



Editorial



Neuroscience Nursing Reflections

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This year has been incredible with of the Australasian Neuroscience Nursing Association (ANNA) celebrating 50 years. Thank you to everyone who celebrated with us in May this year, those that attended the conference in Canberra in September and to everyone who sent their well wishes from afar and helped make this an incredible experience. It was humbling to be part of the celebrations and to reflect on my own growth, experiences and neuroscience journey. My journey has primarily had a neurosurgical focus, although I have cared for neuroscience patients across all of my nursing career. Neuroscience nursing includes many key areas such as neurocritical, stroke, neurology, movement disorders and neurosurgical nursing, and I think people would be surprised at how many individuals they have cared for over their career. Neuroscience patients and clients constitute one of the largest group of individuals in need of health care (Price, Dilorio, & Becker, 2000). Despite all the different speciality areas that we represent, we do share a common goal to advance neuroscience nursing and enable optimal and proficient patient care (Nichols & Olson, 2022a, 2022b).

Like Jenna, nursing has shaped me considerably over the years. In my era of nurse, the University system was striving to offer that 'new' types of training that the hospital-based programs had not previously provided. So, my training was very medically focused, including the use of cadavers, and microscopes with computing studies thrown in as a bonus extra. This anatomically centred and technical based teaching was not uncommon for the time and imposed on the caring substrate of new nurses (Hinkle, Steffen, Heck, McBride, & Wenograd, 2006; Karlsson & Pennbrant, 2020). When I first walked onto a ward as a new graduate, I did everything everyone had told me; I had my pen and a spare, I was early for my shift and as I took that breath to introduce myself, I was pretty confident. However, that soon crumbled. The transition from being a student nurse to practicing as a new graduate is identified as a stressful transition (Edwards, Hawker, Carrier, & Rees, 2015). Gone are the checks and balances and shadowing by a qualified nurse. This was replaced by to the realisation of the responsibility of being a registered nurse, and this can take a physical and emotional toll.

My first day of nursing was one of the most challenging and rewarding days of my life, and it very quickly became apparent to me that I was on a steep learning curve. All the things that I had learnt while an undergraduate was important, but also took on a new meaning. Nobody had prepared me for the fact that holding a patient's hand during a good or bad time would take on more significance than being able to recall the exact length of each metacarpal bone and importance of volar plates.

The cycle of excitement and nervousness never changed when moving wards and dabbling in different specialities. BUT ... Neurosurgery was different. My first shift was nerve wracking, as was the second, the third and really the entire first month. Neuroscience is a highly complex and nuanced speciality that can be intimidating to new nurses (Bautista, Vyas, Daniels, Guanci, & Rhudy, 2024). The complexity and critical nature of Neurosurgery was a challenge from the beginning, and I found myself going home every night with a list of new terms, assessments, anatomical features, conditions and procedures to learn. This self-directed learning process enabled me to care for the patients allocated to me and to also begin to mentor others. As a clinical speciality, personal interactions and decisions making are integral skills of neuroscience nurses (Bautista et al., 2024; Nichols & Olson, 2022a, 2022b). As practitioners, patient care outcomes are enhanced through resilience building, self-efficacy and empathy (Mohammad, Abou Hashish, & Elliotthey, 2023). Central to building these skills in neuroscience nurses is building a supportive environment that fosters leadership growth (Abou Hashish, 2024). For me, my ability to perform competently and grow to be a proficient neuroscience nurse was aided by being with like-minded and driven nurses. My role of leader in neuroscience nursing developed like many others on a background of both success and setbacks; like many others I struggled with the magnitude of workplace stressors, demands and challenges in neuroscience nursing.

For nurses to provide for the complex and diverse needs of neuroscience patients, clients and families they need to be equipped

with the latest developments, knowledge and skills in neuroscience nursing (Price et al., 2000). Here comes the importance of professional organisations and my introduction to the ANNA. My first position on the ANNA was conference convenor where I took over in 2010, organising my first conference in Perth during 2011. I attended the 2010 conference with the aim of surviving that terrifying 15 minutes of presenting for the first time and left, as a committee member. It has been a privilege to continue to present my research at the ANNA conferences, and to continue my involvement on the committee, first as conference convenor and then following as journal editor. ANNA for me is so much more than knowledge, education and professional development. I have been able to develop my leadership skills in providing nurse-lead support groups (Nichols, 2015). ANNA has also enabled me to be a leader and address the challenges that confront us (Nichols, 2021). This includes many aspects of developing technology and advance practice, as well as the impact of changes including our aging population and the increased burden of neurological diseases (Braine & Cook, 2015). ANNA has been a platform for skills development, collaboration, research, support and facilitation of promoting excellence in neuroscience nursing (Nichols, 2021). This has been achieved through traditional conference settings, in online and webinar platforms, and through ANNA's mentorship program (Nichols, 2022). Attending conferences and participating in professional development such as research is central to maintaining the knowledge and skills required to provide safe, efficient and person-centred nursing care (Bautista, Hinkle, Alexander, Hundt, &

Rhudy, 2022). The concept of care is at the core of neuroscience nursing, and this was also evident when helping the Indonesian Neuroscience Nurse Association celebrate their inauguration (Nichols & Mulyatsih, 2016).

