LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
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Submission Cover Sheet

Inquiry into Recovery Plan for Nursing and Midwifery Workers

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Australian Nursing & Midwifery Federation
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Submission to the Inquiry into e-petition 19-22 "Recovery Plan for nursing and midwifery workers"

Overview

1. The Australian Nursing and Midwifery Federation ACT Branch (ANMF) acknowledges the resolve of the Committee to inquire into and provide to government solution-focused recommendations to address the dire challenges facing nursing and midwifery workers in the ACT.

2. Nurses and midwives both ensure and provide the delivery of safe, high quality health care to the ACT community and surrounding regions, and this has never been more evident than during the past three years as the region has grappled first with the impact of bushfires and then the COVID-19 pandemic. The contributions of nursing and midwifery workers have been essential to keeping the people of the ACT and surrounding regions safe and well, and have been undertaken at considerable personal costs, both physical and psychological, to themselves.

3. However, the challenges currently experienced in ACT health services also stem from ongoing systemic issues relating to workplace culture, with safety and quality concerns identified both through ACT Government initiated reviews and ANMF member reports. These challenges have directly impacted the wellbeing of nurses and midwives, with flow-on effects to both recruitment and retention.

4. Robust workforce planning and more rigorous strategies are required to ensure that ACT public hospitals and health services can meet the health needs of a growing city into the future, while ensuring that nurses and midwives are well-supported to participate in professions that meets their needs at every stage of their career pathway.

5. As such, the ANMF recommends a recovery plan focuses on two key initiatives:

    - the immediate development of a comprehensive Nursing and Midwifery-specific workforce plan that which expressly considers attraction and retention, is informed by contemporary research, and is developed on improved and transparent workforce-related (and projected service demand) data, and;

    - the prompt development, implementation and evaluation of Positive Practice Environment Standards.

6. While a comprehensive workforce plan will incur a cost, the ANMF would submit that it will be offset by savings to the ACT health system as a result of improvements to workforce retention rates, healthcare quality and safety (including improved performance against indicators and national accreditation requirements), workforce and organisational culture and safety, and patient outcomes.

7. Acting now is critical to avoid further demoralisation of the ACT nursing and midwifery workforce, the deterioration in the safety and quality of hospital and health services, and poorer health outcomes for the ACT community.

Introduction

"There is no easy way out of this…The staff who are still currently braving our workplaces each day are tired, emotionally exhausted and running on empty. They are surviving, not thriving and that's not good enough and it's not ok." – ANMF member

8. Established in 1924, the Australian Nursing and Midwifery Federation is the only organisation in Australia representing the industrial and professional interests of Nurses, Midwives and AINs. Nationally, the Federation proudly represents the interests of over 310,000 members working across all Australian cities, and our rural and remote locations, in every area of health and healthcare. Each State and Territory has its own branch, with the ACT Branch (ANMF) representing the interests of members working in the ACT.

9. In both 2021 and 2022, ANMF members participated in a validated psychosocial wellbeing survey tool which identified significant levels of psychological distress amongst nurses and midwives. In 2021, one in four nurses and midwives reported experiencing bullying in the past six months, and one in two had experienced occupational violence. In 2022, the rate of occupational violence experience remained the same while the proportion of respondents experiencing bullying had increased to almost two of every three nurses and midwives. More than three in four of all respondents to the 2022 survey reported experiencing moderate to very high levels of distress, with almost half experiencing high to very high levels, and one in five nurses and midwives experiencing very high levels of distress.

10. In response to these findings, a petition was developed to bring the concerns of nurses and midwives to the attention of the ACT Government. The ANMF recognizes the decision of the Committee to establish an inquiry into the matters raised in the petition. This submission outlines the ANMF's concerns in more detail according to the terms of reference and proposes recommendations which should be considered as a key pillar of a recovery plan for nursing and midwifery workers.

11. The proposed recommendations are focused on ACT Government funded hospitals and health services in the first instance, but should also have wider application for the private sector, either through voluntary adoption or via legislative instrument mandate.

12. As detailed throughout this submission, it is the view of the ANMF that the most significant concerns currently facing the nursing and midwifery workforce in the ACT are:

    - current and projected workforce shortfalls across the nursing and midwifery professions, exacerbated by high separation rates;

    - the lack of comprehensive workforce planning specific to the nursing and midwifery professions, including an absence of appropriate demographic data;

- chronic staffing issues, including staff shortages and a widespread lack of compliance with nurse-to-patient ratios;
- poor rostering practices, including a reliance on overtime and fatiguing rostering patterns;
- limited availability of flexible working arrangements;
- poor skill mix resulting in a reliance on less qualified and unregulated staff;
- inequitable access to continuing professional development opportunities;
- limited placement and employment opportunities for students and graduates;
- toxic workplace culture, including high levels of bullying and occupational violence;
- high levels of psychological distress experienced by nurses and midwives in the ACT;
- the potential for dangerous patient outcomes;
- issues with gender equity;
- limited focus on cultural safety and diversity; and
- a lack of defined career development framework.

13. To ensure this submission accurately reflects the experiences of nurses and midwives in the ACT, the ANMF also conducted a survey in December 2022 to allow members to express their concerns. A selection of these responses are included at the end of the submission (see Annexure A) and as quotes appearing throughout this submission.

Current Context and Issues

Workforce planning

Workforce shortages

> *"Retention is more important than ever. If the workforce isn't looked after, there won't be anyone qualified left to care for patients." – ANMF member*

14. Demand for health and hospital services is growing in Australia and internationally, with existing pressures from an ageing population and increasing prevalence of chronic disease exacerbated by the COVID-19 pandemic.[1] The nursing and midwifery workforce are key professions in the delivery of these services, yet workforce planning projections have consistently indicated that the demand for nurses in Australia will significantly exceed supply by 2030. A shortfall ranging between 45,000 and 123,000 nurses was projected depending on the application of a range of policy interventions.[2]

15. While policy settings, socioeconomic conditions, and health sector demand and supply have changed since this modelling was undertaken, nursing workforce shortages currently and into the future remain of concern. In 2021, the Australian Government National Skills Commission (NSC) reported a moderate level of future demand for nursing and midwifery professional occupations. **Among the states and territories, the ACT attracted the lowest average number of suitable applicants per vacancy for health professionals**.[3] In 2022, the level of future demand was escalated to strong (the highest level), with existing shortages reported both nationally and in the ACT across all Midwife, Enrolled Nurse, Registered Nurse and Nurse Practitioner occupations.[4]

16. The current shortages and projected shortfalls are not due to an overall decline across nursing and midwifery occupations. Five-year national projections published by the NSC identified Registered Nurses to be among the occupations with the highest employment growth by 2026, at a projected increase of 40,400 RNs. However, the occupation was similarly projected to be among those with the highest number of job openings, with available positions expected to be at 167,500.[5] This suggests that the rate of growth projected under current policies is insufficient to balance the projected level of demand.

