Clarke's (2022) approach.

Data Sources: Studies were identified from the following databases without restrictions on publication dates: CINAHL, Medline, PubMed, Embase, ProQuest Central, Scopus, Web of Science and Google Scholar.

Reporting Method: Joanna Briggs Institute (JBI) Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Review (PRISMA-ScR) checklist.

Results:

Forty-nine studies were included, and three main themes identified: Key challenges faced in fulfilling clinical and managerial responsibilities, Strategies used to balance roles and Factors influencing prioritisation.

Conclusion:

Demands from dual roles create role ambiguity, conflict, and overload, leading to stress and dissatisfaction. How nurse managers integrate clinical and managerial functions are not well covered in existing research, leaving a gap in understanding challenges. Further research is needed to explore how nurse managers navigate their dual roles.

Implications for Nursing Management:

Nurse managers play a pivotal role in healthcare, linking clinical care with organisational management. Understanding their challenges can help better prepare nurse managers for their roles.

Keywords:

nurse managers, dual roles, clinical duties and managerial responsibilities, review.

237

Engaging final-year nursing students through gamified learning: A constructivist approach to OSCE preparation

Vakavosaki K¹, Nokes L¹

¹University Of Waikato

Aim/Objective:

To evaluate the effectiveness of a gamified, team-based learning strategy in enhancing engagement, clinical reasoning, and OSCE (Objective Structured Clinical Examination) readiness among final-year pre-registration nursing students.

Methods:

A game-based revision activity, modelled on The Amazing Race, was introduced for final-year nursing students across the Bachelor of Nursing and Master of Nursing Practice programmes. Teams moved through a series of interactive clinical stations centred on the Williams Whānau case study, a fictional family used throughout the nursing programme. Each station required students to engage with Mahere hau - an integrated assessment framework (Cameron et al, 2024), applying clinical knowledge and skills, critical thinking, and collaborative decision-making to evolving patient scenarios. The session design was grounded in constructivist and experiential learning theories, enabling students to draw from prior clinical experience and actively build new understanding through real-time problem-solving.

Results:

Students responded positively to the gamified format, reporting increased motivation, engagement, and deeper retention of clinical knowledge. The use of familiar case content in a competitive, time-bound structure promoted peer learning, communication, and practical application of theoretical frameworks. The activity supported students in identifying areas of growth, developing confidence and clinical reasoning as they prepared for an upcoming full head-to-toe OSCE assessment.

Conclusion:

Integrating gamification into nursing education provides a powerful, learner-centred approach to clinical skills revision. Framed within a constructivist pedagogy, this method fosters active participation, collaboration, and critical reflection. Feedback from students and staff supports the ongoing use of this strategy in final-year revision, with potential for wider adaptation across pre-registration nursing curricula.

Keywords:

Gamification, nursing education, constructivism, OSCE preparation

238

Understanding nursing students' experiences of end-of-life communication: insights to develop student skills using immersive technologies

Li X¹, Wei R¹, Slatyer S¹, Rappa N²

¹School of Nursing, College of Health and Education, Murdoch University, ²School of Education, College of Health and Education, Murdoch University

Aim:

This study aimed to explore undergraduate nursing students' experiences of communicating with patients approaching the end of life (EOL), their families, and health professionals during clinical placements, and to identify their learning needs to inform the development of education strategies using immersive technologies.

Methods:

This study employed a qualitative phenomenological approach to explore students' lived experience of EOL communication during clinical placements. Purposeful sampling was used to recruit second- and third-year Bachelor of Nursing students (n=16) from one Australian university. Three semi-structured focus groups were conducted: one online and two in person. Discussions were audio recorded and transcribed verbatim. Thematic analysis was applied to identify patterns and meanings within the data.

Results:

Five themes emerged to describe nursing students' experiences: (1) EOL communication practices and stakeholders; (2) emotional responses to EOL interactions; (3) challenges encountered in EOL communication; (4) personal strategies to navigate challenges; and (5) student-informed educational approaches. In summary, most students reported feeling unprepared to communicate about EOL issues, and multiple EOL communication challenges during clinical placements were identified. Students saw immersive technologies as able to provide an authentic and safe learning environment in which to develop communication skills on this sensitive topic.

Conclusion:

Most students described emotional and communication challenges during clinical placements and identified gaps in their learning. Incorporating student-informed educational approaches, particularly immersive technologies that offer safe, realistic learning environments, has the potential to transform the way nursing students are prepared for real-world challenges. This, in turn, can empower the future nursing workforce and support action towards a healthier future.

Keywords:

nursing students, end-of-life communication, immersive technologies

239

Improving nursing students' preparation for OSCE using SimCapture for Skills

Golakani M¹, Algozo C¹, Jacobs S¹, Lynch J¹

¹Western Sydney University

Aims and Objectives

Nursing students are often faced with challenges in mastering clinical skills like the Objective Structured Clinical Examination (OSCE). Mastering OSCE skills requires continued practice and physical access to clinical labs, which could be demanding due to various reasons. Many students struggle with the disruption and discontinuation of practice when they attend clinical placement, take a mid-semester break, or while waiting for the OSCE exam. This study aims to mitigate these interruptions and improve students' readiness for OSCE.

Methods

We developed a self-reflection scenario using the SimCapture for Skills platform in Nursing Practice subject. This web-based platform is accessible through smart devices and enables students to self-record their OSCE skills and engage in cloud-based activities to continue their practice with the capability of generating various reports. Students first recorded themselves while performing the OSCE skill in Clinical Practice Unit (CPU). Later, at a time convenient for them, they watched their recordings alongside a questionnaire based on OSCE marking criteria and detailed instructions for each step in their OSCE skill, with the ability to pause the recording as needed to review the OSCE instructions and reflect on their performance at each step.

Results

Of the 174 students participated, 90.2% of students either strongly agreed (67.2%) or agreed (23%) that this activity helped them to better prepare for the OSCE exam. 86% of students reported that they learned something new about the skill. Various students found the activity helpful in evaluating their own work, rectifying their mistakes, and gaining confidence in performing the skill. Further, the incorporation of this activity significantly improved OSCE outcomes ($p < 10^{-6}$, OR=17.5).

Conclusion

Using the self-recording video function and assigning that to students for self-reflection improves students' satisfaction, encourages engagement, and is associated with better OSCE outcomes.

Keywords

OSCE, SimCapture, Self-reflection

240

Empowering Nurses and Midwives to design quality and culturally safe simulation

Barlow M, Ryan C, Reid-Searl K, Guinea S, Downer T, Dickie R, Kurup C, Eaton N

¹ACU, Faculty of Health Sciences

Aim/Objective:

To gain user experiences with the Quality Simulation Assurance Framework (QSAFe), a tool developed to benchmark and improve the quality and cultural safety of simulation-based learning (SBL) activities in nursing and midwifery. QSAFe, comprises five elements: simulation modalities and methodologies, consultation and co-design, curriculum alignment, preparation of educators, and learner preparation

Methods:

QSAFe was created using a moderated nominal group technique and in-depth qualitative analysis with simulation experts across Australia and New Zealand. Feedback from end users was then sought with the goal of improving QSAFe's design and effectiveness within nursing and midwifery education. Data were collected from end users through surveys and in-depth interviews conducted over five months with 26 educators.

Results:

Analysis of the data revealed two main themes: practical implementation and drivers for implementation. Participants highlighted that the QSAFe teaching-related elements were more impactful than its knowledge-related components. Despite some barriers encountered, particularly by novice simulation educators transitioning from clinical roles to academia, the QSAFe was generally valued for its ability to enhance simulation design quality, foster shared knowledge, and provide a standardised language for simulation practices. Many participants also reported that the QSAFe helped them identify the need to build their cultural capabilities and helped to direct their simulation professional development needs.

Conclusion:

The refined QSAFe, alongside the associated user guide and handbook, offers nursing and midwifery educators a clearer and more effective tool for implementing quality simulation-based learning in consideration of the Australian and New Zealand cultural contexts.

241

He Taonga Tuku Iho, He Tapu Te Tangata: Valuing the dignity of every sacred person in nursing practice.

Robinson J¹, Black S¹, Gott M¹

¹University Of Auckland

Te Whakahekenga: dying as a health and social justice issue is a Health Research Funded research project exploring the impact of rural deprivation in palliative care. The findings highlighted significant barriers for people living in rural areas of high deprivation in accessing care in the last year of life. Some of these barriers were related to how healthcare professionals engaged with communities leaving people feeling judged and stigmatised.

As nurses, we need to be aware of how our behaviour can leave some people feeling unsafe in a healthcare setting. A lack of awareness in relation to how we respond to people who may look different to us, speak in ways we don't understand or have different life experiences create barriers for people in need of care at the end of life. Differences in values and beliefs about health and wellbeing, death and dying as well as past traumatic life experiences may be triggered during a health consultation.

