## Up next on the agenda: evidencebased reforms and reform-driven research

## **AUTHORS**

JARROD CLARKE B.Sc(Psych)<sup>1,2,3</sup>
MICAH DJ PETERS PhD, MA(Q), BHSc<sup>1,2,3</sup>
CASEY MARNIE BCom(Econ)<sup>1,2,3</sup>

- University of South Australia, UniSA Clinical and Health Sciences,
   Rosemary Bryant AO Research Centre, Adelaide, South Australia, Australia.
- Australian Nursing and Midwifery Federation (ANMF) Federal Office, Melbourne, Victoria, Australia.
- 3 Australian Journal of Advanced Nursing, Melbourne, Victoria, Australia.

Over the last few years, there has been a discernible shift in the visibility and influence of healthcare workers beyond their usual sphere of impact. The silver lining of the very dark cloud of the pandemic might be that the advice of nurses, midwives, and other healthcare staff around the world was placed at the forefront of government decision making and media appearances. The public became very aware of the important roles that these essential workers carried out daily and how vital a functional healthcare sector is for the operation of a range of disparate sectors including the economy, travel, community services, and even food production and international trade. Nurses, midwives, and other healthcare staff comprise a vast proportion of the Australian population and when unified for a cause, can have substantial economic and political power. Abroad, this workforce has substantial influence also, and many countries are dealing with similar challenges, issues, and opportunities as Australia, where high-quality research inquiry and scholarship are critical to reform and improving health care access, experiences, and outcomes.

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional association for healthcare professionals. Across the ANMF's eight state and territory branches, the ANMF represents the professional, industrial, and political interests of more than 322,000 nurses, midwives, and carers. The ANMF's diverse and dispersed membership works in many sectors including but not limited to public and private health, aged care, schools, vocational and tertiary education, research, the community, and disability care across a wide variety of metropolitan, regional, and remote locations. As the ANMF's scholarly journal, the *Australian Journal of Advanced Nursing* (AJAN) seeks to showcase and promote a wide variety of original research and scholarly work to inform and empower nurses,

midwives, and other healthcare professionals to improve the health and wellbeing of all communities across Australia and beyond and be prepared for the future.

Every two years the ANMF holds a National Biennial Conference, bringing together delegates from each State/ Territory to discuss contemporary issues and necessary reforms pertinent to nurses and midwives. In October, the 16<sup>th</sup> National Biennial Conference was held in Sydney with more than one hundred delegates in attendance. The conference was themed around 'A Collective Force for Change' signifying the increasing influence that nurses, midwives, and care workers have gained over the past few years in driving and guiding reforms. With recent success in lobbying for major reforms to the Australian aged care sector, 1-3 including requirements to ensure at least one registered nurse is onsite at all times in nursing homes, mandated minimum direct care minutes, and a 15% pay raise for aged care workers, the ANMF is keen to ride this momentum to pursue further reforms across a range of areas.

During the conference, Branch delegates put forward a range of important motions for discussion and resolution, highlighting ongoing issues with workforce shortages and the attraction and retention of nurses and midwives. As with many countries, nursing and midwifery shortages have been persistent in Australia, 5.6 and were amplified due to the impact of the pandemic. Projected future shortages could total around 123,000 nurses by 2030.7 With increasing rates of complex presentations, an aging population, and greater individual healthcare needs, all of which were compounded by the COVID-19 pandemic, all aspects of Australia's healthcare system have been placed under extreme strain. Healthcare workers are in many contexts, spread too thinly and have borne this strain with a lack of staff and poor skills mixes leading to unsafe practices and

missed care.9 These poor work conditions have resulted in increased rates of absenteeism, burnout, and decreased job satisfaction among nurses and midwives, with many expressing the desire to prematurely retire or leave the sector to work elsewhere.10 These issues are by no means unique to Australia, with international evidence highlighting the widespread detrimental and often distressing impact of the COVID-19 pandemic on the health care workforce. 10-12 Conference delegates put forward resolutions on topics from enhancing nursing and midwifery retention in rural and remote areas, improving recruitment of new graduates through incentive-based programs, encouraging the return to practice of nurses and midwives who have recently left the industry, and improving recruitment pathways of nurses and midwives from overseas. A range of financial-based incentives to improve retention were also proposed, including greater fringe benefit tax exemptions, making health care workers overtime hours tax-exempt, and improving salary sacrifice, superannuation, and tax deductions options. Other resolutions in this area include mandating minimum staff ratios in all private and public clinical settings to improve worker wellbeing and patient safety.

Related to workforce shortages and issues regarding attracting staff, considerable focus was placed on the need to improve educational pathways for aspiring nurses and midwives. Much of this focus was placed on alleviating the financial strains upon students resulting from the cost-ofliving crisis that appears both driven by increased inflation as well as the reserve bank's blunt instrument of rising interest rates to combat inflation. Undergraduate nursing and midwifery students must undertake lengthy clinical placements during their studies. Students commit several weeks of each year which are not renumerated, can interfere with gainful employment, and make it challenging to balance study with work. Because of this, many students must give up their studies to provide for themselves or their families. 13,14 Resolutions on this topic pertained to abolishing tertiary education fees for nursing and midwifery students with the provision that they agree to stay in working roles for a set number of years after graduation, and supporting students who are on clinical placements as part of their course/s by having the federal and/or state government provide payment for their time.

