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Submission Cover Sheet

Inquiry into Recovery Plan for Nursing and Midwifery Workers

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Australian College of Nursing

INQUIRY INTO RECOVERY PLAN FOR NURSING AND MIDWIFERY WORKERS

The Australian College of Nursing response to the ACT Legislative Assembly Select Committee on Health and Community Wellbeing (November 2022)

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Executive summary

The Australian College of Nursing (ACN) would like to thank the Legislative Assembly Select Committee on Health and Community Wellbeing for the opportunity to provide feedback on the **Recovery plan for nursing and midwifery workers**.

ACN is proud to represent the single largest and most geographically dispersed health care profession [1] in Australia; a peak professional body placing issues of relevance to nursing and community health on the health care agenda. ACN represents nurses while midwives are represented predominantly by the Australian College of Midwives.[2] As such, ACN can speak for nurses only in this submission.

Australian communities rely on the expertise, skill, and care of registered nurses throughout all areas of the health and aged care system. Nurses were essential in the contact tracing, testing and vaccination efforts, which saw the ACT lead the way both nationally and internationally.[3]

Workforce shortages in nursing are not new, however, they have been brought into focus and exacerbated by the pressures of the COVID-19 pandemic on the health system. These pressures include increased burnout, inadequate working conditions, and restrictions on overseas-trained nurses wanting to work in Australia.

With the health sector facing unprecedented pressure from ongoing COVID-19 presentations, readdressing non-COVID-19 patients who have deferred their care needs, Australia's ageing population, increasing rates of chronic diseases, and mental health issues among other challenges, ensuring the future of the nurse workforce is more critical than ever.

Background

Australia has experienced and continues to experience disasters of unprecedented proportions – bushfires, pandemics, floods and the emergence of new strains of COVID-19.[4] The Australian community is exhausted but the impact on emergency services and health care workers has been relentless.

Throughout the worst days of COVID-19, unimaginable pressures were placed on the health workforce, and nurses. After all, 'nurses are the backbone of our health care system',[5] committed to supporting patients and providing quality care regardless of challenging circumstances, such as that experienced through COVID-19.

However, there are critical shortages in the nursing profession[6] that have exacerbated the impact on nurses. According to ACN members, many student nurses in ACT were delayed in graduating due to

[1] Australian Institute of Health and Welfare. (2021). *Health Workforce.* https://www.aihw.gov.au/reports/workforce/health-workforce
[2] Australian College of Midwives. (2021).
[3] Scott, J. (2021). Australia's political capital is almost completely vaccinated. Bloomberg. https://www.bloomberg.com/news/articles/2021-11-18/in-australia-s-political-capital-almost-everyone-is-vaccinated?leadSource=uverify%20wall
[4] IANS. (November 8, 2022). Australia amidst new Covid wave: Chief Medical Officer. Healthworld.com. Covid-19 Pandemic: Australia amidst new Covid wave: Chief Medical Officer, Health News, ET HealthWorld (indiatimes.com)
[5] James Cook University (2022). Why nurses are the backbone of our healthcare systems - JCU Australia
[6] Institute of Health and Management (2022). Understanding The Nursing Shortage in Australia. Why is there a high demand for nurses in Australia?- IHM Blog

difficulties gaining access to placements and the cessation of clinical placements during the height of the COVID-19 pandemic; a high rate of nursing workforce turnover is reported across the system; there is a global shortage of nurses;[7] all of which contributes to the risk impacting the future workforce pipeline, the health and wellbeing of the public, and the wellbeing and resilience of the nursing community. In fact, in a recent report, more than two-thirds of the nurses surveyed reported fatigue or burnout.[8]

Nurses are the most trusted of professionals[9] and, importantly, without nurses, we cannot provide good health care to the Australian community. The opportunity to comment on the Inquiry into a recovery plan for **nursing and midwifery workers** working in the ACT is both timely and welcome. ACN believes nurses deserve a safe and supportive environment in which to work, including psychological safety.

ACN members would like to highlight the concerns raised in each of the terms of reference and will provide recommendations at the end of this document.

1. Nurse and midwifery workplace planning

Improved workforce planning is essential in all areas of the health workforce but particularly in relation to nursing, as the largest single health profession and one facing particularly acute shortages.