He Tapu Te Tangata (The Sacred Person) is a conceptual model created in partnership with Kaiwhakaruruhau-a-iwi members of Te Tōpūtanga o te Mauri The Life Force Collective. He Tapu Te Tangata is a taonga tuku iho derived from whānau and kaimahi kōrero experiences of palliative care while living in rural areas of high deprivation. He Tapu Te Tangata is a two-stage taonga tuku iho meaning it is grounded in a te ao Māori worldview drawing on ancestral knowledge and tikanga values, to guide best practice.

This presentation will draw on whānau accounts to foreground the changes nurses need to make in their practice. Changes include perceptions, behaviour and reactions to whānau taking into account the sacredness of each person reflecting the very concepts outlined in He Tapu Te Tangata.

242

How anthroposophically educated registered nurses apply the anthroposophic paradigm in practice

Te Huia M¹, Dewar J¹, Holroyd E¹, Saravanakumar P

¹Auckland University Of Technology

Aim/Objective:

This study aimed to explore how registered nurses who have completed education in anthroposophic nursing apply this knowledge to patient care in Aotearoa New Zealand.

Methods:

The researchers used a qualitative research design (interpretative description [ID]). Eleven (11) semistructured interviews were conducted, and data were analysed using the four steps of Morse's cognitive processing framework. The participating nurses, who each had over 20 years of nursing experience, worked in various clinical settings including acute care, Primary Healthcare (PHC), palliative and end-of-life care, mental health, schools, and community services.

Results:

Three key themes were identified: "Our way of being," expressions of anthroposophic nursing practice, and negotiating place: nursing with anthroposophic foundations in Aotearoa New Zealand. Participants articulated the anthroposophic paradigm as embodied knowledge that informed practice, nurtured patient/nurse relationships, and underpinned holistic person-centred nursing care, emphasising spirituality as part of the integrated caring interventions.

Conclusion:

The study's findings will enhance understanding of the significance of practice informed by anthroposophic foundations and concepts for the health context in Aotearoa New Zealand. Anthroposophic nurses' spiritual self-development was found to support and strengthen culturally safe values. Combined with therapeutic practices like hydrotherapy and compresses, this spiritual awareness deepens understanding of holistic care. These findings can guide future recommendations for person-centred, spiritually inclusive health care in Aotearoa New Zealand. The study also offers insights for nursing education, highlighting the importance of spirituality in self-reflection and holistic care across cultures.

243

Spiritual care in an Australian nursing context

Cooper K¹, Dixon K¹, Luck L¹, Chang E¹

¹Western Sydney University

Aims:

This study aimed to explore whether the professional construction of spirituality resonates with the experience and understanding of registered nurses (RNs).

Methods:

This qualitative study used Fairclough's critical discourse analysis approach. A purposive sampling method was used. Participants comprised three RN Standards for Practice research and development team members and 20 RNs working in hospitals in public and private hospitals in Australia. Data analysis was conducted through the application of Schneider's ten work steps.

Results:

Holistic discourse was found to be a common discourse among both groups of participants. Other discourses which the two groups of participants drew from in their constructions of spirituality were mostly unique to each group. For the standards developers, the discourses were: person-centred care and professionalisation of nursing. Whereas the RNs' (both public and private hospitals) discourses were personal religious beliefs and empathetic care. This study found that practicing spiritual care is highly personalised for RNs which could be positive but also poses a risk for spiritual care to be provided based on the nurses own personal beliefs. This could be problematic for a patient with a different religious or non-religious background, with some patients possibly uncomfortable with receiving such care. Education in spiritual care can mitigate this risk.

Conclusion:

The findings have implications for spiritual care practice in the context of holistic nursing, notably in nursing practice standards and nursing education.

Key Words:

Spirituality, Registered Nurses, Undergraduate Education, Practice Standards

244

What influences practice nurses use of self-management resources with people with T2DM?

Thomson A¹, Page R¹

¹Massey University

Aim:

Type 2 diabetes mellitus (T2DM) is a growing global health concern. Positive lifestyle choices, crucial for delaying or preventing complications, need support and education for individuals with T2DM and their families/whanau. Practice nurses (PNs) are well-placed to provide this care, yet their preparedness and the self-management resources available and utilised in New Zealand remain understudied. This research aimed to explore the resources used by PNs in Aotearoa New Zealand (NZ) to support T2DM self-management and the factors influencing their choices.

Methods:

This qualitative descriptive study employed semi-structured interviews with PNs recruited via social media. The narrative data were analysed thematically using an inductive process.

Results: Two primary themes emerged: Internal factors (subthemes: knowledge of resources, specialised T2DM knowledge, perceived role) and External factors (subthemes: workplace structure, Primary Health Organisation/community resources). The study identified a range of self-management resources used in NZ. PNs' resource selection was influenced by their awareness of resources, resource availability, and their perceived role in diabetes self-management education (DSME).

Conclusion:

More consistent patient self-management support could be achieved through increased PNs awareness of specific resources, such as T2DM websites that cover various aspects of T2DM, and broader access to DSME groups. This could improve self-management skills and knowledge for people with T2DM and provide better support for PNs in their role. Healthcare organisations should ensure that all PNs can access diverse resources and support ongoing professional development in T2DM care. T2DM education programmes for PNs should incorporate information on the latest self-management resources and technologies to equip PNs with the tools they need to support people with T2DM effectively.

245

Enhancing workforce capability and diversity through inclusive assessment in health professional education

Raghunathan K^{1,2}, Mckenna L¹, Tai J², Dollinger M³

¹La Trobe University, ²Deakin University, ³Curtin University

Aim/Objective:

Inclusive assessment practices are crucial for ensuring alignment of graduate capabilities with future workforce needs and equitable healthcare for diverse patient populations. This study explored the perspectives of clinical supervisors in health professions on necessary graduate capabilities and how these can be best assessed to support the inclusion of diverse students. This presentation will focus on leadership and policy changes needed to foster inclusivity and diversity in work-integrated learning (WIL) placements.

Methods:

As part of a co-designed project, an exploratory descriptive study was conducted using an online survey targeting WIL stakeholders from various health disciplines across Australia. The survey collected both qualitative and quantitative data on participants' experiences with WIL assessments, necessary graduate capabilities, and support for diverse students. Data were analysed using content analysis and descriptive statistics.

Results:

Key areas identified for assessment included communication, professionalism, and ethical behaviour. Despite their extensive experience with diverse students, clinical supervisors face challenges due to limited flexibility in assessments and available accommodations. Findings of this research suggest reevaluating weightings and focus of WIL assessments and the specific skills expected. The study highlights the need for supervisor professional development in adapting assessment tools to meet diverse student needs and capabilities.

Conclusion:

By integrating insights from WIL stakeholders, this study contributes to better understanding of current assessment practices, ultimately fostering a more capable and diverse healthcare workforce. Collaboration among universities, healthcare providers, policy makers and students is essential to create inclusive assessments that support diverse student needs and prepare them for evolving and varied healthcare careers. Implementing these recommendations has potential to enhance inclusivity and effectiveness of WIL programs, ultimately contributing to a more diverse and capable healthcare workforce.

Keywords:

flexible assessment, graduate capabilities, inclusive practices, work-integrated learning

246

Bridging Professions, Building Futures: A New Pathway into Midwifery

James E¹, Jackson T

¹University Of Waikato

Aim/Objective:

To describe and reflect on the development and delivery of a new graduate entry midwifery programme in Aotearoa New Zealand. The Master of Clinical Practice (Midwifery) is designed to empower registered health professionals by building on their prior qualifications and clinical experience, supporting their transition into midwifery through a flexible and inclusive educational model.

Methods:

Launched in 2025, this two-year, master's-level programme was specifically designed for qualified health professionals, offering a fast-track pathway into midwifery. The curriculum recognises and builds upon students' existing healthcare knowledge, integrating student-centred learning, Universal Design for Learning (UDL) principles, and 1500 hours of supervised clinical practice. On-campus workshops, combined with flexible online learning, allow students to apply and deepen their prior learning in a midwifery context. Reflections and feedback from the first cohort were gathered to evaluate the early impact of the programme.

Results:

Students entering the programme bring a wide range of healthcare experience, which enriches both classroom and clinical learning. The flexible delivery model, including adaptive teaching strategies and responsive curriculum design, has enabled students to manage study alongside personal and professional commitments. Early feedback from the first cohort highlights strong engagement, a sense of empowerment, and the value of the programme's flexibility and inclusivity in supporting their progression into midwifery.

Conclusion:

By valuing and building on students' existing qualifications and experience, this graduate entry midwifery programme provides a strong foundation for developing competent, confident midwives. Its flexible and inclusive design not only accelerates skill acquisition but also supports a more empowered, future-ready midwifery workforce—contributing to healthier outcomes for individuals and communities.

Keywords:

Graduate entry midwifery, health professional transition

247

Unlocking Potential: Harnessing the specialty skills of internationally qualified nurses.