Like Jenna, I value my hobbies, interests and homelife. Over the years I have changed positions and roles to be able to maintain a balance of work around my family. It is well established that there is a close association between lifestyle, compassion fatigue, burn-out and depression. Cheung and Yip (2016) purport that nurses need to make lifestyle changes to improve the work-life balance and also safeguard one's functioning as a nurse. It is often our lifestyle and hobby choices that serve as a conduit when communicating with others. I have told so many people about our recent celebrations in Canberra, including Jenna's cakes, and if you get me started on knitting or sewing, I can talk forever. Self-care does not have to take long, nor does it have to absorb you, a restorative experience can be as simple as looking out a window or enjoying a colleague's holiday photos, reading a few pages of a good book. Staff oriented services that offer support, and reward are fundamental to reduce the risk of burn-out and compassion fatigue (Jarrad & Hammad, 2020). For me the reward for my hard work during the year is my attendance at the ANNA conference.

Professional organisations are pivotal in supporting both new and experienced nurses. Nursing requires life-long learning and professional development to develop empathy, team cohesion, to sustain competence and to also learn new skills. This learning cannot be all self-directed, nor can it be primari-

ly from textbooks. Organisations such as ANNA are central to continuing the growth of neuroscience nurse leaders, mentors, mentees, and of speciality nurses both experienced and new to the neuroscience setting. This in turn results in enhanced nursing practice and improved provision of care to neuroscience patients. It has been incredible to see ANNA grow over the years, and I look forward to the Association continuing to play a part in my life for many years to come.

References

- Abou Hashish, E. A. (2024). Neuroleadership: A Concept Analysis and Implications for Nursing. *Journal of Neuroscience Nursing*, 56(5), 186-191.
- Bautista, C., Hinkle, J. L., Alexander, S., Hundt, B., & Rhudy, L. (2022). A Delphi study to establish research priorities for neuroscience nursing. *Journal of Neuroscience Nursing*, 54(2), 74-79.
- Bautista, C., Vyas, M. B., Daniels, L., Guanci, M., & Rhudy, L. (2024). Essential components of a neuroscience nursing orientation: a Delphi study. *Journal of Neuroscience Nursing*, 56(2), 49-53.
- Braine, M. E., & Cook, N. (2015). An evaluation of post-registration neuroscience focused education and neuroscience nurses' perceived educational needs. *Nurse Education Today*, 35(11), 1069-1074.
- Cheung, T., & Yip, P. S. F. (2016). Lifestyle and Depression among Hong Kong Nurses. *International Journal of Environmental Research and Public Health*, 13(1), 135. Retrieved from <https://www.mdpi.com/1660-4601/13/1/135>

Edwards, D., Hawker, C., Carrier, J., & Rees, C. (2015). A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *International journal of nursing studies*, 52(7), 1254-1268.

Hinkle, J. L., Steffen, K. A., Heck, C. E., McBride, J., & Wenograd, D. (2006). A team approach to neuroscience nursing critical care orientation. *Journal of Neuroscience Nursing*, 38(5), 390-394.

Jarrad, R. A., & Hammad, S. (2020). Oncology nurses' compassion fatigue, burn out and compassion satisfaction. *Annals of general psychiatry*, 19, 1-8.

Karlsson, M., & Pennbrant, S. (2020). Ideas of caring in nursing practice. *Nursing Philosophy*, 21(4), e12325. doi:<https://doi.org/10.1111/nup.12325>

Mohammad, H. F., Abou Hashish, E. A., & Elliothey, N. S. (2023). The relationship between authentic leadership and nurses' resilience: a mediating role of self-efficacy. *SAGE Open Nursing*, 9, 23779608231214213.

Nichols, L. (2021). 2020 to 2021 and Beyond.: The Strength, Vision and Resilience of Workforces. *Australasian Journal of Neuroscience*, 31(1), 3-4. doi:[doi:10.21307/ajon-2021-001a](https://doi.org/10.21307/ajon-2021-001a)

Nichols, L. (2022). Mentoring and Mentorship for Nurses. *Australasian Journal of Neuroscience*, 32(2), 3-4. doi:[doi:10.21307/ajon-2021-007a](https://doi.org/10.21307/ajon-2021-007a)

Nichols, L., & Mulyatsih, E. (2016). Neuroscience nursing in Indonesia: Striving for recognition through education and regional

collaboration. *Australasian Journal of Neuroscience*, 26(1), 10-16.

Nichols, L., & Olson, D. M. (2022a). We Are in This Together. *Journal of Neuroscience Nursing*, 54(4), 144-145. doi:[10.1097/jnn.0000000000000656](https://doi.org/10.1097/jnn.0000000000000656)

Nichols, L., & Olson, D. M. (2022b). We are in this together. *Australasian Journal of Neuroscience*, 32(1), 3-4. doi:[doi:10.21307/ajon-2022-001](https://doi.org/10.21307/ajon-2022-001)

Nichols, L. J. (2015). Implementing a primary healthcare framework: the importance of nursing leadership in developing and maintaining a brain tumor support Group. *Clinical Journal of Oncology Nursing*, 19(4), 463.

Price, M. E., Dilorio, C., & Becker, J. K. (2000). The neuroscience nurse internship program: the description. *Journal of Neuroscience Nursing*, 32(6), 318.

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