

What motivated you to join the Nightingale challenge?

Coming from another country with a different health system, you don't get the same level of support as what I have received here in Australia. I have now gained enough confidence in my clinical abilities that I feel ready to take my knowledge to the next level and be challenged by the leadership and management side of things. I wanted to gain experience specific skills and expand my knowledge to 'manage' really well. Being part of the nightingale challenge to me means being a part of a community as a whole and this has certainly been the case with everything that's happening with the pandemic over the last few months.

What do you hope to get from your leadership program and how have you achieved this so far?

When I joined the Clinical Leadership Program, I hadn't had any training outside of my clinical nursing. Through the research and writing required for the program, it has really started to help me broaden my knowledge of leadership and management, and the 'how' and the 'why' things happen are making more sense. When preparing for assignment one, I read something about when leaders manage from the top down, it never really sticks or lasts, but when you work with people from the bottom up, support them, learn with them things, it's more likely to carry on. I've learned so much from my first time in the acting NUM role to now (six months later), that just because I tell someone to do something, it doesn't make them actually do it or do it more quickly, or like you anymore. I've learned that I only ask people to do things that I would be prepared to do myself, so I make sure that I role model the behaviours I want to see in others around me.

How do you hope to influence nursing and midwifery at your site and how do you think this could translate on a global scale?

I really want to try to offer others the opportunity to have a voice, to show them that it's ok to do things differently and try to support them through that as best I can. I try to do that within my unit by role modelling what it's like to use my own voice, and speak up when I need to.

Being in a managerial role, I'm in a lot of meetings at a hospital level. An example of how I use my voice is through the "What Matters to Me" board concept at the end of every patient's bed. I try to showcase how we put the patient at the centre of everything we do by seeing them as people instead of patients with a clinical condition to treat. By showcasing how important we see patients are and how we engage with them, another ward has adopted the idea and now does the same. This is how we can influence units to be more person centred which will have great outcomes while role modelling that to the hospital as a whole.

I also hope to show how important it is to look after yourself and your own wellbeing to ensure that we can provide the best care for our patients. I don't think you can do one without the other so it's important that I role model this to others around me.

How can Senior Nursing & Midwifery leaders support your leadership development in the future?

I suppose the ones that I deal with in my hospital already do so well! When I put my Clinical Nurse Specialist hat on pause and step into the Acting Nurse Unit Manager Role senior managers at the daily bed meeting check in with me every meeting by just saying, "Bea, are you ok? Is there anything you need? Can I help you with anything?". This is happening less and less now, but I feel that is because they are giving me space to use my emerging decision making skills. They support me so much behind the scenes because they have allowed me to learn and grow so I don't need them as much as I used to as I'm growing in confidence and skills. I know they are always at the end of the phone or email and we touch base multiple times throughout the week at different meetings. I feel safe to ask questions and get help.