Burston A^{1,2}, Kurup C³, Betihavas V⁴, Jacob E⁵

¹School of Nursing, Midwifery & Paramedicine Australian Catholic University, ²Nursing Research and Practice Development Centre, The Prince Charles Hospital, ³School of Nursing and Social Sciences, Central Queensland University, ⁴School of Nursing and Midwifery, The University of Notre Dame Australia, ⁵School of Nursing, Midwifery and Paramedicine, Australian Catholic University

Aim/Objective:

To explore internationally qualified nurses (IQNs) transfer of specialty skills to developed countries after immigration.

Methods:

A parallel sequential explanatory mixed-methods approach to examine existing policies, identify barriers and facilitators to skill transition, and propose recommendations for improving specialty skill recognition and integration.

A multi-centre policy review assessed registration procedures and specialty skill recognition, and an integrative literature review evaluated transition strategies for specialist IQNs. Surveys were administered to IQNs and managers to assess barriers and enablers of skill utilisation. Focus groups with IQN's and interviews with managers were conducted to explore perspectives about skills transfer.

Results:

The policy review identified 34 policies across 20 countries, yet only four countries offered specialised nurse registration pathways requiring postgraduate qualifications. The literature review (n = 10 papers) identified inconsistencies in defining nurse specialties and challenges to skill transfer across jurisdictions.

Survey data from IQNs (n = 71) and managers (n = 44), focus groups with IQN's (n = 7) and interviews with managers (n = 8) revealed skill utilisation depends upon managerial support, socio-cultural adaptation, and structured transition programs. Many barriers and facilitators were identified, and additional challenges such as complex registration processes, misconceptions about qualifications, and unfamiliar work environments remained significant obstacles.

Three meta-inferences were drawn: internationally qualified nurses possess specialty skills that can be successfully transferred to the Australian healthcare system; internationally qualified nurse specialty skill utilisation in Australia is influenced by opportunities to practice in their specialty area; and transition to practice programs are required by both IQNs and managers.

Conclusion:

IQNs possess specialist skills that can be effectively integrated into healthcare systems through appropriate policy improvements, practice opportunities, support for self-determination, and tailored transition-to-practice programs. A coordinated approach for IQNs and managers is needed.

Keywords:

Internationally Qualified Nurses, Specialty Skill Transfer, Nursing Integration, Workforce Policy

248

Sustained Group Clinical Supervision for midwives and levels of burnout

Catling C^{1,2}, Kasaye H², Donovan H²

¹Northern Sydney Local Health District, ²University of Technology Sydney

Background:

There are high levels of burnout in midwifery. Support is essential for their welfare to be able to cope with the demands of their jobs and to stem the high rates of attrition, in particular from early-career midwives. Supportive strategies, such as Clinical Supervision (CS), enable reflection in a facilitated, structured way, and can enhance professional standards and career development.

Methods:

A cluster Randomised Controlled Trial was conducted comprising 12 maternity sites, with the intervention of monthly CS sessions from June 2022 to November 2024. Participants completed 6-monthly surveys including validated measurement tools. A multilevel mixed effects linear regression model was used to determine the effect of CS on the levels of burnout while controlling the effect of other variables.

Results:

After adjusting for variables the intervention had significant effects on overall burnout (-2.30 (-4.50,-0.10), p-value =0.041) and work-related burnout (-2.70 (-5.23, -0.17) p=value= 0.036), while there were no significant changes to personal and client-related burnout. The maternity site level variance of the overall burnout was 2.88 (95% CI: 0.85, 3.11), and the intraclass correlation coefficient (ICC) was 8.7%, indicating substantial variability between facilities. Midwives over 60, working in the community and having a positive perception of work culture were significantly associated with reduced levels of burnout.

Conclusions

Having access to monthly Group Clinical Supervision reduced participants' overall and work-related burnout. The notable facility-level variance suggests that other contextual factors may influence burnout, warranting further investigation.

249

Should I stay, or should I go? A quantitative study of nurses and midwives working in academia.

Tower M¹, Massey D⁷, Zimmerman P^{1,5}, Muir R^{1,2,4}, Kang E^{1,10}, Elder E^{1,2,3}, Carter A¹, Watkins P^{1,7,8}, Geia L⁷, Holloway K⁶, Maude R⁶, Beaulieu M^{1,9}

¹School of Nursing and Midwifery, Griffith University, ²Department of Emergency Medicine, Gold Coast Health, ³Centre for Work, Organisation and Wellbeing, Griffith University, ⁴Florence Nightingale Faculty of Nursing Midwifery and Palliative Care, Kings College, ⁵Infection Control Department, Gold Coast Health, ⁶School of Nursing, Midwifery, and Health Practice. Faculty of Health. Te Herenga Waka Victoria University of Wellington, ⁷School of Nursing and Midwifery, Edith Cowan University, ⁸School of Nursing and Midwifery, Southern Cross University, ⁹Faculte des Sciences Infirmieres, Universite Laval, ¹⁰Faculty of Health Science Higher College Technology

Aim/Objective:

Nursing and midwifery (NM) academia plays a critical role in educating and sustaining the future clinical workforce. Yet, it is often overlooked and has been referred to as the invisible workforce of NM. As Australian and New Zealand (NZ) Aotearoa health systems grapple with workforce shortages, NM academia face similar challenges. The aim of this study was to describe current perceptions of working environments, occupational stressors, health outcomes, and intention to leave among NM academics in Australia and NZ Aotearoa.

Methods:

Using a cross-sectional design, an anonymous 15-minute online survey was distributed via Heads of Schools and professional networks between July–November 2024. Eligible participants were nurses and midwives working in academia, either as permanent or contracted faculty in Australia and NZ Aotearoa.

Results:

267 surveys were returned. Most respondents were nurses (93.2%) and 82.8% were Australian. They had an average of 11.4 years of academic experience and 80.5% reported working full-time. Moderate-to-high levels of work-related stress were reported by 82.0%, while 26.4% indicated high-to-severe levels of burnout, and 71.4% experienced presenteeism in the past month. Over a third (38.8%) of respondents said they planned to leave academia. The most cited reasons for intending to leave current academic roles were high workloads (50.6%) and perceived lack of institutional support (39.3%). Intention to leave was associated with burnout, high-risk psychosocial work climates, effort-reward imbalance, lack of sense of community, low levels of vertical trust, and high levels of organisational dehumanisation.

Conclusion:

NM academics play a crucial role in preparing future clinical workforces and are essential to ensuring safe quality care for patients and women. However, current expectations and working environments make longevity in academia untenable and undesirable. It is therefore urgent to act upon systemic issues that contribute to intention to leave.

Keywords: workforce sustainability, job satisfaction, retention, work environment, academia

250

Evaluating the effectiveness of a conflict resolution and resilience building bespoke educational workshop for South Australian midwifery students

Simpson N¹, Vernon R¹, Briley A², Esterman A¹, Steen M³

¹University Of South Australia, ²Flinders University, ³Curtin University

Background:

Workplace bullying, and violence (WBV) are prevalent within the midwifery profession and are often inflicted on midwifery students. Negative workplace culture impacts students professionally and personally, contributing to poor mental health, burnout, job dissatisfaction, absenteeism and loss of passion for the midwifery profession.

Aim/Objective:

A bespoke education program for midwifery students was designed to facilitate development of conflict resolution skills, resilience and self-care strategies, to assist students to manage workplace bullying, and violence.

Methods:

A three-phase sequential mixed methods approach was used. In Phase 1, quantitative data were collected pre- and post-workshop attendance via semi-structured questionnaires and a validated conflict measurement tool. Data were analysed using descriptive and inferential statistics. Results from Phase 1 informed the development of an interview schedule for Phase 2.

In Phase 2, semi-structured interviews were utilised and thematically analysed using Braun and Clarke's 6-stage reflexive framework.

Results:

Eighty-four second year midwifery students consented to participate in Phase 1 of this study. Eleven eligible students consented to participate in Phase 2.

SA Midwifery students' knowledge and understanding of WBV improved following education. Despite receiving strategies to manage WBV, it was evident that confidence in managing WBV was still developing. Several midwifery students reported increased resilience and knowledge of self-care strategies as a result of attending the education workshop.

Conclusion:

The integration of a conflict resolution and resilience building education workshop in the Bachelor of Midwifery curriculum was positively reviewed. This intervention, increased students' knowledge and understanding of WBV, but identified that skills to effectively manage WBV were still developing in second year students.

Keywords:

Midwifery students; Education; Conflict; Bullying.

251

Australian midwifery students' lived experience of financial hardship: Implications for education and workforce

McKellar L¹, Moran L, Capper T, Dawson K

¹Australian Catholic University

Aim/Objective:

Australian maternity services are under considerable strain due to staffing shortages, with significant deficits in midwifery workforce predicted. One strategy is to increase the numbers of graduating midwives. However, the rising costs of living threaten the affordability of midwifery education with students experiencing financial hardship. This study aimed to explore the lived experiences of financial hardship for students enrolled in Australian midwifery entry to practice programs.