Nursing workforce planning is complex due to many potential variables and measures, such as patient acuity and complexity, diverse nursing activities, and staff turnover that can all compound the development and currency of a workforce dataset. Determining the most appropriate variables for measuring nursing work, to inform decisions from local level workload to national level planning, is challenging but essential if Australia is to ensure we have sufficient nurses to meet our future health care needs. ACN believes standardisation of nursing terminology is key to ensuring more streamlined, effective and meaningful health data, and therefore health workforce planning. Nurses comprise over half of the health professional workforce. Without standardised terminology, nursing care cannot be accurately quantified or captured, and thus cannot be made visible or valued.

Australia's current nursing workforce datasets and their associated definitions vary across jurisdictions and services, and the ACT is no different. State and territory-based datasets are often developed for specific local use and may therefore not be applicable to other services' needs. This fragmentation is seen across Australia, with no national minimum dataset for nurses. While national nursing workforce data provides an overview of the workforce, this is not always timely and does not address service level requirements well. This hinders the ability of governments, health service managers and care providers to deliver programs and services which meet Australia's evolving need for care.

[7] International Council of Nurses (2021). COVID-19 pandemic one year on: ICN warns of exodus of experienced nurses compounding current shortages | ICN - International Council of Nurses

[8] Australian College of Nursing (ACN) & Health Professionals Bank (HBP), 2022. 'Nurse leadership during disruptive events – A report by the Australian College of Nursing and Health Professionals Bank 2022', ACN, Canberra

[9] Roy Morgan (2021). Roy Morgan Image of Professions Survey 2021.

Recommendations:

- Work with ACN to develop consistent and standardised national terminology for the nursing workforce.
- Work with other state, territory and federal governments to develop a nationally consistent, minimum nursing workforce dataset for planning and utilisation at all levels.
- Invest in leadership training for nurse unit managers (NUMs), mid-career nurses and nurse executives to lead innovative, multidisciplinary teams through difficult times.

2. Recruitment and retention

There is a global shortage of nurses, a shortage that is also impacting each jurisdiction in Australia.[10] ACN supports the initiative to recruit nurses from overseas and also supports measures that would draw upon and retain Australian-trained nurses.

Like in other jurisdictions, ACT nursing students often struggle to find secure undergraduate placements, which means they are unable to meet the requirements to graduate, and therefore to be registered and work as a registered nurse (RN). Even those who were able to secure a placement in a testing centre, vaccination hub or aged care during the height of the pandemic are at a disadvantage, with acute care placements seen as the gold standard. Both private and public health care employers have a responsibility to ensure graduate nurses with acute care experience are not arbitrarily favoured over those with aged care or primary care placements.

However, the real challenge is keeping nurses in the workforce once they graduate. This is due to myriad systematic factors which will be detailed further in this response. However, according to ACN members in ACT, retention issues relate primarily to barriers for nurses working to their full scope of practice, workplace culture, and lack of tangible support to thrive in their role. For instance, Canberra members highlighted the need for clinical supervision, mentoring, and paid study leave to undertake continuing professional development (CPD), particularly for those in management and leadership roles.

It is also clear that once nurses have left the profession, it can be very difficult to attract them to return to the clinical setting. ACN supports encouraging nurses back into the workforce with the promise of a more flexible workload and recognition of their valuable expertise and skills. For example, the opportunity to work shorter hours, part-time and in less physically demanding areas. These workers would provide much-needed guidance and mentorship for new graduates, which is critical for retention.[11] Providing scholarships and designated study hours or days for CPD would ensure these nurses returning to the workforce refresh their skills and stay up to date with best practice, while also encouraging networking and collaboration. In addition, facilitating retirement-aged nurses receiving a pension to continue receiving their pension while working a shorter more flexible week would be

[10] Lopez, V., Anderson, J., West, S., Cleary, M. (2022) Does the COVID-19 Pandemic Further Impact Nursing Shortages?, Issues in Mental Health Nursing, 43:3, 293-295, DOI: 10.1080/01612840.2021.1977875

[11] Gularte-Rinaldo, J., Baumgardner, R., Tilton, T., & Brailoff, V. (2022). Mentorship ReSPeCT Study: A Nurse Mentorship Program's Impact on Transition to Practice and Decision to Remain in Nursing for Newly Graduated Nurses. Nurse leader, 10.1016/j.mnl.2022.07.003. Advance online publication. https://doi.org/10.1016/j.mnl.2022.07.003

beneficial to everyone in the sector and provide those on a pension extra financial support in these difficult times.

Internationally-qualified nurses have always played an important role in supplying additional capacity, skills and diversity to the Australian nursing workforce. Supporting nurses who choose to live and work in Australia is particularly important in the current environment to tackle the workforce crisis facing the nursing profession, and as part of a suite of strategies required to meet the government's commitment to a RN in all residential aged care facilities 24/7.