17. Similarly, available data reflects a rise in the number of students commencing a general nursing course leading to registration in the ACT and nationally.[6] This suggests that, in alignment with ANMF member reports, **ongoing workforce shortages are not due to lack of interest in nursing and midwifery, but a high separation rate of those already in the professions.**

18. The ANMF notes that CHS offered graduate placements to 27 per cent of local graduates who completed a nursing and/or midwifery degree in 2021, despite employing 44 per cent of the ACT nursing workforce.[7] The ANMF encourages the committee seek further data regarding the rates of graduate recruitment across the ACT, with a consideration of the sufficiency of such rates.

19. In a March 2022 national survey conducted by the ANMF Federal Office, 21 per cent of respondents reported planning to leave their position within the next 12 months, and 36 per cent reported planning to leave their position within one to five years. 13 per cent of nurse and midwife respondents reported that they planned to leave their profession. Of significant concern, those aged between 20 - 29 years were most likely to report an intention to leave their current role within the next year.[8]

20. The situation in the ACT is even more dire. Whilst the July 2021-June 2022 financial year saw an overall increase of 226 Nurses and Midwives working at CHS, **the system lost 700 – almost one in five – of its experienced nursing staff**.[9] Of even greater concern, a May 2022 survey of nurses and midwives in the ACT found that 74 per cent of respondents had considered leaving their job in the previous 12 months and 49 per cent had considered leaving their profession. 32 per cent of respondents reported an intention to leave their job or profession within the following 12 months.[10]

21. A separation rate of 11 per cent is reported at both Calvary Public Hospital and CHS, compared with 8.2 per cent across the ACT Public Service more broadly in 2021-2022.[11]

22. Importantly, the rates of resignation in the ACT were highest among staff with more than 20 years' service, raising concerns over the deterioration of the territory's most senior nursing workforce and subsequent loss of knowledge, both professional and corporate.

23. On this information alone, it is clear that robust workforce planning must be undertaken to address the mass exodus of senior nurses from the territory's health system and ensure recruitment is aimed at addressing existing shortfalls and expanding employment rather than replacing lost staff.

24. In addition to the deterioration of knowledge, high levels of nurse turnover have been demonstrated to incur significant costs. A 2015 study conducted across three Australian states and territories calculated the average cost of nurse turnover in Australia to be $49,225 per full time equivalent (FTE), roughly double that in the United States, Canada and New Zealand. Turnover costs were highest in the ACT, with the average cost in the territory calculated at **$68,621** per FTE.[12] **This figure is particularly concerning given the rate of pay for a Registered Nurse/Midwife (per the ACT Public Sector Nursing and Midwifery Enterprise Agreement at the time) started at $59,874p.a.**

25. Nurses and midwives in the ACT have reported high levels of burnout and low job satisfaction, resulting in a growing number of practitioners becoming uncertain as to whether they can see a future for themselves in the professions. The lack of focus on developing a positive practice environment has a direct impact on the workplace experiences and retention rates of nurses and midwives. Ensuring safe, positive working conditions to support the attraction and retention of workers, and building workforce capacity and capability must be prioritised to more effectively address workforce shortages. This submission proposes the development of Positive Practice Environment Standards, in parallel with proper workforce planning, as a way forward.

Workforce Planning and Demographic Data

26. Workforce planning across the ACT health system is limited. Where workforce planning does occur, it is the view of the ANMF that the result is broad high-level, principle-based documents which often fail to include practical active reform measures or address profession specific concerns. The current review being undertaken across the ACT public sector health system is focused across multiple professions rather than specifically on occupational groups such as nursing and midwifery workers.

27. The ANMF also notes that Canberra Health Services (CHS) have developed a Nursing and Midwifery Workforce Plan 2022-2023 and that this committee may seek advice from CHS regarding the breadth and integrity of the data used to develop the plan along with the implementation status of the objectives identified.

28. It is unclear to the ANMF that there is appropriate acknowledgement in ACT health data sets of relevant demographic data, including data disaggregated by gender, cultural and linguistic diversity, and socio-economic and financial status. Without this information, planning for future work and health care requirements is less robust. As an example, without information about financial barriers to entering the nursing and midwifery professions (including university fees, unpaid placements, and relocation costs for regional, rural and remote students), the ability to develop strategies which promote recruitment of students and future workers is compromised.

29. The ANMF also considers that data available to support workforce planning is of questionable quality (including population-related data), not transparently available to stakeholders, and not sufficiently disaggregated to facilitate the development of workforce planning measures. Data quality is further complicated by the particular circumstances in the ACT, whereby hospital and health services are provided not only to ACT residents but also to residents of surrounding NSW regions.

30. That being said, from nationally available data sets, there is relevant information which can be extrapolated to assist in understanding ACT health workforce issues. At a national level, the nursing and midwifery workforce is highly feminised and ageing, with consequent implications for workforce participation. According to the National Health Work Dataset, there were 399,049 nurses and midwives in Australia in 2021, of whom 88.4% were women. The average age was 43.05 years, with 45 per cent aged 45 years and over, and 23 per cent aged 55 years and over.[13] Not all registered nurses and midwives are employed or seeking work, with the ABS 2021 Census reporting 260,000 nurses and midwives in employment with around half working part-time.

31. **The average weekly hours of work for nurses and midwives in Australia is 33.5 hours, although nurses and midwives in the ACT are reported as having higher than average weekly hours.** It is unclear whether this is attributable to a higher proportion of full-time workers or workers undertaking more/excess overtime.[14] 6,395 nurses and midwives work in the ACT, and the demographic profile reflects the national profile.[13]

32. Workforce planning and strategy must be informed by robust workforce data, including education and graduate employment data, recruitment and retention data, and

patient/population demographic data (which culminates in indictive service demand). ANMF notes the paucity of these data for the ACT nursing and midwifery workforce as a barrier to workforce planning and strategy. Workforce data development and transparent availability to stakeholders must form part of the recovery plan for nursing and midwifery workers in the ACT.

Staffing issues

> *"We need proper staff to patient ratios. On top of the unfriendly hours, our workloads are high and our patients suffer. It's not enough to check a BP and give some pain medication and hope that someone gets better. People in our care need us to be able to spend the time to actually provide holistic care for them…" – ANMF member*

Staff to patient ratios

33. While nurse-patient ratios were included in the most recent ACT Public Sector Enterprise Agreement, ANMF members report that ratios are consistently not being met and that implementation data under-report the extent of the problem. The routine failure to meet ratios is confirmed in ratio implementation data reported by CHS and Calvary Public Hospital. For example, in September 2022, CHS reported a ratio compliance rate of 83%, while Calvary Public Hospital reported a compliance rate of 51%.

34. The ANMF notes that data are point-in-time, with shifts reported as compliant despite only meeting the ratios for part of the shift, in conflict with express terms of the Enterprise Agreement (see Schedule 10, Clause 16 of the ACTPS Nursing and Midwifery Enterprise Agreement 2020-22). Further, CHS have admitted ratio breaches to the ANMF, despite the relevant shifts being reported as compliant in the implementation report.

35. The lack of compliance with staff-patient ratios endangers both patient safety and staff morale and wellbeing, with the relationship between ratios, patient safety and staff wellbeing being well-documented in the literature[15] and confirmed by ANMF member experiences at the bedside. Members report safety for patients and staff as being 'jeopardised' and note working short-staffed with a poor skill mix on a significant number of shifts, compromising patient safety and contributing to staff fatigue.