Method:

An explanatory sequential mixed method design was adopted. An online survey gathered baseline economic data and perceived causes of financial stress for midwifery students. In-depth interviews were then conducted to explore midwifery students' lived experiences of financial stress during their studies. Survey data was analysed utilising descriptive statistics, reporting cross tabulation and thematic analysis applied to interviews.

Results:

A total of 113 midwifery students participated in the online survey with analysis demonstrating placement and continuity of care experience requirements significantly impact student experiences, compromising their study, work, and family commitments. Key themes affirm that midwifery students make significant personal sacrifice to undertake their studies and report placement poverty and financial vulnerability. Participants agreed that there was a lack of wider organisational support and recognised that this could impact the midwifery workforce.

Conclusion:

Data from the United Kingdom suggests that attrition from midwifery programs is increasing. Little is however known about attrition rates and the reasons students leave midwifery education in Australia. The Australian College of Midwives and Council of Deans of Nursing and Midwifery recognise that financial hardship is a barrier to students both commencing and completing midwifery programs, highlighting an urgent need for tailored solutions. This study's findings provide initial data and insight into student experiences to inform these and reinforce the need for further studies to evaluate their effectiveness if we are to retain students in midwifery programs across Australia.

Key words:

Midwifery students, financial hardship, lived experience, midwifery workforce

252

Educating for Equity: Midwives and Gender Diverse Maternity Care

Carey A¹, Jakimowicz S¹, Sengstock B¹, Teate A, Lawrence J¹, Mulquiney T¹

¹Charles Sturt University

Aim/Objective:

This study aims to explore midwives' and student midwives' educational preparedness in providing inclusive maternity care to sexual and gender diverse (SGD) individuals. It seeks to identify gaps in midwifery education and inform strategies for improving training, curriculum development, and professional development to better support inclusive practice.

Methods:

A scoping review was conducted using the Joanna Briggs Institute (JBI) population/concept/context (PCC) framework to define the key elements of the research question. Inclusion criteria were developed based on the PCC framework. A comprehensive search of peer-reviewed electronic databases was conducted, and studies were screened using the PRISMA extension for scoping reviews. The review aimed to map existing evidence on midwifery education related to SGD care and identify common themes, gaps, and recommendations.

Results:

A total of 359 studies were identified. After removing 182 duplicates, 177 remained, of which 142 were excluded based on title and abstract screening. Of the 29 full-text articles reviewed, 22 were excluded for reasons such as study design, population, or setting. Seven studies were included in the final analysis: four mixed-methods, one semi-structured interview, one narrative literature review, and one cross-sectional study. These were conducted in the UK (4), Australia (2), and Canada (1).

Three key themes emerged: (1) advancing inclusive SGD education in midwifery curricula, (2) navigating identity, communication, and emotional safety, and (3) fostering inclusive clinical environments. Across all studies, education on SGD care was found to be inconsistent and fragmented. Midwives and educators reported limited preparedness, discomfort with terminology, and a lack of confidence in addressing SGD needs. Clinical environments often reinforced cis-heteronormative norms, leaving graduates underprepared for inclusive practice.

Conclusion:

This research highlights the urgent need to integrate SGD health content into midwifery curricula and professional development. Enhancing educational preparedness can improve inclusive care and support equity in maternity services.

Keywords:

midwifery education, inclusive care, gender diversity, maternity services

253

Bridging gaps behind locked doors: a Salutogenic framework in correctional dementia nursing

Gaston S^{1,2}, Jordan Z², Porritt K²

¹University Of South Australia, ²University of Adelaide

Background:

The impact of ageing populations on correctional facilities has received little attention, despite evidence showing significant rise in elderly prisoners, particularly those diagnosed with dementia. Implementing a salutogenic approach for correctional nurses can empower them to assist prisoners with dementia navigate institutional challenges, while fostering strategies to enhance their coping mechanisms. Salutogenesis is an approach that focuses on maintaining and promoting health by leveraging the resources and capacities of individuals, groups, and communities.

Aim:

To develop a salutogenic framework to guide correctional nurses in supporting prisoners with dementia by drawing on evidence from three related research studies.

Methods: This study incorporates three interconnected research activities to inform the framework's development: (1) a systematic review exploring education and training requirements for nurses to support prisoners with dementia, (2) a descriptive study assessing correctional nurses' dementia knowledge base and perceived needs for care provision, and (3) in depth interviews delving into correctional nurses' experiences and information gaps related to caring for prisoners with dementia.

Results:

Findings from the three studies informed the creation of a conceptual salutogenic framework. At its core lies the prisoner with dementia, supported by four interconnected components: (1) coordinated support systems; (2) structural conditions that support manageability such as providing access to resources and systems; (3) relational dynamics that promote meaningfulness through trust, engagement, and cultural understanding; and (4) a focus on understanding, linked to comprehensibility, which supports being equipped with the tools and training needed to respond to dementia-related needs.

Conclusion:

Adopting a salutogenic framework in correctional nursing transforms correctional healthcare by shifting the focus from managing diseases to fostering wellbeing and resilience. This change of focus aims to enhance overall wellbeing and resilience by building on the inherent capabilities of prisoners with dementia and their environments. Correctional nurses are uniquely positioned to lead this change.

Keywords:

correctional nurse, dementia, prisoner, salutogenesis

254

A realist evaluation of a rapid response system for managing mental state deterioration in acute hospital settings

Dziruni T^{1,2}, Hutchinson A^{1,3}, Keppich-Arnold S^{1,2}, Bucknall T^{1,2}

¹Deakin University, ²Alfred Mental and Addiction Health, ³Barwon Health Partnership

Background

Mental state deterioration presents significant challenges in acute hospital settings, affecting patient outcomes, increasing reliance on restrictive interventions, and placing additional strain on the healthcare staff. Despite its prevalence, there remains a limited consensus on the best practices for managing deterioration. The De-escalation, Intervention, Early Response Team (DivERT) is a pilot rapid response system introduced to improve early identification, implement timely interventions to improve patient outcomes, reduce crisis incidents, and support ward staff in delivering effective care

Methods

A realist evaluation approach was used to test, validate, and refine program theories explaining DivERT's mechanisms. Data collection included nursing staff survey, semi-structured interviews, field observations, medical record audit, and incident report analysis. The analysis was guided by the Context-Mechanism-Outcome framework to explain DivERT's effectiveness on managing patient mental state deterioration.

Findings

DivERT facilitated early intervention through multidisciplinary collaboration, although organisational factors such as staffing constraints, workload pressures, and inconsistent assessment practices influenced its effectiveness. Key mechanisms include structured escalation pathways, clinical skills, staff training, and interprofessional collaboration. However, challenges such as limited after-hours availability, reflecting the constraints of a pilot initiative along with underreporting of incidents and hierarchical decision-making, impacted DivERT's effective functioning. While the data does not directly establish causation, trends indicate that DivERT is associated with fewer Code Grey responses, especially during initial episodes.

Conclusion

This realist evaluation explored the role of DivERT in managing MSD in acute hospitals. Findings highlight the importance of structured escalation pathways, multidisciplinary collaboration, organisational support, and tailored training to improve frontline nurses' clinical skills. DivERT was linked to fewer Code Grey responses by ensuring timely and integrated care. However, workforce constraints and inconsistent MSD assessment affected its effectiveness. Strengthening training, integrating DivERT into workflows, and improving after-hours availability are key to scalability and long-term success.

Keywords

Mental State Deterioration, Clinical Deterioration, Clinical Risk Management, Realist Evaluation, Rapid Response System, Acute Hospital Settings

255

Averting and decreasing violence using modified Safewards interventions in general hospital wards

Luck L^{1,2}, McDermid F³, Fogarty S², Kaczorowski K², Abdallah K^{1,2}

¹Western Sydney University, ²Nepean Blue Mountains Local Health District, ³Australian Catholic University

Aim:

This study examined the feasibility and experiences of implementing modified Safewards interventions into general hospital wards, with the goal of reducing violence.

Methods:

A qualitative action research approach was employed, engaging nurses as active co-researchers to ensure a participatory and reflective process. Data were collected through focus groups conducted before and after the implementation of two modified Safewards interventions. Thematic analysis was used to examine the narratives, capturing insights into the lived experiences of the nursing staff. This presentation will describe the experiences of nursing staff in the post-implementation focus groups after the implementation of the interventions.

Results:

Following the implementation of the modified Safewards interventions, three new themes emerged from the post-intervention focus groups. Nurses described an increased ability to recognise potential risk factors and anticipate situations that might escalate. They also reported greater use of early intervention techniques to de-escalate tension before it resulted in violence. Additionally, the nurses expressed that they had developed new communication skills and a deeper understanding of patient distress and frustration.