ACN recognises the Australian Government has committed to prioritising the processing of almost 60,000 permanent visa applications to help fill worker shortages in areas of need such as nursing, health and aged care.[12] State governments are competing for these nurses, with Victoria,[13] [14] New South Wales,[15] Queensland[16] and Western Australia[17] offering various relocation and financial incentives. The ACT Government will need to consider how best to attract internationally-qualified nurses to live and work in ACT in this highly competitive market.

In general, more needs to be done to ensure nurses wishing to permanently move here are supported through all aspects of their journey, from completing the necessary education requirements to becoming a valued members of their local community and everywhere in between.

It is also vital that governments are open to increasing the number of visas available to nurses wishing to work in Australia to adequately address nursing shortages and maldistribution. This requires ongoing monitoring of robust nursing workforce data, as well as on-the-ground support for nurses choosing to live and work in Canberra. This includes improving the ACT's and Australia's Migrant Integration Policy Index;[18] such as labour market mobility, family reunification and permanent residence. Regarding workforce mobility, career progression and retention, ACN members from ACT have highlighted the need for all nurses, particularly those at the NUM and executive level, to be provided with leadership skills development to ensure they are equipped to deal with the challenges of workforce planning, resource management and to develop and implement innovative models of care.

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[12] O'Connor, B. (2022) Skills Minister Meeting Press Conference. Melbourne, 20 July 2022. Transcript accessed at https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22media%2Fpressrel%2F8687678%22;src1=sm1

[13] Victorian Department of Health (2021). Victorian visa nomination offers residency opportunity for mental health workers. https://www.health.vic.gov.au/news/victorian-visa-nomination-offers-residency-opportunity-for-mental-health-workers

[14] Hales, H. (2022) State's big move to tackle worker crisis in Victoria. News.com.au. https://www.news.com.au/finance/work/at-work/states-big-move-to-tackle-worker-crisis-in-victoria/news-story/4379c96541f20e674206aded939d0360

[15] Rose, T. & Ore, A. (2022). Fight for doctors pits state against state in a market that's never been tighter. The Guardian. https://www.theguardian.com/australia-news/2022/jun/08/hunt-for-nsw-health-staff-will-need-to-move-overseas-experts-say

[16] Lu, D. (2022). 'A finite resource': as Australia recruits overseas health workers, their home nations bear the cost. The Guardian. https://www.theguardian.com/society/2022/jun/26/a-finite-resource-as-australia-recruits-overseas-health-workers-their-home-nations-bear-the-cost

[17] Hastie, H. (2021). WA government to cover overseas relocation fees in bid to boost hospital workforce. Wa Today. https://www.watoday.com.au/national/western-australia/wa-government-to-cover-overseas-relocation-fees-in-bid-to-boost-hospital-workforce-20210810-p58hl2.html

[18] Migrant Integration Policy Index. (2022). Australia. https://www.mipex.eu/australia

Recommendations:

- Provide nurses, of all ages and career levels, with opportunities to receive clinical leadership training and professional development which will have a significant impact on nursing retention.
- Refresher courses for recently retired RNs and enrolled nurses (ENs), as well as non-clinically active RNs, so they can supplement the workforce across Australia as required.
- Encourage nurses back into the workforce with more flexible workloads, placements and rosters.
- Provide scholarships and designated study hours or days for CPD.
- Facilitate retirement-aged nurses receiving a pension to continue receiving their pension while working a shorter more flexible week.
- Increase access to right to work visas for overseas trained eligible RNs to increase the capacity, diversity and quality of Australia's nursing workforce, in a holistic and ethical approach.

3. Workforce models

ACN supports workforce models based on the skill mix required to provide high-quality care, responsive to the needs of health care consumers.[19] Rather than advocating for nurse-patient ratios, ACN recommends this strategy should be evidence-based, and adaptable to reflect acuity levels and other workforce needs. All efforts to ensure a balanced, appropriately qualified and experienced skill mix should be the aim for all ACT health care settings.

The lack of a readily available surge workforce in the ACT had a detrimental impact on services across the health care sector, such as elective surgery and nurse-led walk-in centres. During 2019-2020, 66,502 people accessed the nurse-led walk-in centres across the Territory.[20] COVID-19 necessarily disrupted this service, as walk-in centres were converted to COVID-19 testing centres.

