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Our impact
2018-2022
ROSEMARY BRYANT AO RESEARCH CENTRE

rbf
Rosemary
Bryant
Foundation

**University of
South Australia**

Australian Nursing and
Midwifery Federation
(SA Branch)

At the Rosemary Bryant AO Research Centre, we strengthen the role of the nursing and midwifery professions through creating an evidence-based platform of healthcare.

The Centre was established through the foresight of the Australian Nursing and Midwifery Federation (SA Branch), and is a partnership between the University of South Australia and the Rosemary Bryant Foundation.

Contents

We acknowledge the Traditional Custodians of the lands on which we work and live, and recognise their continuing connection to land, water and community. We pay our respects to Elders past, present and emerging.

To learn more about our commitment to reconciliation, please visit:
UniSA: unisa.edu.au/RAP

The Rosemary Bryant AO Research Centre is reflecting on and celebrating five years of research impact.

The Centre has conducted collaborative, innovative, national and international research, translating to real-world impacts.

Nurses and midwives have experienced some of the most challenging times of their careers and lives worldwide over the past few years.

The Centre addressed the objectives of its 2018-2022 strategic plan and adeptly conducted COVID-19 research, swiftly providing much needed evidence and expert advice to policymakers and the community in unprecedented and uncertain times.

The Centre's research addressed the objectives of its 2018-2022 strategic plan, and also adeptly conducted COVID-19 research, swiftly providing much needed evidence and expert advice to policymakers and the community in unprecedented and uncertain times.

The Centre's impact has exceeded my expectations, and with great pleasure I present to you *Our impact 2018-2022: Rosemary Bryant AO Research Centre*.
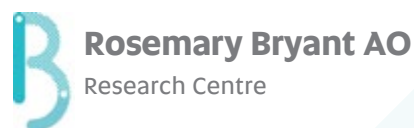
We hope you enjoy reading the Centre's first impact report.

We have achieved a lot since our inception in 2016, and we are proud of the research that we have undertaken in partnership with industry and communities.

The Rosemary Bryant AO Research Centre would like to acknowledge the hard work and commitment of its foundation partners, the Australian Nursing and Midwifery Federation (SA Branch) and the University of South Australia's School of Nursing and Midwifery (now Clinical and Health Sciences Academic Unit).

Australian Nursing and Midwifery Federation (SA Branch)

Rosemary Bryant AO
Research Centre

University of South Australia

rbf Rosemary Bryant Foundation

In 2018 our strategic plan was endorsed by our Steering Committee, providing us with a clear direction.

We have built a nationally and internationally recognised research centre, and we are leaders in healthcare research.

Not only have we delivered on our 2018 research objectives; we have responded to the sudden and unprecedented impact of COVID-19 by rapidly producing research to benefit our local and wider community.

The University of South Australia's strategic plan, Enterprise25, outlines the university's 2025 ambitions.

Our strategic plan and subsequent research activities were aligned to the university's strategic plan. We have contributed to the university's ambitions through:

· Receiving $5m in research funding;
· Receiving over $1m in funding from our industry partners;
· Building research capacity within and beyond our Centre;
· Publishing high impact research;
· Contributing research findings to curricula.

The Rosemary Bryant Foundation's mission is to improve health outcomes for all Australians through nursing and midwifery research. This aligns directly with our strategic plan and research activities.

We have delivered on our objectives by conducting research with real-world impact. Our research has directly informed state and national policy, healthcare reform, innovative technologies, and novel strategies to support health services and the nursing and midwifery workforces.

Our research themes

Who we are

We profile nursing and midwifery, including the factors that contribute or are barriers to a healthy and prosperous career.

What we do

We advance health systems, clinical practice, and policy, to ensure that the role of the nurse and midwife in healthcare is optimised and meets best practice.

The difference we make

We use system innovation and new technologies to progress person-centred care and optimise the interactions that nurses and midwives have with the community.

Our future impact

Our work shapes a future of optimism and opportunity for nursing and midwifery through the intersection of clinical practice, technology, education, and research.

1

Research objective 1

We will develop and implement projects that inform current and future workforce development and planning. This will include establishing a robust evidence base that can inform policy and system-level decision-making regarding workforce composition, roles, support structures, recruitment, retention, career progression and renewal strategies.

2

Research objective 2

In partnership with healthcare providers and other stakeholders, we will develop a research program that identifies, develops, and tests appropriate interventions to build a sustainable workforce culture and capacity that can deliver appropriate care to disadvantaged populations.