Conclusion:

The findings of this pilot study demonstrate that modified Safewards strategies can be successfully introduced into general hospital wards. Involving nurses as co-researchers played a crucial role in ensuring that the strategies were contextually appropriate and embedded into practice. The intervention led to increased confidence among nursing staff in managing aggressive situations, improved communication with patients, and a safer, more supportive ward environment. These outcomes highlight the real-world applicability of Safewards beyond mental health settings and provide a strong foundation for further research and broader implementation in general healthcare environments.

256

Enhancing nursing capability for safe telehealth practice during virtual health assessment and care

Brownie S^{1,2}, Dimech A^{5,4}, Zarb L⁴, Broman P^{3,1}

¹Swinburne, ²Charles Sturt University, ³Curtin University, ⁴University of Melbourne, ⁵Peter MacCallum Cancer Centre

This presentation reports progress-to-date on a joint university/industry partnership project designed with the aim of developing clinical guidelines and educational packages for implementation in nurse-led telehealth clinics located at an Australian major state-wide cancer service.

The rapid expansion of telehealth based virtual care is a driving force in health service transformation, offering exciting solutions to longstanding challenges in health service equity and access. However, the lack of clearly defined telehealth competencies and practice guidelines for nurses such as 'virtual health assessment' poses risk for safe practice. Nurses are unable to use all senses in a virtual context. In phone-based models, nurses rely primarily on the sense of hearing. Video-based services provide the additional benefit of being able to access visual cues. In each situation, the sense of 'touch' and 'smell' are unavailable. Thus, nurses need to utilize different skills and competencies than those needed for face-to-face encounters.

The project commenced with two scoping reviews designed to 1) identify what guidelines currently exist to inform safe practice in virtual clinical health assessment, and 2) to locate and map telehealth or virtual care curricula and practice competencies. Findings confirm rapidly expanding use of virtual care health delivery models highlighting the extent of telehealth in everyday health service delivery and nursing practice. Findings also confirm a significant education/practice gaps in respect to the clinical guidelines and educational standards needed to support safe practice.

A translational research protocol with confirmed ethics approval informs the second phase of the project. Direct input is being sought from nurses in practice, nurse leaders, and health service users regarding the competencies needed for safe telehealth practice. Co-design workshops will develop guidelines for virtual health assessment and develop education packages for telenursing encounters. Scoping review findings, the research methodology and early empirical research results will be shared for discussion.

257

Collective efficacy as a resource to help manage the demands of nursing

Wilson L¹, Sheridan L¹, Alonzo D¹, Middleton R¹

¹University Of Otago

Aim:

To examine the relevance of collective efficacy as a construct for New Zealand nursing leaders.

Method:

An online cross-sectional survey was conducted from Sept 2022-May 2023 and completed by 270 registered nurses. The questionnaire used validated measures of occupational commitment, self-efficacy, collective efficacy, work engagement, and resilience and adaptability to examine the relationship between nurses' work and personal resources and their job engagement. The Job Demands-Resources (JD-R) model served as the conceptual model of the study. The statistical analysis was performed using structural equation modelling.

Results:

Occupational commitment, resilience, self-efficacy beliefs and adaptability were found to predict work engagement. Adaptability was found to predict resilience, self-efficacy and work engagement. Moreover, collective efficacy can predict self-efficacy beliefs, adaptability and resilience. Collective efficacy is the sense of confidence that a person holds in the group or teams' ability to perform their role, and it is an under-researched topic in relation to nurses. Given its likely role in increasing levels of work engagement, this presentation will explore the construct of collective efficacy with a focus upon the implications for nurses in leadership roles.

Conclusion:

Consideration of the social and collective context of nurses' work environments offers an opportunity to help mediate the demands of nursing as an inherently stressful occupation in a global and organizational context of nursing workforce shortages.

Keywords:

Nursing, collective efficacy, work engagement

258

Impact of technology on Duty Nurse Managers (DNMs) and Nurses: Organizing patient flow and staffing in the healthcare

Salt L¹

¹Massey University

Aim:

Nursing practice has changed due to New Public Management and technological advancements, leading to digitally managed, real-time patient flow and workload prediction systems to enhance hospital management efficiency. However, they have introduced pressures on Duty Nurse Managers (DNMs) and nurses, potentially impacting their ability to provide desired standards of care and leading to dissatisfaction and burnout. This research aims to understand the impact of technology, such as 'Occupancy at a Glance' screens, on DNMs' ability to manage nursing workloads and to identify organisational pressures affecting nurses' capacity to care.

Methods:

An Institutional Ethnography framework has been employed to examine the influences shaping the use of capacity and demand systems and their impact on nursing work. This approach involves exploring how the social world is organised within healthcare from the standpoint of DNMs, analysing texts, and mapping ruling relations that coordinate everyday nursing activities.

Results:

The study is expected to uncover how DNMs utilise data from technological systems for capacity and resource management decisions. It will explore whether this data is perceived as beneficial, reliable, and accurate. The research anticipates identifying tensions and discourses created by these systems, including the pressures on DNMs to meet managerial targets and the impact on nurses' ability to deliver compassionate care. It will also investigate the phenomenon of care rationing and its links to technological predictions and nurse satisfaction. Insights from the preliminary analyses will be shared

Conclusion:

Integrating technology presents opportunities for operational efficiency and challenges that can contribute to a stressful work environment for nurses. Understanding the utility and impact of data-driven systems on decision-making, the discourses they generate, and the influence of organisational constraints on decision-makers and frontline staff can inform strategies to improve both patient journeys and nursing practice.

Key words:

Capacity tools, Patient flow. Hospital Management, Technology.

259

Exploring registered nurses understanding of micro trauma: The straw that breaks the camel's back: A hybrid concept analysis.

Dale M¹, Chapman M^{1,2}, West C¹

¹James Cook University, ²Charles Sturt University

Aim:

This research aims to explore registered nurses' understanding of micro trauma and its impact on their health and wellbeing.

Methods:

Utilising Schwartz-Barcott and Kim's three-phase hybrid concept analysis model, the study combines a scoping review of existing literature with thematic analysis of qualitative data collected through an online survey of registered nurses. The final analysis integrates these findings to develop a comprehensive definition of micro trauma in the context of nursing.

Results:

The study identifies that micro trauma, though not widely recognised in nursing literature, resonates with registered nurses. It is defined as small, often unnoticed events that accumulate over time, leading to significant impacts on psychological and emotional wellbeing. Key findings highlight the prevalence of micro traumatic events categorised as organisational neglect, workplace disempowerment, duty of care burden, and erosion of professional ethos. These micro traumas can alter nurses' cognitive schemas, impacting their professional and personal lives.

Conclusion:

This study underscores the critical need to recognise and address micro traumas in nursing. These often-overlooked events accumulate, impacting nurses' wellbeing and contributing to cumulative trauma. Healthcare organisations must foster supportive environments to mitigate these effects, enhancing nurse retention and improving patient care. The study advocates for a culture that recognises, acknowledges and addresses impact of micro traumas, mitigating the cumulative effect, supporting nurse wellbeing, retention and overall healthcare system stability.

Keywords:

Micro trauma, nursing, cumulative trauma, hybrid concept analysis

260

Burdened with waiting: guideline development supporting nurse practitioners to streamline patient flow.

Peet J^{1,2}, Watts S², Cowen A², Charters D², Craswell A^{1,2,3}

¹University Of The Sunshine Coast, ²Metro North Hospital and Health Service-Caboolture, Kilcoy, Woodford Hospitals., ³Sunshine Coast Health Institute

Background:

Hospitals and emergency departments (ED) are grappling with major patient flow issues. Nurse Practitioners (NP) are an existing resource with advanced assessment skills that could be utilised further to support patient flow, reduce wait times and improve patient experience. Increasing NPs scope from prescribing general radiology to include Computerised Tomography (CT) scans could maximise their impact.

Objective:

To develop a clinical guideline through expert consensus and best evidence to support NP-led prescribing of CT scans for adults seen in ED ambulatory care-like environments in a regional hospital.

Methods:

We used a consensus study design, guided by the Rand-UCLA appropriateness method (RAM), to reach stakeholder agreement on expanding the NP role through development of a clinical guideline. Phase 1 was a detailed evidence review, synthesis and summary of the literature, which was shared electronically with all stakeholders for voting and comment. A face-to-face consensus meeting (phase 2) enabled the expert panel to voice concerns, explore areas of agreement and divergence, clarify safety nets and receive guidance from the hospital quality and safety representative. The panel anonymously re-rated appropriateness for each section of the guideline through a simple voting system.

Results:

In phase 1, five experts anonymously participated in reviewing the current evidence summary. Despite limited available research and low-quality evidence, agreement on appropriateness for the three topics identified ranged between 60%-80% with experts supporting the development of a guideline. Six experts joined phase 2. Conversations around potential increase in resource use and radiation exposure were facilitated. Consensus was reached in seven of the eight items proposed in the guideline (83%-100%).

Conclusion:

Clinicians work in dynamic and busy environments. Working to full scope of practice can reduce inefficiencies and improve safe patient care through use of an expert developed clinical guideline.