Provided a centre is well-established in the community, nurse-led walk-in clinics can provide effective, timely treatment of minor injuries and illnesses, thus minimising pressure on hospital emergency departments.[21] When properly integrated and supported by professional cohesion, walk-in-centres also provide nurses with a more autonomous role in community health care that can enhance their sense of professional worth and satisfaction.[22] ACN understands the ACT Government has committed to opening five more walk-in-centres, though the particular practice arrangements and models of care have not yet been determined.[23] While ACN members would theoretically support any opportunity to expand the role of nurses in delivering primary care, an independent review of ACT's walk-in centre model has not

[19] International Council of Nurses (2009). Evidence-based safe nurse staffing. Position Statement.
[20] ACT Health (n.d.). ACT Health Services Plan 2022–2030.
[21] Dadswell, C., Atkinson, D. & Mullarkey, A. (2017). Impact on demand following the launch and closure of NHS walk-in centres. *British Journal of Healthcare Management*. 23 (11) https://doi.org/10.12968/bjhc.2017.23.11.539
[22] Desborough, J., Forrest, L. & Parker, R. (2013). Nurse satisfaction with working in a nurse led primary care walk-in centre: An Australian experience. *Australian journal of advanced nursing*. Royal Australian Nursing Federation, August 2013
[23] Morgan, C (2021). Canberra GPs throw their support behind new ACT walk-in centres. The Canberra Times. https://www.canberratimes.com.au/story/7211430/gps-throw-support-behind-new-walk-in-centres/

been conducted since 2012.[24] Determining the best models of care to serve the community's needs based on recent demographic data and health trends would ensure the aim of reducing the strain on emergency departments is met.[25] Ensuring nurses are supported to be autonomous but with a network of other health care professionals to call upon is essential for job satisfaction.[26] The role of the nurse practitioner (NP) in these clinics has been critical to the success of the walk-in centres.

The NP is a unique health service provider combining practice privileges, previously limited to medicine, with the nursing model of practice to provide a unique hybrid service well suited to contemporary health service needs.[27] Current and ongoing research[28] continues to support the effectiveness and safety of NP-led services and the acceptability of this role by patients, clients and other health professionals.[29]

Advanced practice nursing, that is services provided by highly experienced RNs, is another innovative service model which should be built into health service design and workforce planning to match nursing service capability according to the patient and community needs now and into the future.

Enabling highly experienced RNs and NPs to work at their full scope of practice as part of an interdisciplinary team will deliver better value and more integrated and accessible care to patients. When working to their full scope of practice, nurses can undertake a broad range of roles currently performed routinely by general practitioners or other medical professionals. These include health assessments, triage and referral, management, self-management support/education, health promotion and health system navigation/coordination of care.

At the onset of the pandemic, COVID-19 reduced the ability of primary health care nurses to manage preventive health care in the community.[30] Breast cancer screening particularly was impacted. The ongoing management of chronic conditions was also adversely impacted.[31] As the pandemic progressed, nurses and other health care workers adapted to change and altered how screening and care were managed. Primary health nurses reported successes in building health literacy skills in the community and taught consumers new ways to care for themselves.[32] Empowering nurses to make decisions and implement change processes is a powerful motivator, allowing nurses to use their skills and their judgement. Nurse leaders who can nurture this are valuable contributors to building workplace satisfaction.

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[24] Desborough, J., Forrest, L., & Parker, R. (2012). Nurse-led primary healthcare walk-in centres: an integrative literature review. *Journal of advanced nursing*, *68*(2), 248-263.
[25] Desborough, J., Parker, R., & Forrest, L. (2013). Development and implementation of a nurse-led walk-in centre: evidence lost in translation? *Journal of Health Services Research & Policy*, *18*(3)
[26] Desborough, J., Forrest, L., & Parker, R. (2013). Nurse satisfaction with working in a nurse led primary care walk-in centre: an Australian experience. *Australian Journal of Advanced Nursing, 31*(1), 11-19.
[27] Bonner, A., Havas, K., Tam, V., Stone, C., Abel, J., Barnes, M., Douglas, C. (2019) An integrated chronic disease nurse practitioner clinic: Service model description and patient profile. Collegian, 26(2), pp. 227-234.
[28] Jennings, N., Gardner, G., O'Reilly, G., Mitra, B. (2015) Evaluating emergency nurse practitioner service effectiveness on achieving timely analgesia: a pragmatic randomized controlled trial. Acad Emerg Med. 22(6):676-84.
[29] Gardner, G., Gardner, A., O'Connell, J. (2014) Using the Donabedian framework to examine the quality and safety of nursing service innovation. Journal of Clinical Nursing 23(1-2):145-55.
[30] Halcomb, E., Fernandez, R., Ashley, C., McInnes, S., Stephen, C., Calma, K., ... & James, S. (2022). The impact of COVID-19 on primary health care delivery in Australia. *Journal of Advanced Nursing*, *78*(5), 1327-1336.
[31] Ibid.
[32] Ibid.