3

Research objective 3

We will lead research that informs the ongoing advancement of the scope of practice of nursing and midwifery professions across all sector of the healthcare system including their capacity to meet shifting societal demands for healthcare among a changing population profile.

4

Research objective 4

We will develop, test and evaluate nursing and midwifery-led models of care in partnership with clinical services and consumers. We will establish a standardised methodology for evaluating such services as a part of this process, so that they can consistently be compared against the standard model of care.

5

Research objective 5

We will build capacity in areas where the Centre can lead new best practice guideline research, including research translation, program evaluation, and developing and testing innovative models of assessing impact and economic evaluation models.

6

Research objective 6

We will establish a centre of research excellence focused on implementing, testing and refining a system for measuring patient-reported healthcare indicators and quality of life in the Australian context and in partnership with leading international researchers. We will use this data to inform and improve nursing and midwifery care.

7

Research objective 7

We will identify opportunities where nursing and midwifery can lead research and evaluation initiatives focused on implementing system or technological innovations that could have a significant impact on health outcomes, access to and equity of care, and care costs.

8

Research objective 8

We will partner with healthcare settings to support nursing and midwifery-led research, and maintain a learning culture among nursing and midwifery staff by integrating research into clinical education programs and clinical care.

7 HDR completions

306 peer-reviewed publications

46 grants awarded

$5m research income

70 international collaborations

56 Centre members

16 valued industry partners

CANADA

Alberta, Canada
Athabasca, Canada
Halifax, Canada
Hamilton, Canada
Kingston, Canada
Ottowa, Canada
Toronto, Canada

UK

London, England
Aberdeen, Scotland
Edinburgh, Scotland
Sheffield, UK
Southampton, UK
York, UK
Cambridge, UK
Newcastle, UK
Preston, UK

USA

Boston, USA
California, USA
Delaware, USA
Illinois, USA
New Orleans, USA
Rhode Island, USA
Rockville, USA
Santa Monica, USA

ASIA

Shandong, China

AUSTRALIA

ACT, Australia
Adelaide, Australia
Darwin, Australia
Hobart, Australia
Melbourne, Australia
Perth, Australia
Queensland, Australia
Sydney, Australia

EUROPE

Aalborg, Denmark
Copenhagen, Denmark
Odense, Denmark
Turku, Finland
Nantes, France
Beirut, Lebanon
Oslo, Norway
Geneva, Switzerland
Tilburg, The Netherlands
Barcelona, Spain

AFRICA

Johannesburg, South Africa

NEW ZEALAND

Albany, New Zealand
Auckland, New Zealand
Christchurch, New Zealand
Hamilton, New Zealand
Wellington, New Zealand

A global workforce wellbeing survey

Background

Health systems globally and the nursing workforce have experienced significant strain over the course of the COVID-19 pandemic.

The impact on nurses in particular has been wide-ranging beyond dealing with cases, which has placed them at greater risk of health and social consequences and impacted their wellbeing and desire to stay in the profession.

Research Contribution

We explored indices of safety and wellbeing that were impacting nurses across multiple healthcare systems globally.

We conducted three surveys across Australia, Canada, and internationally, in partnership with the Australian Nursing and Midwifery Federation, the Registered Nurses' Association of Ontario, and Nursing Now.

The survey investigated the working environment, including: policies and practices that influenced staff safety; occupational demand, resources, engagement, burnout, and wellbeing; and intentions to leave.

Research Impact

We discovered a near consistent pattern of experience during the pandemic among nurses internationally.

We identified organisational and system-level factors to target for interventions to improve safety, reduce job strain, and improve wellbeing. These are needed to reduce currently high levels of burnout and poor mental health in the nursing workforce.

We are now working in collaboration with industry to develop a global nursing and midwifery workforce data intelligence dashboard

References

Sharplin, G, Jarvi, K, Adelson, P, Peters MDJ, Corsini, N, Eckert, M, et al. *COVID-19 and workforce wellbeing: A survey of the Canadian nursing workforce (2023)*, https://www.unisa.edu.au/research/rbrc/research-impact/#publications.

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Industry Partners

Australian Nursing and Midwifery Federation Federal Office & State and Territory Branches

Nursing Now

Registered Nurses' Association of Ontario

A person-centred deprescribing pathway for dementia care

Background

The Royal Commission into Aged Care Quality and Safety identified gaps in the provision of safe and effective care for people living with dementia in Australia.

Residential aged care homes are key providers of support to people experiencing behavioural and psychological symptoms of dementia, such as agitation, wandering, and aggression.

We partnered with Eldercare to translate the current best evidence into a dementia care clinical pathway to assist nurses in providing person-centred dementia care.