36. The ANMF notes that Phase One of ratios, as introduced in the most recent Enterprise Agreement, did not capture midwifery specific wards. ANMF midwifery member reports indicate staffing issues, including regularly working understaffed, are of extreme concern across midwifery services in the ACT. ANMF members also regularly report having insufficient time to provide adequate care and support to women and babies due to short staffing, including following traumatic events. The ANMF urges the Committee to consider the issues unique to midwifery when providing solution-focussed recommendations to Government.

Work hours

> *"I get paid to work 8 hour days but in reality work 12 hour days, the executive team are aware of this and accept this." – ANMF member*

Overtime

37. National workforce data indicates that ACT nurses and midwives have the second highest average weekly working hours of all Australian nurses and midwives, and this may in part be attributed to higher levels of overtime and extra shifts. ANMF members report a high level of reliance on additional shifts and overtime to address workforce shortages. They also report high levels of unpaid overtime to complete required tasks that are unable to be completed in rostered working hours (again, due to staff shortages). The ANMF notes payroll data indicate Nurses and Midwives at CHS are paid an average of 1.62 hours of overtime per FTE per month, despite ANMF members reporting regularly working overtime.[7]

38. ANMF members regularly report that working excessive hours contributes to the burnout and high levels of psychosocial distress that nurse and midwife workers in the ACT experience. It compromises patient safety, negatively impacts hospital efficiency and increases healthcare costs. While these costs have not been quantified specifically for health services, psychosocial hazards in the workplace incur both human capital costs and financial costs, the latter estimated at approximately $6 billion per annum for Australian employers.[16]

39. Burnout and psychosocial distress has also been linked to an increase in presenteeism, a phenomenon where workers are physically present at work but with reduced productivity due to health concerns. Nurse presenteeism in hospitals is associated with a significant decrease in patient outcomes, including increased patient falls and medication errors, and an increase in health care costs.[17] Research suggests rates of presenteeism are likely to be higher in hospitals with policies aimed to prevent absenteeism. Presenteeism rates are to be identified under the ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework however the ANMF has experienced resistance to its measurement from ACTHD, CHS and Calvary Public Hospital.

Rostering Patterns

40. Improvements in workforce planning must aim to limit the excessive use of overtime and additional shifts, both through better rostering strategies and expanding the available workforce.

41. In addition to an over-reliance on overtime, some rostering strategies employed in the ACT's hospital and health services impact negatively on the wellbeing of staff. For example, there is a prevalence of fatiguing rostering patterns including late-early shifts, double shifts, 18-hour shifts, and being rostered 6/7 consecutive days. ANMF members also report being rostered only on evening and night shifts, against their request and wishes, and cite poor rostering patterns as a deterrent to increasing their hours. The sleep deprivation resulting from poor rostering practices

may contribute to poor decision-making and has negative ramifications for safety and quality.[18] It is also a driver for worker dissatisfaction and psychosocial distress.

42. Acknowledging that professions of nursing and midwifery are highly feminised, and that women are more likely to have multiple caring responsibilities which can limit their availability for work, changes to rostering practices must be considered. A trial project currently being conducted in Victoria may provide a way forward to improve rostering processes and associated workforce outcomes. The project is being undertaken by the ANMF-Victorian Branch, the Victorian Chief Nurse and Midwifery Officer, Safer Care Victoria and several representative health services, and aims to:

    - maximise availability of nurses and midwives
    - reduce absenteeism, fatigue-related illness and casualisation
    - meet individuals' work, family/social and health situations; and
    - meet the professional needs and desires of nurses and midwives.

43. Underpinning the project is a focus on best-practice fatigue management principles, better use of rostering technology, more flexible work arrangements including fractional loads, protecting CPD time, minimising multiple handovers and protecting continuity of care.[19] **Although the ANMF submits that the incorporation of the underlying principles of the project within the Positive Practice Environment Standards would be sound, the ANMF requests that the Committee review this Victorian project in more depth, and form a view as to whether the application of the project outcomes (or its underlying principles) would be well-placed as a standalone recommendation for the ACT recovery plan.**

Flexible Work Arrangements

44. Flexible work arrangements are a key issue for workers across many professions; however workers in caring professions requiring in-person presence have not benefited from the rapid social changes and increased flexibility that has become available to many workers.

45. In a 2022 submission to the Senate Select Committee on Work and Care, the ANMF Federal Office noted that 60.64 per cent of respondents to a national nursing survey indicated they would benefit from flexible working arrangements to manage their care responsibilities, but that workplace flexibility was difficult to obtain. **Many respondents indicated that they had reduced their hours of work, accepted casual work or ceased employment because flexible working arrangement requests had been denied. Personal and, of concern, annual leave was also used to meet caring responsibilities.[20]**

46. Despite CHS website advertising that a range of flexible work arrangements are available to staff[21], ANMF members advise that requests for flexible work arrangements are often rejected or renegotiated to the benefit the employer. They also note that while requests for flexible work arrangements such as 12 hour shifts are regularly rejected, in practice, they are often required

to work similar shifts. Non-standard shift patterns may assist nurses and midwives to achieve flexibility in their working arrangements, but in accordance with their Enterprise Agreement, this should only be implemented where it is specifically requested by the nurse or midwife.

Skills and training

Required skills and skills mix

> *"Our healthcare team is in crisis. A crisis that needs urgent attention or poor outcomes will become more frequent. Senior staff are leaving and the junior workforce is floundering. They are pushing junior staff into senior roles and they are not equipped." – ANMF member*

47. Effective workforce planning requires analysis of skill requirements to ensure workforce composition reflects those requirements. It also requires modelling and analysis of future skill requirements. This work does not appear to currently be undertaken in ACT Health and its related services, resulting in gaps, including skills gaps, temporary measures to fill these gaps, and an over-reliance on more junior, less-qualified and/or unregulated staff such as Assistants in Nursing (AINs). This results in an increased workload for experienced Registered Nurses, including an increased supervisory workload in accordance with Nursing and Midwifery Board of Australia standards. ANMF members report high levels of stress, and fear of professional repercussions and poor patient outcomes, due to a heightened care and safety burden resulting from an over-reliance on less-qualified staff.

48. There is also substantial research which demonstrates the negative impact on patient outcomes where less qualified staff are relied upon in tertiary healthcare settings.[22-24] **An observational study across nine European countries found a 7% decrease in inpatient hospital deaths for every 10% increase in the proportion of nurses holding bachelor qualifications.[22]**

49. ANMF members also report a reliance on junior staff to undertake senior roles, including team leader roles, with much less experience and training than has previously been required.

Access to education and training

> *"There is no professional development leave granted. I am expected to take annual leave." – ANMF member*

50. Continuing professional development (CPD) is essential for high quality, safe health services, and to ensure sustainable workforce recruitment and retention. While the CHS website advertises a staff entitlement to professional development leave as a career benefit,[21] the commitment to continuing professional development and staff training across health services in the ACT is

variable. Issues reported by ANMF members include limited access to training, staff feeling 'work-time-poor' and unable to leave their work to participate in training, requests for study leave being denied, and financial barriers for staff to access training and professional development.