Recommendations:

- Independently review of ACT's walk-in centres and encompass new innovative models of primary health care.
- Facilitate NPs working to their full scope of practice by removing barriers to the delivery of nursing care.

4. Upskilling

As discussed above, newly graduated nurses require time, hands-on experience, support and resources to keep them in the profession and build their professional confidence.[33] Without adequate mentoring and clinical supervision, early career nurses may not have confidence in the clinical skills required to perform their work effectively.[34] Although the literature tends to focus on improving the quality of clinical placements, ACN members believe both public and private nursing employers have a responsibility and obligation to ensure new nurses entering their organisation feel welcome and supported through mentoring, among other strategies. Sourcing good mentors for new graduates help build knowledge, confidence, and skills that will both attract and retain new nurses as valued members of the team. Providing mentors for new nurses will help grow the professional staff and will ensure nurses remain in the nursing profession. [35]

ACN members suggest employers provide designated time within the workday to attend CPD to benefit the workplace, nurses and the consumers in the nurses' care. Members reflected on the years of study and professional development they pay for with their own money and personal time away from work. They considered dedicated study time as an important step in rewarding the service of nurses and ensuring they feel valued, both key elements in workforce retention.[36]

ACN members practising in ACT hospitals also highlighted the importance of ensuring the nurse educator role is protected so they can appropriately assess the nursing staff's competencies and provide appropriate training and support.[37] One NUM recounted her experience of regularly removing nurse educators from the digital staff scheduling system to ensure they cannot be called into direct care during her shift. On several occasions, this member would later find out they had been added back in as soon as she finished her shift. The clinical nurse educator (CNE) role is frequently drawn on to backfill sick calls and provide direct clinical care. This can be to the detriment not only of the new graduate nurses and new direct care clinical nurses who require guidance and mentoring from the CNE to build

[33] Pullen, D., & Ahchay, D. (2022). A case study of new nurses' transition from university to work. *Teaching and Learning in Nursing*.
[34] Daws, K., McBrearty, K., & Bell, D. (2020). "If somebody just showed me once how to do it": How are workplace cultures and practice development conceptualised and operationalised for early career nurses? *Nurse education today*, *85*, 104267.
[35] Ibid.
[36] Australian College of Nursing (ACN) & Health Professionals Bank (HBP), 2022. 'Nurse leadership during disruptive events – A report by the Australian College of Nursing and Health Professionals Bank 2022', ACN, Canberra
[37] Sayers, M. & DiGiacomo, M. (2010). The nurse educator role in Australian hospitals: Implications for health policy. *Collegian* 27, pp77-84

their competence and confidence in a clinical situation but for all levels of nursing to raise the consciousness of nursing practice. This highlights members' desire for more access to and provision of training: in leadership, and mentoring, and to keep up to date with skills, knowledge and best practice care standards.

There was also a call for clearer career pathways and succession planning for nurse leaders from RNs to clinical nurses (CN) and CN to CNE through to NUM. Providing these opportunities would ensure all nurses, regardless of level, would feel they were supported to grow and feel valued. This would include opportunities and support for clinical nurses to learn the skills of resource management, negotiation, clinical governance, influence and strategy.

ACT nurses collaborate closely with nurses who work in NSW and have found that the Higher Education Training platform (HETI) is user-friendly and provides access to a wide range of training options. ACT is a small area located within New South Wales. Some members hoped for access to the NSW HETI training platform to allow them easier access to a wider range of training options.

Recommendation:

- Provide nurses, of all ages and career levels, with opportunities to receive leadership training and professional development which will have a significant impact on nursing retention
- Explore similar platforms to NSW's HETI or facilitate access for ACT nurses to access the platform

5. Workplace culture and safety, including workers' well-being initiatives

Nurses are currently experiencing violence, harassment, and intimidation in the workplace at a rate that would be unheard of in other professions.[38] It must be acknowledged that the issue of bullying in nursing is both insidious and persistent across all jurisdictions. A study of 2396 nurses and midwives from Queensland revealed that 53% had experienced some occupational violence in the previous three months.[39] Bullying has become an entrenched cultural issue in the nursing profession and there is concern it may become the norm. Bullying can cause irreparable harm to nurses, and the profession in general and can have a negative impact on patients and their care.[40] ACN advocates for further research into ways to prevent, mitigate and safely report and address violence in all its guises in the health workplace.[41]