Through co-design with a site manager, nurses, clinical care consultants, clinical leaders, a general practitioner, and a pharmacist, we contextualised the pathway to an Australian residential aged care setting.

Research Contribution

We evaluated the feasibility of the behavioural and psychological symptoms of dementia clinical pathway in one residential aged care setting.

We found that the pathway was easy to implement and well-accepted by nursing and clinical care staff.

Staff reported that their focus moved toward the causes of incidents rather than the actual incidents, and noted a reduction in antipsychotic use and behavioural and psychological incidents. Staff felt that the pathway led them through steps to discover individuals' drivers of behaviours, and allowed them to intervene early and prevent escalation.

Staff reported improvements in communication between site staff, medical professionals, people receiving dementia care, and their family and carers.

Research Impact

Eldercare reported improvements in site processes, resident outcomes, and staff morale, and made plans to implement the pathway across the other Eldercare sites.

Implementation and documentation of the pathway met requirements for national auditing reporting, eliminating related administrative burdens.

Our project produced a tool that positively impacted on outcomes for people with dementia and on staff satisfaction for people caring for those with dementia, at this site.

The behavioural and psychological symptoms of dementia clinical pathway is feasible and implementable. Next, we are exploring potential improvements to the usability and clarity of the pathway, the implementation process, and the data collection tools.

References

Kennedy KJ, Forsythe D, Wagner J, Eckert M. *Clinical pathways for the evidence-based management of behavioural and psychological symptoms of dementia in a residential aged care facility: A rapid review.* Australasian Journal on Ageing. 2021 Dec;40(4):347-55.

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Industry Partners

Eldercare

A midwifery continuity of care service model

Background

Workforce shortages in rural maternity services threaten the sustainability of birthing in rural hospitals. More than half of rural maternity units have closed since 1992.

Closing maternity services has significant consequences for women and their communities, with resulting poorer health outcomes and financial and social hardships.

With about 30% of Australian birthing women living in rural and remote areas, there is a demand for pregnancy, birth, and postnatal services in these areas.

Research Contribution

We evaluated a new midwifery continuity of care model that brought together clinicians and five birthing hospitals to deliver maternity services to women in the York and Northern region of South Australia.

The service model involved the allocating of a midwife and secondary backup midwife throughout pregnancy, birth, and the postnatal period, providing continuity of care.

We assessed key learnings and outcomes from the perspective of midwives, doctors, nurses, and women who were provided care through the new model.

Research Impact

The midwifery continuity of care service model was found to be effective, acceptable, and sustainable in promoting quality care.

Women had good clinical outcomes with lower intervention outcomes and highly valued the model. Induction of labour and epidural rates were lower than the national and state indicators. Vaginal birth rates were higher than the state average and caesarean birth rates were reduced. Ninety five percent of women reported they would seek this model of care again.

Midwives indicated that the model enabled them to provide necessary care, including education, health promotion, screening, care planning, and managing complications.

Following our evaluation, the model was commissioned and is being implemented across regional and rural South Australia.

References

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Adelson P, Yates R, Fleet J, McKellar L. *Measuring organizational readiness for implementing change (ORIC) in a new midwifery model of care in rural South Australia*. BMC Health Services Research. 2021, 21. doi.org/10.1186/s12913-021-06373-9.

Adelson P, Fleet, J, McKellar, L. *Evaluation of a regional midwifery caseload model of care integrated across five birthing sites in South Australia: Women's experiences and birth outcomes*. Women and Birth. 2023, 36(1):80-88.

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Industry Partners

Yorke and Northern Local Health Network, SA Health

Nursing and Midwifery Office, SA Health

The Yorke and Northern Midwifery Group were acknowledged for their outstanding service, winning the Team Award in the SA Health Nursing and Midwifery Excellence Awards.

Nurse-led telehealth transition care

Background

Older people with multiple chronic conditions are at high risk of being readmitted to hospital within a short time from discharge, making their care costly.

Without systems in place to help people with multiple chronic conditions safely transfer from hospital back to the community, they are likely to experience fragmented care and gaps in services.

There is currently no process within the Central Adelaide Local Health Network (CALHN) for assessing risk of readmission among patients with multiple chronic conditions, identifying and addressing their needs upon discharge, or providing coordinated follow-up care.

We partnered with the CALHN to test the feasibility of a nurse-led, telehealth transitional care coordination service for people with multiple chronic conditions. The intervention aimed to embed peoples' complex care within the primary healthcare sector, ensure access to efficient specialist services, and prevent unnecessary hospital admissions.