261

Outstanding Workforce Leaders (OWL) Research Program: Professional Certificate

Eckert M¹, West R^{1,2}, Lawrence M¹, Gibson K¹, Davis K¹

¹Rosemary Bryant AO Research Centre, University of South Australia, ²University of Sydney

Aim/Objective:

The Rosemary Bryant AO Research Centre (RBRC) has established the Outstanding Workforce Leaders (OWL) Research Program into a University of South Australia (UniSA) Professional Certificate to build research capability among Registered Nurses (RNs) and Midwives (RMs), supported by the Rosemary Bryant Foundation. The program addresses key barriers to research engagement—such as limited time, confidence, and support—by offering a structured, industry-partnered education program embedded within the workforce. A dedicated stream, the Deadly OWL Research Program, has been co-developed to support Aboriginal and Torres Strait Islander nurses and midwives with culturally safe mentorship and the integration of Aboriginal research methodologies, strengthening Indigenous-led contributions to healthcare research.

Method:

Developed in collaboration with South Australian Local Health Networks (LHNs), the course supports clinicians to undertake practice-informed research while working. Delivered at AQF Level 8, it combines online and in-person learning with mentorship, seminars, and assessments aligned to contemporary clinical research. In addition, the Deadly OWL Research Program—a dedicated stream for Aboriginal and Torres Strait Islander RNs and RMs—offers culturally safe mentorship and supports the application of Aboriginal research methodologies. This component is co-designed with Aboriginal leaders and communities to strengthen Indigenous-led research in healthcare.

Results:

Since piloting in 2022, the OWL Program has received overwhelmingly positive feedback, with 40% of participants progressing to Higher Degree by Research (HDR) studies and obtaining project funding. The course offers 9 units of credit toward UniSA postgraduate programs and aligns with the stackable course structure envisioned for the new Adelaide University.

Conclusion:

The OWL Research Program, including the Deadly OWL stream, addresses a critical workforce and research gap by creating inclusive, flexible, and practice-oriented research pathways. The program fosters a research-informed, culturally safe clinical workforce, contributes to better health outcomes, and supports individual Aboriginal and Torres Strait Islander nurses and midwives to lead research in health settings.

262

Bridging the theory practice gap Industry partners and academics working side by side to demonstrate empathy in practice

Pich J¹, Levett-Jones T¹, Antoniou C¹

¹UTS

In 2023 a new subject - Empathy and Compassion in Nursing Practice was introduced at a large Sydney university. This was a final session subject for 3rd year Bachelor of Nursing students. It was delivered by a team of academics and industry partners to groups of up to 300 students at a time in a large collaborative teaching space.

Each of the classes was seen as an experience: a moment in time and a moment of sharing to create opportunities for learning. The sessions were modelled on three areas related to empathy:

- Empathy in Practice
- Person-centred practice (in relation to empathy)
- Lives experienced and co-design (in relation to person-centred practice and empathy).

Teaching such large groups of students meant that pace and movement were key to keep them engaged.

This was achieved through:

Creating interest and changing the pace by changing the type of activity or presentation.

Primacy-Recency Effect - noting that what we learn first in a lesson is what we remember best, and what we learn last in a lesson is what we remember second best. The information in the middle is good for practice, review, discussion, or application of skills to deepen understanding.

Presenting lessons with multiple parts allow students to experience multiple beginnings, middles, and endings.

Sitting in silence - allowing for moments of quiet reflection and individual writing.

It was also necessary to “embrace the chaos” when dealing with so many moving parts - to recognise that things would not always go to plan and be able to pivot quickly when needed. The subject was rated highly by students in their feedback with some describing it as having had a profound effect on them as they looked to transition to life as a Registered Nurse.

The workshops were supported by industry and included presentations from Directors of Nursing from major metropolitan local health districts and senior NSW health leaders.

263

Integration of climate change education into the Nursing Curriculum. An integrative review.

Gilder E^{1,2}, Bogati R¹, Wanigasuriya H¹

¹Waipapa Taumata Rau / University Of Auckland, ²Te Toka Tumai / Auckland City Hospital

Aim

Climate change is considered the most significant global health threat in the 21st century. Consequences include extreme heat, air pollution, disruption to water supplies, changes in infectious disease patterns, food insecurity and mass migration. Healthcare professionals must be equipped to work in a changing climate. This review explored enablers and barriers to the implementation of climate change into the nursing curriculum.

Methods

A literature search was conducted in July 2023. Inclusion criteria were English language studies between 2010 – 2024, nurse education/curriculum, and integration of climate change into the nursing curriculum. Exclusion criteria included workplace education, and sustainable development goals. The following databases were searched PubMed, Scopus, CINAHL, EMBASE and ProQuest. Search terms were nurse, global warming, climate change, planetary health, undergraduate and postgraduate curriculum. Reflexive thematic analysis was used to map the themes.

Results

Enablers for successful integration of climate change into the curriculum included; interprofessional education, simulation, scenarios, and case studies, and promotion of a holistic understanding of health, one that encouraged a focus upon the interconnectedness of a healthy planet and human health. Barriers included limited curricular space, educators lack of confidence to teach climate change, students perception of an inability to address sustainable practice in the workplace, including perceived irrelevance to healthcare, although students wanted to learn about the clinical relevance of climate change to nursing. Successful methods of integration included stand-alone courses and inclusion throughout the curriculum. A model was developed to help support integration of climate change into the nursing curriculum.

Conclusion

There is an urgent need to incorporate climate change into the nursing curriculum, develop students' skills and knowledge to practice in a changing climate and develop a climate change-ready workforce. Nursing regulatory authorities need to address the competence framework to encourage tertiary education providers to embed planetary health into the curriculum.

264

Exploring Refugee Youth Perceptions of Health and Wellbeing in New Zealand Through Participatory Video: Implications for Nursing Practice

Ripley P¹

¹Auckland University Of Technology

Aim:

This study aimed to explore how young people from refugee backgrounds in Aotearoa New Zealand perceive and understand health and well-being, and to examine how participatory video can engage them in co-creating and expressing these conceptualizations. The research also sought to identify implications for nursing practice in providing culturally responsive, youth-centered care.

Methods:

Eight refugee-background youth participated in five participatory video workshops. The workshops incorporated group-based creative activities to support participants in developing, filming, and editing video narratives that reflected their views on health and well-being. A critically informed analysis of the video artefacts was conducted, followed by focus group discussions to validate and reflect on participants' experiences and the meanings conveyed.

Results:

Two central themes emerged: communication and safety. Communication involved language proficiency, use of interpreters, intergenerational dialogue, and connections through social media and sport. Safety included concerns about physical and road safety, gender-based challenges, and navigating cultural differences. Participatory video served not only as a tool for expression but also as an empowering and transformative process for the youth involved.

Conclusion:

The findings highlight the critical role nurses can play in recognizing and responding to the unique health and well-being concerns of refugee-background youth. Participatory approaches such as video can support nurses in better understanding youth experiences, facilitating trust, and promoting culturally safe, inclusive care. The study advocates for nursing practices that are reflexive, youth-informed, and actively engage young people as partners in health promotion and service design.

Keywords:

Empowerment, Youth, Wellbeing, Participation

265

Innovative Nurse-Led Approaches to Suicide Prevention in Rural and Remote Communities

Jakimowicz S¹, Bamberry L, Brabin J, Schineau A, McLaren S, Lewis C

¹Charles Sturt University (Australia)

Background:

Nurses working in rural and remote Australia face complex challenges, including geographic isolation, workforce shortages, and the increasing impact of natural disasters. Despite these pressures, they continue to deliver compassionate, high-quality care. The Healthy Communities Foundation Australia (HCFA) has developed a decentralised, nurse-led suicide prevention program to address mental health needs in these underserved regions.

Aim:

To evaluate the effectiveness of HCFA's rural and remote suicide prevention model, with a focus on early intervention, community engagement, and the role of nurses in delivering care under challenging conditions.

Methods:

A mixed methods approach was used, combining staff focus groups, interviews, and client feedback surveys with quantitative organisational and performance data. Qualitative data were analysed using content analysis in NVivo.

Results:

The program addresses critical service gaps in regional NSW, offering early intervention and support for at-risk individuals. Nurses play a central role in delivering flexible, client-led care, though balancing clinical and administrative responsibilities remains a challenge. The need for improved data systems and targeted strategies for high-risk groups—particularly men in agriculture—was identified. Interagency collaboration and community partnerships were key enablers of success.

Conclusion:

This nurse-led model demonstrates the power of innovation and adaptability in rural mental health care. Despite working in high-pressure environments, nurses are leading transformative approaches to suicide prevention. Ongoing evaluation and stronger infrastructure will further support their efforts to build healthier, more resilient communities.

266

Contextualisation of the SafeTALK Suicide Prevention Program for Use Among Adolescents in Nepal: Opportunities and challenges

Pokharel Poudel R, Jefferies D, Perumbil Pathrose S, Ramjan L

¹Western Sydney University

Aim:

This study aimed to contextualise the existing SafeTALK program for Nepalese adolescents.