51. Continuing professional development programs including scholarships and opportunities for postgraduate studies for both the current area of practice, or to support a change in clinical setting, would assist in ensuring retention of nursing and midwifery staff over the medium to long term. The ANMF recommends that the Committee seek data from the relevant ACT health services regarding the approval rate and quantity of CPD leave made available to nurses and midwives, and placement opportunities offered to students and graduates.

Workplace culture and safety

> *"…The poor culture was present BEFORE covid. Covid just brought it closer to the surface. It just seems like so many promises are made to improve the culture, yet no changes are made…" - ANMF member*

Workplace culture

52. Workplaces with high levels of psychosocial safety have manageable work demands and working hours, adequate resources, are physically safe, and value and support the psychological health of employees. Furthermore, in these workplaces, employees believe their psychosocial safety and wellbeing is protected and supported by senior management, and is evident in the practices and policies of the organisation.[16]

53. The ANMF acknowledges that a final report on the longstanding workplace culture issues across the ACT Public Health System will soon be published, following a three-year comprehensive review and ministerial committee oversight. Notwithstanding the ACT Government's attention to these long-standing issues, there is limited evidence of improvement in hospital culture, with workplace culture being described by some ANMF members as 'toxic'. They report a prevalence of bullying and a culture of blame. Staff are reluctant to report staffing and other issues for fear of retribution, and occupational violence remains high.

54. In 2021 and 2022, ANMF members participated in psychosocial wellbeing surveys which identified significant levels of distress among nurses and midwives. Results from the 2021 survey indicated that 1 in 4 nurses and midwives had experienced bullying in the past 6 months, and 1 in 2 had experienced occupational violence during that period. In 2022, the rate of occupational violence experience remained the same while the proportion of respondents experiencing bullying had increased to 60 per cent. Commentary from respondents to the survey suggest that nurses and midwives feel unheard and receive inadequate support from management when they raise issues related to bullying and occupational violence.

Wellbeing initiatives

"We are broken. Please help us. Your staff are not okay…" – ANMF member

55. The right to a safe workplace is a basic human right, enshrined in both the Work Health and Safety Act 2021 (WHS Act) and the Human Rights Act 2004. This extends to the prevention and proactive management of both physical and psychological harms. Wellbeing initiatives and management practices in the workplace are aimed at supporting staff within this context. ANMF acknowledges the development of the CHS Staff Health and Wellbeing Strategy 2020-2023, although notes the absence of a detailed implementation plan for the strategy. ANMF encourages the Committee seek data as to the implementation status, and effectiveness, of the strategy.

56. The gravity of the current state of nursing and midwifery in the ACT was highlighted in the ANMF 2022 psychosocial wellbeing survey which produced deeply concerning results. **More than 75 per cent of all respondents reported experiencing moderate to very high levels of psychological distress, with almost half experiencing high to very high levels, and 20 per cent experiencing very high levels of distress.**

57. The high levels of psychological distress reported by ANMF ACT members and the prevalence of nurses and midwives leaving both their positions and their professions due to burnout indicate that existing and associated initiatives and practices are inadequate. In particular, ANMF members report difficulty and hesitation in obtaining support from management, including for issues related to self-identified mental health concerns, workplace bullying and formal complaints.

Impacts on patients

58. The issues outlined above not only impact the wellbeing of staff and the sustainability of the workforce, but also have direct impacts on patients, contributing to poorer health outcomes and potentially endangering their lives.

59. Research reported in academic literature provides comprehensive evidence of the relationship between nursing and midwifery staffing levels and skills mix and the adequacy, safety and quality of care.[25-27]

60. There is strong evidence validating the positive impact that an appropriate, safe number of registered nurses will have on clinical outcomes. This includes well-established causal links between safe staffing levels and skills mix, quality health outcomes for people, and the work, health and safety of nurses and midwives.[28-29]

61. The effect on mortality rates of appropriate skills mix, improved nurse staffing levels and a positive work environment is further demonstrated in published data relating to mortality, readmissions and average length of stay following the implementation of nurse-to-patient ratios

in Queensland hospitals in 2016. This data was compared with data from Queensland hospitals where ratios were not implemented. After implementation of ratios in intervention hospitals, mortality rates and readmissions were significantly lower in intervention hospitals, while there was a significant increase in comparison hospitals. Although average length of stay decreased in both groups, the reduction was greater in intervention hospitals. In addition to producing better patient outcomes, there was a significant cost saving at intervention hospitals, with the avoided costs due to fewer readmissions and shorter length of stay more than twice the cost of the additional nurse staffing. Detailed data is available in a peer-reviewed evaluation.[30]

Other related matters

62. The ANMF advises that whilst for the purpose of this inquiry the following issues fall within 'other related matters', addressing concerns related to gender equity, cultural diversity, and career progression in the context of the ACT recovery plan is of upmost importance in the female dominated nursing and midwifery professions.

Gender equity

63. Limited access to flexible working and/or job-sharing arrangements disproportionately affects women who may require access to maternity leave, or to accommodate breastfeeding, menstruation and menopause needs, and caretaking needs which typically fall to women.

64. A submission on nursing workforce retention and productivity to Health Workforce Australia noted that as predominantly female professions, the nursing and midwifery professions experience significant movement out of the workforce for extended periods of time, particularly for child-rearing reasons. An environment conducive to re-entry to practice should be prioritised, including professional development, re-registration support, and funding for supervision of nurses and midwives re-entering the workforce.

65. The ANMF notes the effort by the ACT Government to ensure insecure work, including temporary contracts and casuals, is only utilized where there is genuine need. This is particularly important in a female dominated industry and for early career nurses and midwives, as secure work is vital to the realisation of women's financial independence, and that comprehensive oversight and compliance of this policy must be prioritised.

66. Despite the nursing and midwifery workforce being predominantly female, a gender pay gap remains, with average weekly earnings for male nurses in Australia about 8 per cent higher than for female nurses.[31]

67. In the ACT, the 2021-2022 State of the Service report shows overall higher earnings for female nurses and midwives,[11] attributable in part to the dominance of women in executive leadership roles. It is unclear whether this is consistent across lower positions, where there may be more males in higher level nursing positions such as Senior Level 2 and Level 3 as ANMF members report progression to these positions as hindered by time out of the workforce including for maternity leave. Further information regarding gender ratios in higher level nursing positions is required.

Cultural diversity

68. Cultural safety is a key element in national hospital accreditation standards and presupposes both cultural competencies across the workforce as well as a culturally diverse workforce. While there are national employment targets for Aboriginal and Torres Strait Islander participation in the health workforce[32], only 1 per cent of CHS employees identify as Aboriginal. It is unclear what proportion of these employees are nurses and midwives.[11]

69. Culturally and linguistically diverse employees comprise 36 per cent of CHS staff, though data is not available specifically in relation to those in nursing and midwifery positions and to the proportion on temporary visas.[11] ACT Health workforce planning appears to have limited focus on cultural diversity, and measures such as temporary skilled migration are perceived as a response to workforce shortages rather than a strategy to develop a more diverse and sustainable permanent workforce. The ANMF contends that international recruitment should not be the primary strategy to overcome workforce shortages, noting that temporary skilled migration, particularly from developing countries, does not encourage sustainable local workforce development or make a positive contribution to global health.