Research Contribution

We tested the feasibility of a telehealth transition care coordination service for people with multiple chronic conditions at the CALHN.

The service demonstrated acceptability of workforce and system integration from a staff perspective, as evidenced by referral processes, clinical rounds, huddles, and collaboration.

The transition care service also demonstrated acceptability by the participants, and utility of a 'risk of readmission' assessment tool in forecasting which patients required more transition support.

Our findings pointed to the value of:

- A Transition Coordinator working in a transitional care workforce model;
- Continuing to collaborate with ward nursing staff, medical teams, and allied health; and
- Integrating routine readmission risk assessment into transition planning for patients with multiple chronic conditions.

Research Impact

Based on the success of the feasibility study we recommended CALHN operationalise a telehealth transition care coordination service for people with multiple chronic conditions. The service could be progressed as part of a randomised controlled trial (RCT) with the following components:

- A nursing care coordination transition workforce model;
- A transition pathway to support the trial of a nurse-led transition care coordination service;
- An in-patient risk of readmission assessment performed within 48 hours of admission, and subsequent transition plan where indicated.

We have received funding to trial a nurse-led transition care coordination service for people with multiple chronic conditions, that aims to provide continuity of care, reduced hospital admissions, and improved patient outcomes..

References

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Industry Partners

Central Adelaide Local Health Network, South Australia

Global uptake of research methodologies

Background

Evidence synthesis research is fundamental to evidence-based healthcare. Scoping reviews are an increasingly popular approach for identifying and synthesising evidence to address a variety of challenges and questions across healthcare and beyond. We collaborated with an extensive local, national, and international multidisciplinary team of experts to develop and enhance methodological approaches and guidance for the conduct and reporting of scoping reviews.

Research Contribution

Through collaborative research and stakeholder engagement, we developed and refined the JBI Scoping Review Methodology, the gold standard reporting guideline for scoping reviews (PRISMA-ScR) and developed several other highly influential papers. Some of our outputs are among the most highly cited publications in the field and have been used in thousands of projects around the world. The strong engagement with our work demonstrates significant impact on the way research is conducted, reported, and utilised.

Research Impact

We have dramatically influenced the way evidence synthesis research is conducted and reported. This has resulted in higher quality research that better supports evidence-based healthcare and improved consumer, staff, and system outcomes. Our research methodologies have been used in scoping reviews globally, with the resulting research outcomes implemented in healthcare and policy.

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Patient-reported outcomes for monitoring cancer survivorship

Background

The growing population of cancer survivors are at risk of adverse toxicities and treatment side-effects, medical and psychological comorbidity, financial stress, and impairments in physical, social, emotional, and occupational functioning.

Our project was dedicated to improving how these problems are quantified, using patient-reported outcomes (PROs). PROs are important tools for capturing information about a person's health, from their perspective. PRO data are vital to help individuals manage the complex impacts of cancer on quality of life, design appropriate health services and policy, detect differences in the effects of medical and supportive care interventions, and understand the true burden of cancer on population health

Research Contribution

We addressed a challenge in the cancer survivorship literature, which was a lack of agreement on the critical outcomes for assessing cancer survivors' quality of life.

Using a rigorous and co-designed approach, we developed a core outcome set for cancer survivorship. This was achieved through focus groups with 40 cancer survivors from SA and NSW, a review of cancer survivorship PROs, and a multistage Delphi consensus study involving 69 national experts in cancer survivorship research, practice, policy, and lived experience.

The core outcome set represents the panel's consensus on the minimum outcomes to assess in cancer survivorship research.

Research Impact

We developed a core outcomes set for monitoring cancer survivors' quality of life.

Recognising systemic barriers to implementing the core outcome set for population monitoring of cancer survivorship, we investigated the regulatory and legislative challenges for conducting population-based PRO research in Australia, in the context of proposed legislative reforms for data sharing, and international examples of population-based PRO research.

We are leading a follow-up study with a team of collaborators from the International Society of Quality of Life Research (ISOQOL). The study will determine the most appropriate PRO measures for assessing the core outcome set, by applying published standards for health measurement instruments.

This project was undertaken as part of Dr Imogen Ramsey's PhD. It was funded by UniSA and co-designed with a consumer advisor from Cancer Voices SA.

References

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Industry Partners

International Society for Quality of Life Research

Cancer Voices

A predictive risk model to inform clinical risk environments

Background

Predictive risk modelling is the use of data to forecast future need. Historically, adverse events have been reviewed after the event. In today's era of advanced technology and abundant healthcare data, the ability to predict adverse events in health will become a game-changer in delivering nursing care. Through the adoption of predictive algorithms and the optimisation of vast amounts of data, healthcare providers will be able to proactively identify potential complications and take preventative measures, leading to improved patient outcomes and enhanced quality of care.