Within the ACT, two-thirds of staff have reported witnessing bullying and harassment. It has been also reported that over 60 per cent of staff who have experienced bullying, harassment, or unacceptable

[38] Pich, J. & Roche, M. (2020). Violence on the Job: The experiences of Nurses and Midwives with Violence from Patients and Their Friends and Relatives. *Healthcare. 8,* (522).
[39] Pariona-Cabrera, P., Cavanagh, J., & Bartram, T. (2020). Workplace violence against nurses in health care and the role of human resource management: A systematic review of the literature. *Journal of Advanced Nursing*, *76*(7), 1581-1593
[40] Hartin, P., Birks, M., & Lindsay, D. (2018). Bullying and the nursing profession in Australia: An integrative review of the literature. *Collegian*, *25*(6), 613-619.
[41] Australian College of Nursing. (2021). Position statement: Occupational violence against nurses. https://www.acn.edu.au/wp-content/uploads/position-statement-occupational-violence-against-nurses.pdf

behaviour within ACT Health did not report it. [42] [43] Furthermore, formal submissions contributing to a review of the culture of the ACT Public Health Services identified non-supportive managers, poor leadership and inefficient processes as reasons for the inability to effect change and alter the workplace culture within the sector.[44] The pervasive workplace culture has left some staff looking for new work opportunities elsewhere. ACN encourages the ACT government sector to continue the implementation of recommendations from the Second Independent Annual Review.[45]

Nurses have experienced heightened anxiety and stress during COVID-19.[46] [47] Nurses have feared becoming ill themselves, the loneliness of being in isolation,[48] moral distress from not being able to administer the care they would normally provide,[49] and psychological distress and burnout.[50] As new strains of COVID continue to impact the community, compassionate workplace managers[51] and readily accessible workplace and mental health services are more important than ever to manage the mental health and well-being of nurses.[52] More research is needed on resilience and support for mental health issues impacting nurses throughout and into the future with COVID-19.[53]

A key factor underlying the critical nursing workforce shortage is the high level of burnout and exhaustion, inadequate working conditions and occupational violence experienced by many nurses in their workplaces. According to a McKinsey report in 2021, one-fifth of Australia's RNs reported that

[42] Burnside, N. (2019) Workplace bullying among Canberra health staff 'worst' nurses have seen, report reveals. ABC News [online] https://www.abc.net.au/news/2019-02-01/act-health-toxic-bullying-culture-report-reveals/10770022

[43] Ibid.

[44] Reid, M., Brew, F., Watters. D. (2019). Independent Review into the Workplace Culture within ACT Public Health Services: Final Report.

[45] Culture Review Implementation: Snapshot (2021). Cultural Review Implementation: Second Independent Annual Review. ACT Health

[46] Fernandez, R., Lord, H., Moxham, L., Middleton, R., & Halcomb, E. (2021). Anxiety among Australian nurses during COVID-19. *Collegian*, *28*(4), 357-358.

[47] Aggar, C., Samios, C., Penman, O., Whiteing, N., Massey, D., Rafferty, R., ... & Stephens, A. (2022). The impact of COVID-19 pandemic-related stress experienced by Australian nurses. *International Journal of Mental Health Nursing*, *31*(1), 91-103.

[48] Simeone, S., Ambrosca, R., Vellone, E., Durante, A., Arcadi, P., Cicolini, G., ... & Pucciarelli, G. (2022). Lived experiences of frontline nurses and physicians infected by COVID-19 during their activities: A phenomenological study. *Nursing & Health Sciences*, *24*(1), 245-254.

[49] Roe E, Decker S, Marks K, Cook J, Garno K, Newton J, Thrush R. Nurse experience during the COVID-19 pandemic: Implications for nurse leaders. Nurs Manage. 2022 May 1;53(5):8-17. doi: 10.1097/01.NUMA.0000829268.46685.bb. PMID: 35422453; PMCID: PMC9052355.

[50] Smallwood, N., Pascoe, A., Karimi, L., & Willis, K. (2021). Moral distress and perceived community views are associated with mental health symptoms in frontline health workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, *18*(16), 8723.

[51] Ashley, C., James, S., Williams, A., Calma, K., Mcinnes, S., Mursa, R. & Halcomb, E. (2021). The psychological well-being of primary healthcare nurses during COVID-19: A qualitative study. *Journal of Advanced Nursing*, *77*(9), 3820-3828.