Career progression

70. Career progression is challenging for nurses and midwives working in the ACT's health services. There is no clearly defined career development framework, and this together with staff shortages on wards limits access and progression to higher level roles and/or better remunerated positions. Where staff are offered temporary acting higher duties positions, this is often absent the relevant skills development training, hindering permanent career advancement once the temporary position has lapsed. Limited access to continuing professional development also inhibits opportunities for career advancement.

71. The career structure for nursing has been eroded via the abolition of senior nursing positions. For example, the Nurse Manager role has been combined into Clinical Nurse Consultant/Manager roles, leaving little opportunity for career progression for senior nurses.

72. Reduced opportunities for career progression are an inhibitor to workforce retention, particularly for more experienced nurses and midwives.[33] Recommendations outlined below include a specific focus on the professional career life-cycle for nurses and midwives, with potential benefits to accrue for both workforce stability and individual career satisfaction.

73. Consistent with the recommendation outlined below regarding Positive Practice Environment Standards, nurses and midwives should be supported to take on positions of authority in their workplace, to exercise professional autonomy and control over their clinical practice, to work to their full scope of practice, and to participate in policy decisions.

Recommendations

74. The ANMF recommends the following solutions:

A. Development of an ACT Nursing and Midwifery Workforce Recovery Plan

75. The ANMF recommends the development of a dedicated and comprehensive Nursing and Midwifery Workforce Recovery Plan to actively address the deep systemic issues outlined in this submission. The plan must place a heavy focus on retention of existing staff to ensure recruitment remains focused on expanding the workforce as required to protect the health and wellbeing of the future ACT nursing and midwifery workforce and community at large.

76. Importantly, reasonable workloads and adequate nurse-to-patient ratios have been consistently reported as the two greatest incentives across all generations.[34-35] This must be reflected in workforce planning and through the implementation of Positive Practice Environment Standards as recommended below.

77. To appropriately address issues with retention, workforce planning must include strategies to support and retain nurses and midwives throughout the various stages of their personal and professional lives. This requires recognition that the factors which influence nurse retention and intention to leave differ between genders, generations and across life-stages.[34-37]

78. For example, supporting nurses and midwives throughout the early stages of their professional life must focus on increasing secure employment and mentoring arrangements to support students and new graduates to enhance skills and consolidate experience. Supporting mid-career nurses and midwives requires an acknowledgement that many staff are likely balancing caretaking responsibilities, which current rostering practices do not adequately support. An environment conducive to re-entry to the workplace/practice after caretaking leave should be prioritised, including continuing professional development, re-registration support (where required), and funding for supervision of nurses and midwives re-entering the workforce. Finally, supporting later career nurses to develop and share their knowledge and skillset should be characterised by encouraging further professional development and mentorship programs, whilst recognizing their service and expertise, including through recognition bonuses. This must be coordinated in consultation with the ANMF as a bargaining representative for ACT nurses and midwives in accordance with clause 2.4 of the current ACTPS Enterprise Agreement.

79. Data development will be required to ensure data is available to adequately inform workforce planning, for example current and future workforce data disaggregated by gender, CALD, financial status , along with data based on projected service demand, population growth, education and other gaps. This may require the establishment of a dedicated nursing and midwifery workforce data planning unit, tasked with establishing a robust workforce database and analysis of these data. These data should be made available with transparency to stakeholders.

80. Workforce planning strategies to meet current and future needs must include quantitative targets and outcomes to be achieved over 2, 5 and 10 year periods, with a mechanism for genuine and rigorous evaluation (and evidence-based revision) of these strategies.

81. Further, in keeping with the ACT Government's commitment to the Respect, Equity and Diversity Framework for ACT Public Service employment[38], nursing and midwifery workforce planning must include a focus on diversity. The ANMF recommends that workforce plans be reviewed by the ACT Minister for Women and a statement published to ensure these satisfactorily address employment diversity issues.

B. Positive Practice Environment Standards

82. There is extensive research documenting the relationship between positive nursing practice environments and improved nurse retention and patient outcomes. See Appendix A.

83. Improved workforce planning and strategy must be complemented by an improvement in the practice environment in which nurses and midwives work in the ACT. The International Council of Nurses describes the qualities of a positive practice environment as including:

- enough nurses and midwives to provide care of a reasonable quality
- participation by nurses and midwives in hospital governance and decision-making
- responsiveness of management in resolving problems in patient care
- investment in a highly-qualified nurse/midwife workforce; and
- organisational commitment to quality and safety.[39]

84. The Queensland Nurses and Midwives' Union (QNMU) expands these attributes and proposes the following elements in its Positive Practice Environment Standards[40]:

- minimum safe workloads, including safe staffing levels and skill mix
- physical, psychological and cultural safety, with a just culture
- autonomous and collaborative practice
- shared governance and decision-making, including an organisational commitment to safety and quality
- nurses and midwives leading and/or participating in research and innovation; and
- transformational leadership, with nursing and midwifery leadership recognised at all levels.

85. The QNMU Positive Practice Environment Standards note improvements in key safety and quality indicators subsequent to the implementation of legislated nurse-to-patient ratios, including a reduction in hospital mortality, avoidable readmissions, and average length of stay. This contributes to reducing healthcare costs and facilitates hospital accreditation processes, yet is noted that without a positive practice environment, ratios will have limited effect.[41-42]

86. The development of Positive Practice Environment Standards for the ACT health sector should commence in parallel with a renewed focus on workforce planning and strategy, as outlined in recommendations above.

87. The ANMF recommends that these Standards be modelled on the QNMU Positive Practice Environment Standards, and that they be implemented as soon as practicable via legislative instrument, to demonstrate the importance of such a framework and to provide certainty to nurses, midwives and their patients.

88. An implementation plan for these Standards is required, including specific arrangements for scrutiny, reporting and enforcement. A legislative instrument that will apply to all hospitals and associated health services, in line with the existing legislative framework for hospital operationalisation, is recommended. Review processes should be available via the relevant independent decisionmaker/tribunal (e.g. ACAT).

Conclusion

"I hope that this is not too little too late…" – ANMF member

89. The Australian Nursing and Midwifery Federation ACT Branch (ANMF) thanks the Committee for its consideration of these issues, and remains optimistic of the formulation and implementation of solution-focused recommendations to address the dire challenges facing nursing and midwifery workers in the ACT.

90. Nurses and midwives both ensure and provide the delivery of safe, high quality health care to the ACT community and surrounding regions. However, it is now time for a clear path forward, by way of a recovery plan founded on sound workforce planning and enforceable positive practice environment standards, to ensure Nurses and Midwives are able to continue to deliver this care.