Research Contribution

We developed and pilot-tested a predictive harm algorithm for a South Australian local health network. Using our predictive harm algorithm, we identified factors that were associated with an increased risk of adverse events.

What sets this tool apart is its unique utilisation of workforce data in addition to multiple other routine data sets. By incorporating comprehensive insights from healthcare providers, including nurses, the algorithm aims to effectively predict and mitigate adverse events such as code blacks, medication errors, and falls. These hospital incidents all require additional staffing, supplies, and infrastructure to manage the complications, leading to strain on resources and potential disruptions to regular hospital operations.

The Rosemary Bryant AO Research Centre, in collaboration with the Industrial AI Centre at the University of South Australia, Central Adelaide Local Health Network, and Southern Adelaide Local Health Network, and funding partners — Digital Health CRC, SA Health, and the University of South Australia, is pioneering the development and testing of this predictive risk tool. It is anticipated that this research will: improve patient safety, create cost efficiencies, improve care planning, empower clinicians, and increase knowledge advancement.

Research Impact

The pilot study identified that medication errors occurred more frequently in particular clinical areas and provided actionable insights to modify the clinical setting to reduce risk.

We are now scaling this research across multiple health networks in South Australia and developing the algorithm to predict code blacks, medication errors and falls.

This research involves the use of various data analytic techniques including machine learning and artificial intelligence to predict and mitigate risk of potential harm events.

Ultimately, this research aims to transform healthcare by proactively preventing harm, improving patient outcomes, and optimising resource utilisation.

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Industry Partners

Digital Health Cooperative Research Centre

SA Health

Southern Adelaide Local Health Network

Central Adelaide Local Health Network

PhD student Nick Marlow is now researching effective visualisation methods for presenting data on adverse event risk factors.

Enhancing patient care and improving health

Background

The Australasian Nursing and Midwifery Clinical Trials Network was established in 2020 to bring together academic institutions to effectively facilitate and support nurse and midwife led clinical research and the translation of evidence into practice.

Investing in nursing and midwifery led research is an investment in better care outcomes. Australia's nurses and midwives are well positioned to lead high quality research that improves healthcare by addressing health service inefficiencies, yet they are underrepresented among nationally funded health researchers.

We provide the platform to accelerate growth in nurse and midwife led trials across Australasia. by building researcher collaborations, providing opportunities for sharing resources, training, and expertise, and strengthening applications for nationally-competitive research funding.

Research Contribution

Two scoping reviews have been conducted highlighting areas of nursing and midwifery led clinical trials over the past 20 years. The Network has published a perspective piece in the MJA highlighting the inequity in the distribution of clinical research funding in Australia, and that more investment in nursing and midwifery led research and capacity building for nursing and midwifery is required.

Research Impact

The ANMCTN supports nurses and midwives as future research leaders.

The ANMCTN encourages and supports high quality research on models of care to improve the health of individuals, communities and society. As the peak body representing nursing and midwifery led research, an endorsement by the ANMCTN is validation of high-quality research.

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Australasian Nursing and Midwifery Clinical Trials Network

anmctn.com.au

Associate Professor Lois McKellar

An app to support women during and after pregnancy

RBRC member, Adjunct Associate Professor Lois McKellar, alongside parent support group, Village Foundation, developed an evidence-based app to assist women during and after pregnancy.

The app, YourTime, enables women to self-monitor their mood and assist them in recognising early signs of deteriorating mental wellbeing. The app provides immediate support for those who are beginning to experience anxiety and depression.

Order of Australia recipient

RBRC member, Adjunct Associate Professor Gabrielle Cehic, received an Order of Australia award in 2020, for "significant service to medicine, to nuclear oncology, and to professional medical groups".

Professor Cehic is a Nuclear Medicine Physician and Oncologist at SA Health, and leads research to develop individualised strategies for improving quality of life in patients with neuroendocrine tumours.

RBRC members, Dr Nina Sivertsen and Dr Angela Kucia,
were awarded inaugural seeding grants from the Centre.

Dr Nina Sivertsen

Dr Angela Kucia

Continuity of care for Aboriginal families

Dr Nina Sivertsen researched capacity building in nursing and midwifery to maintain continuity of care for Aboriginal families and children accessing mainstream health services in the first 1000 days.