[52] Halcomb, E., Fernandez, R., Mursa, R., Stephen, C., Calma, K., Ashley, C., ... & Williams, A. (2022). Mental health, safety and support during COVID-19: A cross-sectional study of primary health care nurses. *Journal of Nursing Management*, *30*(2), 393-402.

[53] Halcomb, E., Fernandez, R., Mursa, R., Stephen, C., Calma, K., Ashley, C., ... & Williams, A. (2022). Mental health, safety and support during COVID-19: A cross-sectional study of primary health care nurses. *Journal of Nursing Management*, *30*(2), 393-402.

they intended to leave their current position within the next 12 months, with tens of thousands of positions predicted to be unfilled by 2025.[54]

Occupational violence is increasingly a concern for nurses working in all areas of the health and aged care systems in Australia. A report from WorkSafe Victoria in 2020 found that 95 per cent of health care workers had experienced verbal or physical violence within their workplace.[55] Due to the diversity of nurse work environments and the complexity of the issue, addressing occupational violence necessitates a whole-of-system approach.

While there is substantial information, training programs and policies on occupational violence at various stages of development at a state level, there has been no nationally consistent, whole-of-system approach to eradicate occupational violence against nurses. The COVID-19 pandemic has only exacerbated the problem, with reports of escalating occupational violence across all health care environments.

Additionally, specific data on occupational violence is difficult to ascertain as it is integrated with other work health and safety data. To accurately capture the scope of the occupational violence nurses face in their workplaces will require specific, consistent and national data sets to be collected.

Currently, there is no standardised, national dataset on occupational violence in the health care system. This is due to the complexities involved in achieving consistency and accuracy in severity ratings, classification systems and indicators of risk assessments and actions taken following incidents of violence.

Collection and reporting of data specifically related to occupational violence against nurses are essential to understand the scope of the problem, as it is currently impossible to ascertain the true cost of occupational violence against nurses. The limited data that does exist demonstrates a significant cost to nurses who experience or witness occupational violence.

[54] McKinsey & Company (2022) Should I stay, or should I go? Australia's nurse retention dilemma. McKinsey & Company https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/should-i-stay-or-should-i-go-australias-nurse-retention-dilemma

[55] WorkSafe Victoria (2022) It's never ok. Victorian Government, Australia. https://www.worksafe.vic.gov.au/its-never-ok

Recommendations:

- Review and action the recommendations from the ACN Nurses and Violence taskforce, and work in conjunction with the nursing profession to:
    - develop and implement a national campaign to highlight key issues around occupational violence, including addressing inappropriate behaviour both within the community and across workplace environments
    - work with the nursing professions to develop a nationally consistent dataset on occupational violence to enable jurisdictional and national reporting mechanisms
    - advocate for the introduction of mandated psychologically safe processes across all work environments where nurses work.

6. Impacts on patients

A growing body of literature on the impacts of workplace culture in health services indicates that operational cultures have a significant impact on how effectively staff can perform their jobs. Research suggests that there is a direct correlation between workplace culture and patient outcomes.[56]

During the consultation with members, ACN heard many cases of reduced staffing numbers impacting patient outcomes and how nurses felt they were not able to manage their workload. Members have indicated they believe a reduced nursing workforce in the ACT was a direct result of both COVID-19 and workplace bullying. One member reported she was the only RN with a care team for 40 residents working in aged care. Another member highlighted that nurses in the acute care sector, due to the reduced nursing workforce, often end up looking after more patients than the 'norm'.

With a reduced nursing workforce, the clinical impact on the patients is numerous. These impacts include missed or late medications and errors, unanswered call bells or delayed answering beyond the recommended time indicated in KPIs. Clinical indicators increase with the number of falls resulting in skin tears or hospitalisation, pressure injuries, and infections with a failure to escalate care. This then leads to patient/resident deterioration due to a lack of time to provide adequate care.

Furthermore, a lack of nursing staff leads to less time spent with the patients to provide holistic person-centred care. This impacts patient and family satisfaction with an increase in complaints. Residents and patients do not want to ring the call buzzer as they feel they are interrupting the nurses, as 'they are busy and or short-staffed'. This can lead to a fall or incontinence which further impacts the resident/patient.

7. Any other related matters

There is an opportunity for greater research on nurse-led interventions that improve the application of models of care. Nurses learn valuable skills through on-the-job application and from each other. However, this knowledge is not always documented or published in peer-reviewed journals that provide

[56] Reid, M., Brew, F., Watters. D. (2019). Independent Review into the Workplace Culture within ACT Public Health Services: Final Report.

continuity across all health care domains.[57] ACN members believe nurses need dedicated support to publish innovations in practice and evidence-based interventions in peer-reviewed literature.[58] ACN members urge the ACT government to fund and resource the development and implementation of nurse-led research.