Appendix A

The Nursing Positive Practice Environment

91. *'Settings that support excellence and decent work, that strive to ensure the health, safety and personal wellbeing of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organisations'*.[39]

92. The nursing practice environment, defined as the 'organisational characteristics of a work setting that facilitate or constrain professional nursing practice'[43], first emerged in academic literature in the late twentieth century in response to a nursing shortage in the United States. A 1981 nation-wide study financed by the American Academy of Nursing sought to identify hospitals (coined 'Magnet Hospitals') known to attract and retain nursing staff despite the profession facing severe shortages.[44]

93. The study exposed a set of organisational attributes common across these hospitals including a decentralised governance structure, effective and visual leadership, high levels of professional autonomy, adequate staffing, and flexible rostering.[44] These attributes formed the foundation for the development of the scales against which nursing practice environments are assessed, with the presence of such qualities associated with a Positive Practice Environment.[43,45]

94. Recent decades have seen a rapid expansion of the literature regarding the nursing practice environment, with the elements of a Positive Practice Environment now understood to include:

    - safe staffing levels
    - physical and psychological safety
    - autonomous and collaborative practice
    - shared governance and decision-making
    - organisational commitment to safety and quality
    - research and innovation, and
    - transformational leadership.[40]

95. Since the initial Magnet Hospital study, the relationship between the Positive Practice Environment and improved nurse retention has been consistently documented in the literature.[46] Furthermore, recent literature supports a strong relationship between the Positive Practice Environment and both improved patient outcomes and cost-savings.[15,41]

96. One study found that administrative interventions designed to promote Positive Practice Environments are more effective at improving staff retention than increasing recruitment or salaries.[33]

97. Interestingly, a literature review of thirty-nine papers reporting a positive correlation between the introduction of strategies for the implementation of Positive Practice Environments and nurse retention, found limited evidence to discern which aspect of Positive Practice Environments is most effective at promoting nurse retention.[46]

98. While the authors found some evidence to suggest adequate staffing had the greatest positive correlation with nurse retention, it must be noted that adequate staffing levels alone have not been held to improve patient outcomes absent other elements of the positive practice environment.[41]

99. Despite the benefits of a Positive Practice Environment for both nurse and patient wellbeing being well-established, a study conducted across three Australian states found an overall decline in the nursing practice environment from 2004 to 2013.[47]

100. The world is once again facing a global nursing shortage,[1] threatening the health and wellbeing of patients and the nurses who care for them.[48] As evidenced by substantial research, Positive Practice Environments are not only a genuine solution to nursing shortages but contribute positively to superior staff wellbeing, patient health outcomes and employer cost-savings.

Annexure A

The following 78 quotes are a sample extracted from ANMF individual member responses to a member survey conducted by the ANMF in December 2022:

1. “Retention is more important than ever. If the workforce isn’t looked after, there won’t be anyone qualified left to care for patients. I am personally considering leaving the profession if things don’t change for my own health and wellbeing.”

2. “There is no easy way out of this. The fact is, we need far more nurses and midwives than we are training (midwives especially!). The staff who are still currently braving our workplaces each day are tired, emotionally exhausted and running on empty. They are surviving, not thriving and that’s not good enough and it’s not ok.”

3. “We need proper recognition of our skills, our commitment and our dedication. We work unfriendly hours, we miss family events, we miss out on seeing our kids getting awards at school, we miss seeing them play Saturday morning sports, we have to hope that our roster falls the right way so that we can get to see their school play that’s next week that we only just found out about. Money isn’t always the answer, but it can soften the blow of all those things we miss out on. How can we expect to attract new nurses and midwives when they can earn more in the public service, working Monday to Friday (and doing that from the comfort of their homes with their flexible, hybrid schedules)?”

4. “We need proper staff to patient ratios. On top of the unfriendly hours, our workloads are high and our patients suffer. It’s not enough to check a BP and give some pain medication and hope that someone gets better. People in our care need us to be able to spend the time to actually provide holistic care for them, and this can’t happen when all you’ve got time to do it check their BP and drop some meds on their bedside table.”

5. “The term thank you means very little when there is nothing there to back it up. Recognition and retention payments are necessary if the ACT wishes to keep current staff and encourage further applicants to the area of nursing.”

6. “If better work environments (safe ratios and workloads) and pay (appropriate wage increases) are not provided than the mass exodus of experienced nurses will continue, including myself!”

7. “It is infuriating watching my workmates slowly lose their drive and passion for nursing because we are stretched thinner and thinner every day and nothing is done to put protective measures in place for the staff. To have a strong business (hospital) you need to have strong foundations (staff). To have those strong foundations the staff need to be happy and feel empowered rather than beaten down.”

8. “The government needs to realise we are not just talking for the sake of it. We are speaking up because if something isn’t done, we will continue to loose skilled staff to greener pastures. We literally have people’s lives in our hands every day. If we don’t start getting the recognition we need, the pay we deserve and the support we need… nothing will improve…”

9. “All our experienced midwives are leaving because the workplace is so terrible. We have new graduates leaving because this isn't what they signed up for. And the rest of us would leave too, if we could afford it or had anywhere else to go.”

10. “We, as a nursing workforce, are understaffed, overworked and underappreciated.”

11. “We are broken. Please help us. Your staff are not okay. I've never seen this level of fatigue and distress in [x] years of service at [employer]. This ISNT able to be blamed on Covid. This already existed. I nursed here for [x] years, I never saw any of this. But midwifery is so different, the culture, the stress, the psychological impact. My colleagues aren't ok. Do something.”

12. “We need to nurture our young. We need to bring back paid employment for nurses and midwives whilst in placements. We expect nurses and midwives to pay for their university degree which is thousands of dollars, then work for no money for hours and hours whilst on placements while most of them have children and are needing to work elsewhere. Then when they finally graduate, they need to apply for a graduate position. If they get accepted, they are then used to fill spaces and don't get the on-the-job training that is required because there is not enough nurses and midwives to cover shifts or train them properly. New graduates are wondering why they started this process in the first place and are burning out very quickly.”

13. “If my family was admitted here, although I trust the healthcare workers, I feel I would need to stay at their bedsides to ensure they were safe due to no fault of the healthcare workers but because the demands on them have never been higher, the workforce never been more junior, the staff shortfalls have never been worse. Its disappointing to feel like this about my own workplace.”

14. “Nursing qualifications (that is, University training) should be fee free, in order to try and attract more applicants. Nursing shifts must become more flexible, and our pay should reflect our qualifications, professionalism and responsibilities. Staff to patient ratios, with correct skill mix, also needs to be addressed, or nurses will continue to leave the profession.”

15. “Midwives want to be able to be midwives. Ratios will protect our time with women and protect their care and increase our job satisfaction. We want the value of our work to be recognised, not just for women and families, but the impact it has on society when families are supported properly. This means supporting better conditions, and better pay. Make it worth our while to stay.”

16. “Nurses need to be treated at least as well as how we are expected to treat our patients, otherwise there are double standards which in itself leads to lack of trust in management and decrease in morale. We cannot go on being treated like a piece of furniture. With Covid, management are finally realising that we are not an endless resource. There aren’t plenty more where you came from’ anymore. We need to be treated with the respect which is one of our organisational values.”

17. “We need better pay and more mental health support. We've carried our community through covid and the lack of appreciation from the Barr Government is incredibly disheartening.”

18. “Intimidation and bullying is the go to tactic when someone wants to change something. What happened to professional and courteous conversations.”