References

Sivertsen N, Anikeeva O, Deverix J, Grant J. *Aboriginal and Torres Strait Islander family access to continuity of health care services in the first 1000 days of life: a systematic review of the literature.* BMC Health Services Research. 2020 20(829).
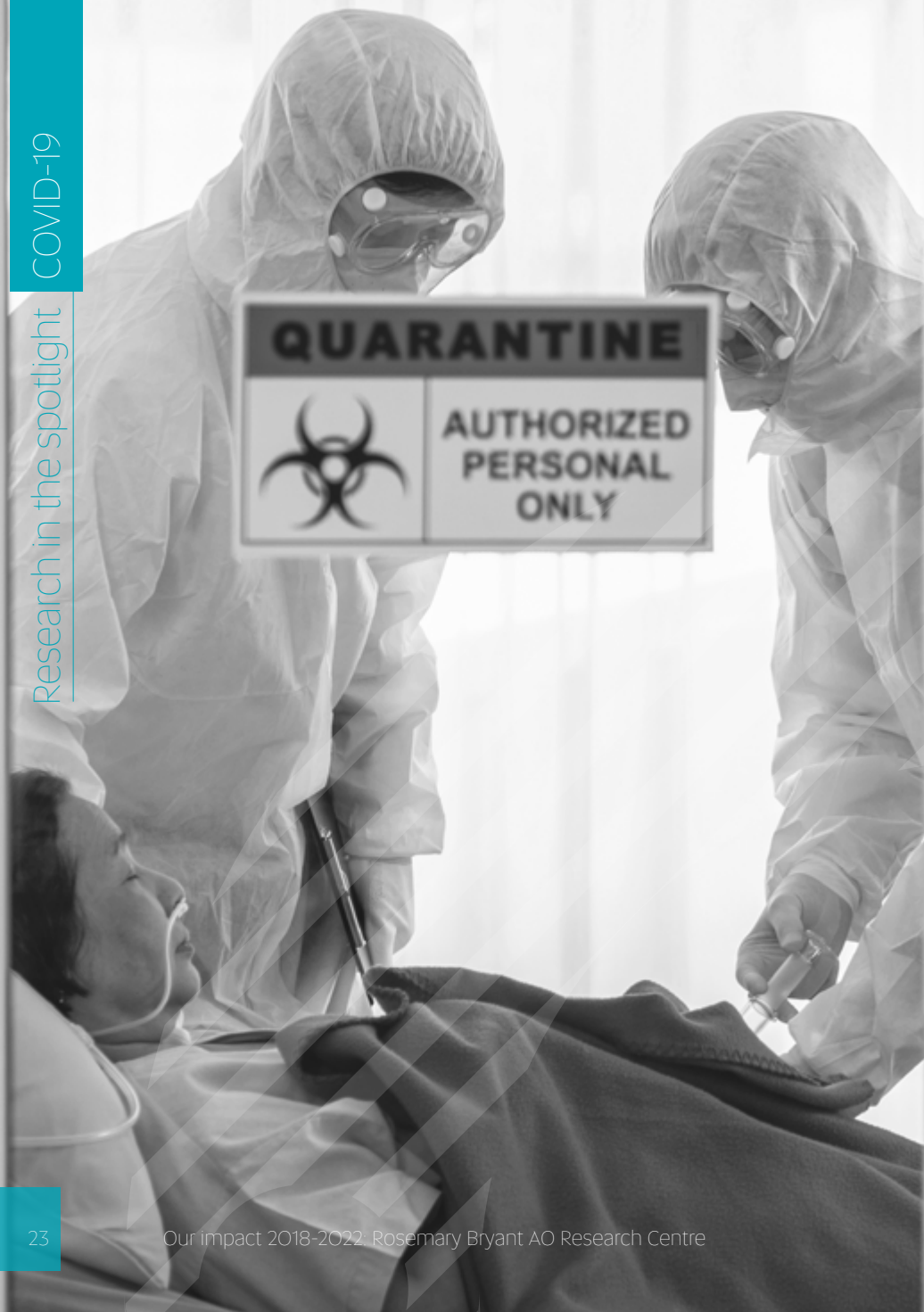
Supporting people with "broken heart" syndrome

Dr Angela Kucia researched patient-centred care for people with Takotsubo Syndrome (TTS). TTS is a temporary condition where the heart muscle becomes suddenly weakened or 'stunned'. It is usually triggered by a life-changing event, associated with severe emotional or physical stress.