Methods: The SafeTALK program, developed by LivingWorks, is a half day workshop implemented across different countries globally. Its main steps include recognising suicidal thoughts and connecting those with further help for safety.

The socio-ecological model was used as a guiding framework to contextualise the program and engaged multiple layers of Nepalese society. Participants included adolescents, parents, teachers, school nurses, healthcare providers, and policymakers.

Focus group interviews were conducted with 18 participants via Zoom, using open-ended questions. A booklet with information about the Safe TALK program were sent to participants two weeks prior. Interviews lasted between 17 and 98 minutes, depending on the number of participants in each group.

Interviews were transcribed and translated into English. The transcription data files were then uploaded to NVivo for analysis. A deductive content analysis approach was used.

Results:

Findings were presented under seven themes and sub-themes. The findings shed light on the necessity of suicide prevention program in Nepal. Contributing factors differ from those in high-income countries, requiring modifications to the program. Additionally, strong policy recommendations are essential for nationwide implementation.

There is no structured suicide prevention program available in the context of Nepal, so there are opportunities to develop and test. However, challenges exist that no national level strategies so far, financial issues, difficulties in translating the programs those are available in industrialised settings.

Conclusion:

The safeTALK program was contextualised to use in the context of Nepal. However, effectiveness, feasibility and acceptability needs to be evaluated.

Keywords:

Adolescent, Suicide Prevention, Developing Countries

267

Reckoning with Racism: Toward Structural Transformation and Epistemic Justice

Tembo A¹, Moorley C²

¹University Of Sydney, ²London South Bank University

Background:

Racism remains embedded in social, institutional, and epistemic structures, shaping disparities across healthcare, education, and governance. Increasing scholarly and societal attention is now focused on not only the overt forms of racism but also the systemic and epistemological foundations that sustain it. This scoping review maps literature that interrogates racism as a structural and epistemic issue and explores frameworks aimed at fostering structural transformation and epistemic justice.

Objectives:

To synthesise current knowledge on: (1) conceptualisations of structural racism and epistemic injustice; (2) mechanisms and manifestations of racism across institutions; and (3) proposed strategies and frameworks for structural and epistemic change.

Methods:

Following the Joanna Briggs Institute (JBI) scoping review methodology, a systematic search was conducted across Scopus, PubMed, Web of Science, and PsycINFO for literature published between 2000 and 2025. Inclusion criteria encompassed peer-reviewed articles, theoretical frameworks, empirical studies, and policy-focused papers addressing racism through structural or epistemic lenses. Data were charted thematically and analysed to identify key concepts, gaps, and future directions.

Results:

A total of 32 sources were included. Three key themes emerged: (1) structural entrenchment of racial hierarchies in policy and practice; (2) marginalisation of non-dominant epistemologies in academic and institutional discourse; and (3) praxis-oriented strategies for dismantling racism, including decolonial, intersectional, and community-driven approaches. Gaps remain in applying epistemic justice within institutional reform and in amplifying Global South and Indigenous perspectives.

Conclusion:

Confronting racism requires more than representational diversity, it demands addressing the structural and epistemic roots of inequality. This review underscores the need for interdisciplinary, justice-centred approaches that reimagine knowledge, foster accountability, and support collective transformation grounded in decolonial and anti-racist epistemologies.

Keywords:

structural racism, epistemic justice, decoloniality, anti-racism, institutional transformation, knowledge equity, scoping review

268

Supporting Aboriginal and Torres Strait Islander nursing and midwifery academics to stay in academia – a scoping review

Lee J¹, Bogossian F^{1,2}, Coyer F³, Deravin L^{4,5}, Calleja P^{6,7}

¹University Of The Sunshine Coast, ²Monash University, ³University of Queensland, ⁴University of Southern Queensland, ⁵University of Southern Queensland - Centre for Health Research, ⁶James Cook University, ⁷CQUniversity

Introduction:

The representation of First Nations' peoples in the academic workforce, particularly within nursing and midwifery, is crucial for fostering diversity, equity, and culturally safe practices in healthcare education. Despite ongoing efforts, challenges related to recruitment and retention persist, necessitating a comprehensive synthesis of existing strategies and their effectiveness.

Aim:

To identify and synthesise the recruitment and retention strategies for First Nations' nursing and midwifery academics globally, to identify transferrable recommendations for the Aboriginal and Torres Strait Islander academic workforce.

Methods:

This scoping review was guided by six stages of Arksey and O'Malley (2005) and reported using the PRISMA-Scr guidelines. Databases searched included- Australian Indigenous Health InfoNet, Scopus, Web of Science, CINAHL, Emcare, and PubMed. Inclusion and exclusion criteria were identified and guided the review. Data were charted and synthesised to identify key themes.

Results:

The review yielded four articles. Seven key themes were identified: intention, relationships between communities, the university and curriculum, clear pathways from undergraduate to academic leader, inclusive and culturally safe workplace culture, mentoring and support, positive management practices, and institutional change and support.

Discussion:

This review highlights the critical need for more comprehensive and culturally safe approaches to support First Nations' academics. Addressing structural racism within educational institutions and providing ongoing professional development focused on cultural safety and competence are essential. The themes generated provide a schema for organisational self-evaluation and future strategy development to improve recruitment and retention of Aboriginal and Torres Strait Islander nursing and midwifery academic workforce.

Conclusion:

The review underscores the significant gap in Australian research on this topic and calls for further studies to explore the long-term impact of these strategies.

269

Transforming nursing and midwifery practice education through an Australian sector wide initiative

Ryan C¹, Cant R², Hyun A³, Alexander L⁴, Procter D⁵, Bloxsome D⁷, Bogossian F⁶, Cooper S⁷

¹Central Queensland University, ²Federation University, ³Griffith University, ⁴Deakin University,

⁵Southern Cross University, ⁶University Sunshine Coast, ⁷Edith Cowan University

Aim/Objective:

This presentation will describe the impact of the Australian National Placement Evaluation Centre on nursing and midwifery student clinical placements. Students' learning experiences during these placements are diverse.^{1,2} It is crucial that the educational quality of students' placements is evaluated. An Australian first innovation in quality improvement, The National Placement Evaluation Centre (NPEC) commenced formally evaluating student placements in 2022, then later sought clinical supervisor feedback. An impact evaluation was completed in May 2025 to inform program enhancements.

Methods:

An impact evaluation study involving integration of multiple data sources. Data were sourced from a purposely developed qualitative survey targeting clinical supervisors and preceptors, placement institutions, and healthcare staff. System analytics provided insight into site visits and resource use. Publication citation analysis was reviewed. Data were coded, themed and mapped to an impact model.

Results:

By May 2025 more than 44,000 nursing and midwifery students and supervisor evaluations were submitted. There were more than 590 education and placement provider registered to access individual datasets. More than 175 000 website visits and views of listed education resources were recorded. Thematic analysis revealed four themes 1) A valued system, 2) Barriers to engagement, 3) Resulting changes and 4) It's early days! describing the Centre's value and impact.

Conclusion:

This impact evaluation reveals that whilst the NPEC is valued by users for informing change, wider sector policy changes are emerging and Centre development is ongoing. This presentation contributes new knowledge and contemporary considerations for innovating nursing and midwifery students' educational quality during clinical placements.

Bogati, R 263

A

Abdallah, K 255
Aggar, C 133
Alanazi, F 129
Aldahmashi, H 217
Alexander, L 138
Alexander, L 269
Alganion, M 124
Algozo, C 224, 239
Allen, J 132
Allen, L 103

Allott, L 212
Alonzo, D 257
Alrawaili, A 109
Andrew, C 208
Andrew, C 110
Anthony, P 233
Antoniades, J 132
Antoniou, C 262
Aziz, N 222

B

Babu, Y 123
Bamberry, L 265
Barker, J 127
Barlow, M 240
Barlow-
Armstrong, J 232
Beattie, J 206
Beaulieu, M 249
Bembridge, E 227
Betihavas, V 247
Bidwell, G 134
Bilo, J 133
Black, S 241
Bloomfield, J 137

Bowden, A 224
Bowen, K 133
Brabin, J 265
Brand, G 132
Brennan, P 231

Briley, A 250
Brogan, E 102, 214, 224
Broman, P 256
Brook, H 123
Brown, T 133
Brownie, S 256
Brunero, S 224
Buchanan-grey, 113

M
Buckley, T 234
Bucknall, T 138, 254
Burland, J 229
Burston, A 129, 247
Bustin, H 208
Byrne, A 233
Byrne, C 108
Byrne, K 233

Bloxsome, D 269
Bogati, R 123
Bogossian, F 268
Bogossian, F 269
Bolton, S 233
Bondfield, N 216
Bonner, A 234
Bourke, S 201