19. “Continuity of care is considered to be the best form of practice for women and usually has the highest form of job satisfaction in the midwifery profession, however continuity at [employer] has lost a significant number of staff over the last two years. Workplace culture, higher workloads and lack of support are all ongoing problems that are fatiguing staff and leading to further workplace shortages.”

20. “The high level executives need to get back on the floor for a taste of reality. We can’t continue to work short staffed and not replaced. It’s straining mentally draining and staff are starting to leave. If I didn’t have financial commitments I’d already be out the door.”

21. “I plan to retire within the next year (earlier than planned). I can no longer continue working in current conditions.”

22. “Nurses should be paid $6,000 lump sum as gratitude for the work we did during Covid 19 pandemic. Our remuneration should match or beat house prices and rental prices in Canberra as well as cost of living.”

23. “I have seen a huge gap between professionalism and support and wellness focus in other industries vs nursing. Those that leave to find this out rarely bring back, because they don't come back. Our internal culture of bullying, blame and the stigma associated with saying I am not ok is so ingrained that I predict it would take a 10 year continuous effort to make it match current industry standards and fulfill current legal safe workplace obligations. I am doubtful that the time, effort and resources will be spent on this.”

24. “I don’t know of one single person who is a nurse who is happy and satisfied with their job right now. So many of us feel like we are being treated as cheap and easy to replace. Neither is true.”

25. “Nursing is absolutely lacking meaningful leadership. Nursing is lacking leadership training and leadership skills training at levels (3rd year 1 and aspiring 2) that support successful succession planning. There is no meaningful acknowledgement of skills and no incentives for career development outside management. There is an absence of acknowledgement of a hostile work environment and no emphasis on even recognising bullying. If the staff aren't trained to recognise bullying behaviours, how can it possibly be managed. If staff aren't empowered to say they are not ok for fear of reprisal. How can they get support and help. If managers are not trained to recognise behaviours of unmet need, track it back to the source, have a difficult conversation, negotiate and enforce a behavioural standard with both parties aka actually manage their staff, how can any of this have a chance to be addressed? Leadership.... is the answer.”

26. “Since COVID & it’s variants have been around -new potentially deadly infectious diseases are placing nurses at significantly higher risk of us & our families getting sick, getting long covid or us or dying from covid. Wearing a N95 mask for 40 hours a week is horrible. I & other staff now have callouses on top of our noses from the masks, our faces feel wet & fungal under the masks

& we finish shifts with headaches from the tight straps, feel hypoxic & have pressure areas at the end of some shifts on our faces & ears from the masks & straps. The remuneration no longer matches the risk & this needs to change. Why would a young nurse want to stay working in this environment earning $90,000pa when they could work on an IT Helpdesk from an office or home with little or no risk to their health & earn $120,000pa."

27. "Burnout is extremely prevalent throughout the [workplace] as well as the rest of the hospital. There is only so much an individual can do to reduce the effect of this. There needs to be an organisational approach to try and stamp out the negativity that is occurring. I am in [ward] and [employer] needs to stop telling their staff what they can improve on before every shift at handover because it is bringing people down. There needs to be more interaction with management and us, the lowly staff on the floor. Sending an email in bulk in no way is interaction with your staff…"

28. "I'm resigning in the New Year because of critical staff shortages, traumatic stress, feeling unsafe at work, burnt out and toxic positivity."

29. "I'm very glad I'm close to retirement. Delivering suboptimal care in a very broken system is very difficult. I'm only staying for another year in the hope there will be a few more staff to do the job in 12 months' time."

30. "We need recognition of senior staff. They are leaving in droves. Their life and work experiences are vital for the support and guidance new staff."

31. "I have not been released to positions due to organisation need regardless of my wants and winning these on merit. I have been held back in my career because of staff shortage in areas without any consideration of me as an individual."

32. "As a new graduate nurse, my pay is abysmal. No wonder most new grads only last 5 years in the nursing workforce."

33. "There are unacceptable levels of bullying and cronyism within [area] which has not improved despite numerous culture reviews. Perpetrators and poorly performing staff are protected by ineffective HR support for managers. Lack of effective action against unacceptable workplace behaviours leads to poor morale and poor culture."

34. "[employer] does not value and respect senior staff skill and knowledge. Bullying and harassment still happens on a grand scale and nothing is done about it. Bullies get promoted!"

35. "I have been nursing for years - I am looking at career change as I feel burnt out. I feel disheartened as a nurse that we cannot provide excellent care to our patients due to the lack of staff and the high expectations from management. I also think that many nurses run late from work every day, they are not paid overtime and that they should have access to flex time."

36. "Although there has been much development in the pay of nurses we are still struggling to be recognised as truly professional. We also suffer from a chronic staff shortage which I believe is

directly related to the pay as well among other issues. If you make nursing a more attractive career you attract more people to the profession. Many of my friends work in the public service and get $20,00 -50,000 a year more than me as a senior nurse yet they don't work anywhere near as hard and have excellent working conditions compared to what I deal with."

37. "There is far too much of our EBA that allows managers to make decisions at their discretion. This encourages and facilitates unfair treatment of staff and favouritism. It should be a blanket, black and white clear rule for all."

38. "I am entering my [x] year at [workplace] and I have always tried my best to have a positive and balanced view of what it is like to work there but I cannot say it is a "great place to work". I have seen very little organisation wide improvements and after the last [x] years I think it's a shame on the local government and the [workplace] executives for not doing more for staff wellbeing and satisfaction. It truly gets to a point where there is no encouragement, incentive or reward to keep working this hard and so why should people like me stay? I suspect we will continue to leave."

39. "The hospital itself is failing its staff. There is no recognition of service throughout these last couple of years. We were told that this high pressure would just be during the high periods of covid. Now that we have worked at such a high level of stress, and workload the hospital is now saying, we know you can function at that level you can just keep going. There needs to be a reprieve with more staffing or a pay increase. And a good one. There is literally nothing keeping people in the jobs or making people want to work in hospitals anymore. More and more colleagues are leaving to go work in jobs with the APS because they have literally no responsibility and you get paid well above nursing rates. The job is by far taking more from us than it gives. There's only so many cakes and pizza from management to make things better."

40. "I am a carer not a nurse. However I work alongside nurses and many of our issues are the same. My biggest issue is the poor pay forces me to work longer hours so I cannot have work/life balance, plus the pressures of constant short staffing. I know from hospital placements that the hospitals are in crisis and it was my experience there that helped influence my decision to quit my nursing studies…"

41. "I want to know who is going to be held accountable for the poor culture throughout [employer]. The poor culture was present BEFORE covid. Covid just brought it closer to the surface. It just seems like so many promises are made to improve the culture, yet no changes are made. Many nurses were already feeling burnt out pre-Covid with poor staffing, ratios, skill mix & bullying. It feels as though the Executives & Politicians don't believe that the nursing profession is cracking under the weight of the high demands and expectations whilst being ignored, and they'll happily continue to add to the load."

42. "I will be retiring before I am 60 because I feel our profession is not remunerated for the dedication we give."

43. "I hope that this is not too little too late. There has been a mass exodus of highly skilled senior nurses because they are burnt out and we are now feeding our young to the wolves by putting

them into high stress situations e.g. team lead with little support or training where in many instances they are trying to lead colleagues who are also relatively novice. e.g. ED, ICU, etc. The public have no idea about the extent of the crisis in our hospital system and if I had a sick family member I would sit by their bedside and closely monitor to ensure that they came to no harm through inadvertent oversight or staff inexperience."