Dr Kucia developed a website to foster engagement between researchers, health professionals, and people with TTS, to collaborate in establishing an evidence base for management of the TTS.

https://www.takotsubo.net

Research in the spotlight

QUARANTINE

AUTHORIZED
PERSONAL
ONLY

⚠ CAUTION

OUTBREAK
ALERT

COVID-19 and workforce wellbeing — a global survey of nurses, midwives and carers

Background

The nursing and midwifery workforces have experienced significant strain over the course of the COVID-19 pandemic, impacting their wellbeing and desire to remain in the profession.

In collaboration with the Australian Nursing and Midwifery Federation, the Registered Nurses' Association of Ontario, and Nursing Now, we conducted global surveys of nurses, midwives, and carers, exploring the effects of COVID-19 on wellbeing.

Results

We discovered a consistent pattern of experience during the pandemic among these groups internationally.

Impact

We identified the organisational and system-level factors to target for interventions to improve safety, reduce job strain, and improve wellbeing. These are needed to reduce currently high levels of burnout and poor mental health in the workforce.

This research led to the development of CareWatch, the Centre's nursing and midwifery workforce data intelligence dashboard. It is anticipated this will inform future workforce wellbeing requirements.

Temperature checks are not required for COVID-19 point-of-entry screening

Background

As one of several measures implemented to minimise COVID-19 transmission, the Central Adelaide Local Health Network (CALHN) introduced point-of-entry screening at hospital entrances. This involved screening patients, staff, and visitors upon entry, for signs and symptoms consistent with COVID-19 infection or potential exposure to the virus, through asking a series of questions. Temperature checks were later added to the process to detect fever.

As little was known about the efficacy of the screening process, the Rosemary Bryant AO Research Centre alongside CALHN conducted an evaluation.

Results

We found no value in temperature checks within the screening process.

Impact

The Royal Adelaide Hospital, Queen Elizabeth Hospital, and Calvary Adelaide Hospital changed their practice as a result of this study, removing temperature checks from their COVID-19 point-of-entry screening.

Professor Janine Mohamed,
CEO, Lowitja Institute

Professor Adrian Esterman,
Professor of Biostatistics

10 ways we can better respond to the pandemic in a trauma-informed way

RBRC member and proud Narrunga Kaurna woman, Adjunct Professor Janine Mohamed, and colleagues brought together key concepts from their research to identify 10 principles to decrease trauma in the public health response to the pandemic.

They then discussed the 10 principles with community members and public health experts at a workshop, and developed a culturally responsive trauma-informed, public health emergency framework for First Nations communities.

The full article is available at:

https://theconversation.com/10-ways-we-can-better-respond-to-the-pandemic-in-a-trauma-informed-way-168486

COVID-19 public health response

RBRC member, Professor Adrian Esterman, contributed to the COVID-19 public health response, regularly communicating his research to public health officials and the community.

Much of this work can be found at:

https://theconversation.com/profiles/adrian-esterman-1022994/articles

Over 100 informative COVID-19 tweets

28 COVID-19 related articles in The Conversation

5 peer-reviewed COVID-19 related publications

Chantal Brown (RN)

Project: Best practice care for gender diverse patients in emergency departments

It was very inspiring to work closely with academics like Professor Marion Eckert who also started her career working as a Registered Nurse. This program has given me valuable insight into what it is like to work in a research centre.

I plan to build upon the skills I have learnt during this scholarship and apply them in my final year of my nursing degree. This experience has also given me the confidence to apply to do a Masters by Research post-graduate degree. Nurses are one of the most trusted professions globally and considering the challenges brought on by COVID-19 it is important now more than ever that nurses are involved with using research to inform and advocate for evidence-based practice in an ever-changing healthcare industry. I am hoping to develop my skills in research so that I can improve conditions for both my future colleagues and patients.

The Vacation Research Scholarship with the Rosemary Bryant AO Research Centre is a great opportunity for any nursing or midwifery student who is interested in developing their skills in research. This experience has taught me about the power research has in shaping evidence-based practice at a local and global level and I believe that it is very important for more nurses and midwives to be involved. Participating in a research project as an undergraduate nursing student was one of the best decisions I ever made.

Chantal was mentored by Dr Micah Peters and Mr Casey Marnie. Her research was supported by funding provided by the UniSA Vacation Research Scholarship Program.

References

Brown, C, Marnie, C, Peters, MDJ, Barriers and enablers to culturally safe care for trans and gender-diverse people in hospital emergency departments: a scoping review protocol, JBI Evidence Synthesis. 2023;21(6):1243-1250

Yi Sun (RN)

Project: Work values of Generation Z nurses

Before coming to Australia, I was a registered nurse in a cardiothoracic ward in Taiwan. Working as a cardiac nurse really offers me a huge sense of fulfillment because I make a direct impact on the lives of others, sometimes in life-saving situations.