C

Calleja, P 268
Cameron, M 115
Cant, R 269
Capper, T 251
Cardwell, R 236
Carey, A 252
Carrucan-wood, L 205
Carter, A 249
Catling, C 248
Caulfield, R 117

Cole, C 230
Collingburn, I 201
Collins, S 216
Collison, L 112
Cook, C 210
Cooper, K 243
Cooper, S 269
Copnell, B 201
Cousins, M 223
Cowan, A 104

Cavanagh, S	135
Chan, A	121
Chan, V	122
Chang, E	243
Chapman, M	259
Chappelow, J	133
Charters, D	260
Cheney, K	137
Cheng, H	214
Chow, J	133
Christian, C	133
Clifford, B	224

D

Dabkowski, E	103, 104
Dafny, H	211
Dale, M	259
Davis, K	261
Dawson, K	251
Dekker, L	123
Denney-Wilson, E	214
Deravin, L	268
Deravin, L	116
Detourettes, E	121
Devanand, N	123
Dewar, J	108

E

East, L	215
Eaton, N	240
Eckert, M	261
Ekanayake, U	233

F

Ferguson, C	224
Fernandez, R	220
Ferris-Day, P	125
Field, P	127
Figeys, M	204
Flash, M	123
Flynn, R	112

G

Gardner, D	102
Garvey, L	104
Gaston, S	253
Gauci, P	111
Geale, S	129
Geia, L	249
George, J	133

Cowen, A	260
Coyer, F	268
Craswell, A	260
Crawford, K	132
Cronin, C	134
Cross, W	118
Crowfoot, G	227
Cuffe, J	133
Cummins, M	133
Curtis, S	133
Cutmore, E	233

Dewar, J	242
Dickie, R	240
Dimech, A	256
Dixon, K	243
Doab, A	224
Dobson, R	119
Dollinger, M	245
Donevant, S	134
Donovan, H	248
Downer, T	240
Dunn, B	116
Dziruni, T	254

Elder, E	249
Elliott, S	106
Endrawes, G	203
Esterman, A	250

Fogarty, S	255
Foxall, D	115
Frances, K	116
Fraser, J	137
Frost, J	127
Fry, M	218

Gilder, E	123
Gleeson, N	133
Golakani, M	239
Goldsmith, H	224
Goncharov, L	133
González-Agüero, M	135
Gott, M	241

Ghasemi, M 118

Gibson, K 261

Gilder, E 263

H

Hackett, K 133

Halcomb, L 215

Harris, D 231

He, F 129

Heath, S 222

Heiss, L 132

Helps, C 133

Heslop, K 213

Hetaraka, L 100

Hewitt, A 132

Hill, K 132

Hina, A 231

Hogarth, K 209

Holloway, K 249

Gray (Te 231

Whakatōhea), N

Guinea, S 240

Holloway, K 231

Holman, G 115, 219

Holman, T 224

Holroyd, E 242

Hood, K 104

Hood, K 118

Hudson, S 222

Hughes, K 134

Hunt, L 127

Hunter, K 210

Hurley, J 225

Hutchinson, A 132, 254

Hutchison, M 215

Hyun, A 269

I

Innes, K 206

J

Jackson, D 215, 235

Jackson, D 234

Jackson, M 109

Jackson, T 126, 246

Jacob, E 247

Jacobs, S 239

Jacobs, S 135

Jakimowicz, S 265

Jakimowicz, S 252

James, E 246

Jamieson, I 110

Javid, N 224

Jefferies, D 266

Johnson, A 233

Johnson, W 138

Johnston-Devin, C 223

Jojo, N 216

Jones, E 104

Jones, L 106, 109

Jones, S 130

Jordan, Z 253

Jull, A 119

K

Kaczorowski, K 255

Kamo, W 108

Kang, E 249

Kasaye, H 248

Kaunonen, M 134

Ke, C 129

Kelly, M 227

Kelly, M 110

Keogh, R 116

Keppich-Arnold, S 254

Kidd, J 119

Kimpton, A 109

Koizumi, N 227

Kurup, C 240, 247

Kuzmins, K 121

L

Lagat, S 133

Laking, G 119

Lalor, A 132

Lamb, A 218

Lewer, K 220

Lewis, C 265

Lewis, P 135

Li, E 124

Lane-Krebs, K	223	Li, X	238
Lane-Krebs, T	223	Ling, D	132
Lawrence, J	116	Liu, J	231
Lawrence, M	261	Livingston, P	132
Lawrence, J	252	Lobchuk, M	132
Lee, J	268	Loessl, B	105
Lee, L	133	Luck, L	111, 127, 255
Levett-Jones, T	102, 262	Luck, L	243
Levy, M	122	Lynch, J	239

M

MacGeorge, J	108	McMillan PSM, A	101
Madden, K	212	Mee, J	104
Maingi, F	216	Melbourne, G	133
Makaza, M	227	Meredith, G	104
Maneze, D	121	Middleton, R	220, 257
Marcussen, J	134	Middleton, S	133, 224
Marshall, A	234	Miller, M	212
Massey, D	249	Milligan, K	124
Maude, R	249	Mimmo, L	224
May, S	133	Minnoch, T	130
McCormack, B	114, 235	Missen, K	103
McCormack, B	234	Mollart, L	227
McDermid, F	255	Molloy, L	121
McDonagh, J	224	Moloney, W	135
McErlean, G	224	Montgomery, K	116
McEwin, R	133	Moorley, C	267
McGregor, D	119	Moran, L	251
McGrory, C	113	Morphet, J	120, 206
McInnes, E	133	Motley, J	120
McKellar, L	251	Moxham, L	220
Mckenna, L	245	Muir, R	249
McKenna, L	236	Mulquiney, T	252
McKie, A	216	Murray, P	113
McLaren, S	265	Musgrave, L	224
McMahon, J	133	Musodza, W	224

N

Newbury, J	133	Ng, L	136
Newman, D	133	Nokes, L	237

O

O'Connell, D	122	O'Reilly, K	111
Olaisen, J	227	Orsina, M	227
On behalf of the ACCELERATE Plus Project Team	133	Owen, K	130
Oommen, A	202	Owen, V	225

P

Page, R	244	Platt, S	107
---------	-----	----------	-----

Pantaleon, T	216	Pokharel Poudel, R	266
Paull, G	224	Pollnow, V	133
Peet, J	260	Pope, N	224
Perumbil	266	Porritt, K	253
Pathrose, S			
Peters, K	111	Porteous, B	227
Pich, J	262	Prahatheesan, P	122
Pitama, S	200	Procter, D	269
Q			
Qiu, Y	224	Quarrel, S	116
R			
Raghunathan, K	245	Rewi, T	212
Rajasekaran, D	202	Rhodes, J	221
Ramaekers, S	130	Rihs, J	230
Ramjan, L	266	Riley, T	224
Rapata-Hanning, M	209	Ripley, P	264
Rappa, N	238	Robinson, J	241
Rawson, H	132	Ryan, C	240, 269
Reid, K	131, 208	Ryan, L	219
Reid-Searl, K	240		
S			
Saheb, S	133	Simpson, N	250
Salamonson, Y	121	Sin, C	214
Salmonson, Y	235	Siwan, S	236
Salt, L	258	Slade, D	133
Saravanakumar, P	242	Slatyer, S	238
Saravanos, G	122	Smith, B	121
Schineau, A	265	Sood, S	228
Schönwetter, D	202	Staff, L	106
Sciuriaga, H	133	Steadward, Y	133
Sengstock, B	252	Steen, M	250
Sheehy, L	137	Stewart, A	219
Sheppard-Law, S	218, 224	Stirling, C	235
Sheridan, L	257	Straiton, N	224
Shrestha, S	226	Stubbs, M	227
Simpkins, S	232	Sturgess, L	133
T			
Tai, J	245	Thomacos, N	132
Tan, J	136	Thomson, A	244
Te Huia, M	242	Thornton, A	133
Teate, A	252	Topping, A	135
Tembo, A	267	Tower, M	249
Terry, D	135, 136, 215	Tuohy, C	130
Thakkar, M	202	Tuqiri, K	133
V			

Vakavosaki, K 237
 Vandy, C 227
 Varndell, W 218, 224

W

Waddell, C 212
 Walker, R 231
 Wallace, H 128
 Walters, A 128
 Wanigasuriya, H 263
 Wanigasuriya, H 123
 Ward, T 213
 Watkins, P 249
 Watts, S 260
 Webster, S 127
 Wei, R 238
 Weller-newton, J 207
 Wells, L 116
 West, C 259

Y

You, W 224

Z

Zarb, L 256
 Zhang, N 129

Vasilevski, V 128
 Vernon, R 225, 250

West, R 114
 West, R 261
 Weston, K 231
 Wharakura, M 119
 Whitehead, D 103
 Whittam, S 133
 Williams, D 231
 Willmott, C 231
 Wilson, A 204
 Wilson, L 257
 Wilson, R 134
 Woods, L 231
 Worn, R 103

Zhong, Y 132
 Zimmerman, P 249