44. "While COVID has had some impact, sadly the system has been in decline for a long time. ACT is not that "special" and/or the challenges in health care are not all that different to other jurisdictions. [Employer] needs to adopt best practices examples from other jurisdictions and rethink reinventing the wheel through the "rebadging/relaunching old projects at significant cost to tax payers e.g. ED Fast track. Despite the promo this is in no way "innovative", rather about 10yrs behind many other EDs through from small rural to tertiary level centres."

45. "We are so short staffed we are promoting babies into jobs you used to need experience for. You used to need at least 5 years of full time experience before you could be a team leader - now you can be a team leader at 3 years out, and you're lucky if you get the full 2-3 days of supernumerary shifts. All our experienced midwives are leaving because the workplace is so terrible. We have new graduates leaving because this isn't what they signed up for. And the rest of us would leave too, if we could afford it or had anywhere else to go."

46. "It feels dangerous when I'm at work, I often leave my shifts feeling overwhelmed and panicked that I have missed something. You never feel job satisfaction because you aren't providing the care you know that women deserve and need. We need ratios, and these ratios need to be protected so that hospitals aren't falling back on being unable to staff shifts so we just end up with the high patient loads anyway."

47. "I've had a great career in nursing, [x] years next month. I will be sad to leave, but I will retire this year. I will cry lots to leave my work team, but I am also glad to be leaving now, to relax instead of coming home exhausted, cramping because I have to go to a hydration station at work to drink, but I am too busy to leave my workspace. I accept, but not too soon I hope, it may be my turn to have to make use of the health services and I really think the 'nursing care' will be minimal or non-existent. This has already been evident from multiple family personal experiences over the last few years."

48. "We need public recognition about how bad the inside has been. working sometimes two down with no acknowledgement from management or thought to see what can be done to help. The abuse we get from the public is becoming unbearable but we somehow just have to take it. The money we get paid is not reasonable for the amount of stress we are under. Particularly the senior staff who are left. Who have to ensure they watch the new staff. Many of whom didn't even get an orientation into the hospital and had never worked in a hospital before."

49. "I am seriously considering leaving the profession or reduce my hours just to have more flexibility in looking after my daughters. I feel that ACT Government is not taking our concerns seriously."

50. “Pay us properly. It's that simple. My husband who doesn't have a degree earns a lot more than I do. It's so tempting to just say 'f*** this' and go do something easier and less stressful and get paid better. I don’t mean retention bonuses and one off payments, but actually better hourly rates. We would attract more people to nursing if you didn't have to work you’re a*** off for a fraction of the pay you could get for doing something else.”

51. “On my ward the atmosphere is fairly toxic. If you aren't part of the in crowd you are not heard. No-one cares about the ward or has pride in it. Many of the senior staff have moved to other areas so their knowledge has been lost and the ward is very young and lacking skills and experience. It's not a happy place to work and there is little support for extra learning and education.”

52. “There is minimal incentive to stay in nursing currently. I am considering leaving the profession within the next few years. Higher numbers, higher acuity and less support. Minimal flexibility for a good work life balance unless you take positions that are non-clinical and minimal career opportunities for part time workers.”

53. “I, like many others, have considered alternative employment in the current environment. Workplace stressors and expectations make the current circumstances unsustainable.”

54. “We have been begging for more flexibility in our rosters for years (e.g. 12hour shifts) but they keep making us jump through more hoops to allow it. I am considering leaving the hospital I am at to another that has said I can work 12hrs.”

55. “Offered to cover a position for one month while they did an EOI for a temp position. No one continuously applies for the EOI so I have been doing this role for over a year. Another employee and I asked to job share the role as it wasn't my wish to do it full time and although I wasn't applying for the EOI's there was no one else to do it. We offered to do it month on/month off so we could still maintain our skills working on the floor while the other month undertaking another role off the floor. This has continuously been denied even though it is working well, the staff are extremely happy with the arrangement, as is the direct supervisor and our rates of competencies has never been higher in this area and to help us both avoid burn out due to the challenges and demands of the role. If the role is not allowed to the job shared no one is interested in applying. This role is essential to the workforce.”

56. “I was not granted leave to attend my graduation and have been denied leave on other times.”

57. “I was denied support to care for parent who was palliative, and father who needed support in the home, he consequently died alone in his home unexpectedly, as I was unable to take time off to care for him.”

58. “We don’t need wellbeing hubs, we need better pay and incentives to attract and retain senior staff. There is hardly any senior and experienced staff in nursing now it’s dangerous.”

59. “I'd like to see actual breaks happen. Like ACTUAL lunch breaks.”

60. “I would like to see meaningful debriefing and follow up incident management after critical events or near misses. I would like to see this done in a culture that supports wellness and no blame, with a focus on staff health, well-being and with a goal of better patient care outcomes.”

61. “There needs to be more support during stressful times. Everyone is incredibly burnt out, stressed every day with no reprieve, and genuinely don’t want to be in nursing anymore. I don’t know what mental health initiatives could work or be implemented into unit life. But they would be great. I’m not ok with having my colleagues be told to suck it up anymore or “we are all burnt out, you just have to keep going”…”

62. “This isn't rocket science, practical and reasonable improvements are ignored and replaced by ridiculous HR initiatives like "code lavender"!!! Staff want a safe place to work where they feel valued and supported in an environment that reflects that, not a random 15 min massage because you had a ‘stressful day’.”

63. “Bottom line,….it’s just too dangerous to go to work.”

64. “To Hospital Management: stop making the hoops you make us jump through for accreditation more important than our patients - and us.”

65. “‘I am drowning in work, not being paid for it, and given limited medical support. I have written my resignation 3 times, just not handed it in yet.”

66. ‘Almost every shift is short of staff. Highly unsafe ratios. I want to work somewhere I feel safe.’

67. “I do an excessive amount of overtime which is not recognised, acknowledged or compensated.”

68. “We feel exhausted and neglected.”

69. “I feel my own registration is at risk every time I go to work.”

70. “Staff are stress, scared, burned out and exhausted.”

71. “Nurses feel vulnerable, expendable and at risk every shift.”

72. “Enough is enough. We need to look at the way we train and educate nurses. The shortages we are experiencing are only going to get worse. And the skill mix is putting everyone at risk.”

73. **“**Our healthcare team is in crisis. Not a crisis that can be easily patched to keep going, but a crisis that needs urgent attention or poor outcomes will become more frequent. Senior staff are leaving and the junior workforce is floundering. They are pushing junior staff into senior roles and they are not equipped.”

74. “I am sick to death of being told to ‘make do’ and ‘keep going, it’ll get better’. It hasn’t gotten better. It’s worse.”

75. “Management continually say they are concerned for staff but actions tell us otherwise.”

76. “Rosters are still being written as though we are expendable.”

77. “Better rosters would mean I may consider going back to full time.”

78. “I get paid to work 8 hour days but in reality work 12 hour days, the executive team are aware of this and accept this.”

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