Nurses are highly educated, knowledgeable health professionals yet the opportunities for them to work to the full scope of practice, using their skills and knowledge, are limited, which may be due to a lack of understanding of the nurse's full capabilities.[59] Importantly, this inability to use skills and knowledge can lead to nurses leaving their jobs.[60]

ACN also advocates for professional parity across all jurisdictions and care settings. An RN should be considered a highly valuable, skilled leader in health care provision, whether they work in a hospital, aged care facility or primary care.

Recommendations:

- Fund and resource the development and implementation of nurse-led research.
- Ensure professional parity across all jurisdictions and care settings.

A recovery plan

ACN wholeheartedly advocates for nurses to shape health care, as trusted, ethical and highly trained professionals.[61] Without nurses, we cannot expect good health, well-being and care for the Australian community. Throughout the pandemic, nurses have adapted quickly to changing situations, modifying behaviours and learning new skills and knowledge, being responsive to an uncertain work environment.[62] However, this resilience and adaptability cannot and should not be taken for granted. ACN believes nurses deserve a safe and supportive environment in which to work. The following recommendations provide the foundation for a sound and well-deserved recovery plan for the nursing community in the ACT.

Summary of recommendations

ACN recommends the ACT Government:

- Works with ACN to develop consistent and standardised national terminology for the nursing workforce.
- Works with other state, territory and federal governments to develop a nationally consistent, minimum nursing workforce dataset for planning and utilisation at all levels.

[57] Alving, B. E., Christensen, J. B., & Thrysøe, L. (2018). Hospital nurses' information retrieval behaviours in relation to evidence-based nursing: a literature review. *Health Information & Libraries Journal*, *35*(1), 3-23.
[58] Australian College of Nursing, (2021). Nursing leadership in managing multimorbidity and COVID-19.
[59] Halcomb, E. & Ashley, C. (2017). Australian primary health care nurses most and least satisfying aspects of work. Journal of Clinical Nursing, 26 (3-4), 535-545.
[60] Ibid.
[61] Roy Morgan (2021). Roy Morgan Image of Professions Survey 2021.
[62] Ashley, C., Halcomb, E., James, S., Calma, K., Stephen, C., McInnes, S., ... & Williams, A. (2022). The impact of COVID-19 on the delivery of care by Australian primary health care nurses. *Health & Social Care in the Community*.

- Invests in leadership training for nurse unit managers (NUMs), mid-career nurses and nurse executives to lead innovative, multidisciplinary teams through difficult times.
- Facilitates refresher courses for recently retired RNs and enrolled nurses (ENs), as well as non-clinically active RNs, so they can supplement the workforce across Australia as required.
- Encourages nurses back into the workforce with more flexible workloads, placements and rosters.
- Provides scholarships and designated study hours or days for CPD.
- Facilitates retirement-aged nurses receiving a pension to continue receiving their pension while working a shorter more flexible week.
- Increases access to the right-to-work visas for overseas-trained eligible RNs to increase the capacity, diversity and quality of Australia's nursing workforce, in a holistic and ethical approach.
- Independently reviews ACT's walk-in centres and encompasses new innovative models of primary health care.
- Facilitates NPs working to their full scope of practice by removing barriers to the delivery of nursing care.
- Explore similar platforms to NSW's HETI or facilitate access for ACT nurses to access the platform.
- Review and actions the recommendations from the ACN Nurses and Violence taskforce, and work in conjunction with the nursing profession to:
    - develop and implement a national campaign to highlight key issues around occupational violence, including addressing inappropriate behaviour both within the community and across workplace environments
    - work with the nursing professions to develop a nationally consistent dataset on occupational violence to enable jurisdictional and national reporting mechanisms
    - advocate for the introduction of mandated psychologically safe processes across all work environments where nurses work.
- Funds and resources for the development and implementation of nurse-led research.
- Ensures professional parity across all jurisdictions and care settings.

About ACN

The Australian College of Nursing (ACN) is the national professional organisation for all nurses and it aims to ensure that the Australian community receives quality nursing care now and in the future. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties. ACN is also an Australian member of the International Council of Nurses headquartered in Geneva in collaboration with the Australian Nursing and Midwifery Federation (ANMF). [63]

[63] Australian Nursing and Midwifery Foundation (ANMF). (2022) About Us. https://www.anmf.org.au/about