The inaugural Vacation Research Scholarship with the Rosemary Bryant AO Research Centre really set me on a path to pursue higher degree by research such as a Masters or PhD degree in the future. The research knowledge and skills I have developed allow me to access to and critically analyse information from different credible sources. I will apply those skills to stay up to date with the latest research and healthcare industry trends, which will compliment my clinical experience and training.

In the eight intensive weeks, I learned and followed published best-practice guidance on developing scoping reviews, authored by Dr Micah Peters, and learned how to systematically draft a scoping review protocol. I also learnt how to systematically search for relevant literature in different databases using appropriate search terms after consultations with a UniSA librarian. The greatest gain, I think, is the opportunity to work with the RBRC team beyond the Vacation Research Scholarship period to continue to collaborate on, develop, and publish a full scoping review and more.

Yi was mentored by Dr Micah Peters and Mr Casey Marnie. His research was supported by funding provided by the UniSA Vacation Research Scholarship Program.

References

Sun Y, Marnie C, Peters M.D.J. *What are the work values of Generation Z nurses?* Australian Nursing and Midwifery Journal. 2022. Online.

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Dr Kevin O'Shaughnessy
Lecturer in Nursing

Dr Rebecca Sharp
Senior Lecturer in Nursing

Ms Kim Gibson
Lecturer

Our steering committee guided strategic decision making for the Centre and provided expert advice, guidance, and monitoring for the Centre's research portfolio.

Dr Rosemary Bryant AO (Chair; 2016 -)

Mr Rob Bonner (Deputy Chair; 2016 -)
Australian Nursing and Midwifery Federation
(SA Branch)

Professor Carol Grech (2016 - 2018)
University of South Australia

Professor Rachael Vernon (2018 -)
University of South Australia

Adjunct Associate Professor Elizabeth Dabars AM (2016 -)
Australian Nursing and Midwifery Federation (SA Branch)

Professor Marion Eckert (2016 -)
Rosemary Bryant AO Research Centre, University of South Australia

Our research advisory committee informed our research strategy, and ensured the Centre remained globally relevant within the international health research landscape.

Professor Marion Eckert (Chair; 2016 - 2023)
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Find solutions with us

Nurses and midwives
Look out for the Outstanding Workplace Leaders (OWL) Project at your organisation.

Researchers
Collaborate with us! Check out our research on our website.

Students
Study Honours, Masters, or a PhD with us. Check out our website for our research areas.

www.unisa.edu.au/research/rbrc   **rbrc@unisa.edu.au**

We acknowledge previous staff of the Centre, for their contributions in building the Centre.

We thank the organisations and philanthropic support that have funded our research, contributing to our real-world health impacts locally and globally

Auckland University of Technology

Australian Catholic University

Australian Clinical Trials Alliance

Australian Commission on Safety and Quality in Health Care

Australian Government Department of Health and Aged Care

Australian Health Practitioner Regulation Agency

Australian Nursing and Midwifery Federation (Federal Office)

Australian Nursing and Midwifery Federation (State and Territory Branches)

Brian Peat - Kathleen Heraghty Scholarship

Cancer Council SA

Cancer Institute NSW

Carers SA

Central Adelaide Local Health Network

Charles Darwin University

China-Australia Centre for Health Science Research, Shandong, China

Commission on Excellence and Innovation in Health

Country Health SA Local Health Network(s)

Curtin University

Digital Health Cooperative Research Centre

Deakin University

Edith Cowan University

Flinders University

Genesis Care Australia

Griffith University

James Cook University

La Trobe University

Massey University

Medical Research Future Fund

National Health and Medical Research Council

Netherlands Cancer Institute

Northern Adelaide Local Health Network

NSW Government Ministry of Health

NSW Nurses and Midwives' Association

Nurses' Memorial Foundation of South Australia

Queensland Health

Queensland University of Technology

Registered Nurses' Association of Ontario, Canada

Riverland Mallee Coorong Local Health Network

Rosemary Bryant Foundation

SA Health

Sansom Institute for Health Research

Sax Institute

SkillsIQ

Southern Adelaide Local Health Network

The Hospital Research Foundation

The University of Adelaide

The University of Melbourne

The University of Queensland

The University of Sydney

University of Auckland

University of Otago

University of Southern Queensland

University of South Australia

University of Tasmania

University of Technology Sydney

VicHealth

Victoria University of Wellington

Waikato University

Women's Health Research, Translation and Impact Network

Yorke and Northern Area Health Service

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