Several resolutions also related to providing protections for nurses and midwives against psychosocial hazards and occupational violence and aggression (OVA). Australian estimates suggest that around 67% of nurses are likely to have experienced some kind of OVA in the past year, 15,16 and around 20% of nurses experience OVA on a weekly or daily basis. 16 A systematic review identified that overall exposure to violence among nurses can be estimated at 36.4% for physical violence, 66.9% for nonphysical violence, 39.7% for bullying, and 25% for sexual harassment. 17 The prevalence of OVA among midwifery is also alarmingly high, with around 63% of midwives likely to experience violence and aggression

at some point.<sup>16</sup> Violence and aggression against midwives is most likely to be verbal abuse, physical abuse, or threats of harm with weapons. 18 These rates are also unacceptably high around the world, 19,20 and thus this issue is of international relevance. The risk of violence or aggression is only one of the many psychosocial hazards faced by nurses and midwives.<sup>21</sup> As frontline workers in a high-pressure work environment, performing hazardous or challenging tasks such as injections, wound care, medication administration, and assisting in medical procedures, nurses and midwives are exposed to many occupational hazards.<sup>22</sup> The stress of working in this environment is compounded by a range of psychosocial factors such as a lack of control over workload, shift work, low financial remuneration, and high levels of exposure to potentially traumatic events.<sup>23-25</sup> Resolutions relating to psychosocial work hazards included; lobbying for further legislated protection for healthcare workers providing care, implementing preventative wellbeing measures for healthcare workers to help mitigate the known psychosocial risks associated with the professions, and lobbying for research into nursing and midwifery staff who are affected by and are required to care for patients who have been subjected to domestic violence.

Other resolutions of note related to lobbying for the inclusion of additional items under Medicare, Australia's universal health care funding system, making mental healthcare free for all Australians, and fully funding same-sex and single-parent fertility treatment. Resolutions were also passed relating to the appointment of nurse practitioners specialising in Gerontology at aged care facilities in Australia, mandating specific enrolled nurse direct care minutes in nursing homes, and the creation of regulation and registration standards for assistants in nursing.

The Biennial resolutions will guide much of the ANMF's work over the next two years and highlight a range of challenges, priorities, and issues that are also faced internationally. Many of these topics are likely to also provide an indication of the kinds of subjects that AJAN will be looking to publish over the coming months. As we move into the upcoming 41st volume of AJAN, the editorial team and Board will be considering a call for high quality papers that focus on; nurse and midwife scope of practice reforms, including nurse-/midwife-led models of care and safety of independent nurse practitioners; challenges faced by nursing and midwifery students at all levels, including the impact of clinical placements on financial wellbeing; the impact of occupational violence and aggression faced by health workers and strategies to reduce this; retention and attraction strategies and their effectiveness among health workers, including remuneration and financial-based incentives; and the delivery of safe and quality care of older people, particularly those residing in nursing homes. While research with a focus on the Australian regulatory space is welcome, as these issues are of international relevance, all authors from any country are encouraged to submit.

As many healthcare workers face the challenges of providing quality and equitable care, maintaining work/life balance and rewarding careers, and keeping themselves safe in a post-pandemic world it is important that agendas for reform are underpinned by a solid foundation of high quality research. *The Australian Journal of Advanced Nursing* looks forward to working alongside our authors, reviewers, and readers to support a platform that ensures all nurses, midwives and personal care workers are empowered to meet this challenge, both in 2024 and beyond.

## Acknowledgment

MP is the Editor-in-Chief of the *Australian Journal of Advanced Nursing*, and both JC and CM hold editorial roles with the journal. This manuscript was not peer-reviewed.

## **REFERENCES**

- Peters MDJ, Marnie C, Butler A. Delivering, funding, and rating safe staffing levels and skills mix in aged care. Int J Nurs Stud Adv. 2021;119.
- Peters MDJ, Marnie C, Butler A. Royal Commission into Aged Care recommendations on minimum staff time standard for nursing homes. Aust Health Rev. 2022;46(4):388-90.
- 3. Bonner R, Peters MDJ, Butler A. Workforce: The bedrock of aged care reform. Aust Econ Rev. 2021;54(2):285-93.
- Peters M. Time to solve persistent, pernicious and widespread nursing workforce shortages. Int Nurs Rev. 2023;70(2):247-53.
- Preston B. The Australian nurse and midwifery workforce: Issues, developments and the future. Collegian. 2009;16(1): 25-34
- McMurtrie LJ, Cameron M, Oluanaigh DP, Osborne DYT. Keeping our nursing and midwifery workforce: Factors that support non-practising clinicians to return to practice. Nurse Educ Today. 2014;34(5):761-5.
- Mannix K. The future of Australia's nursing workforce: COVID-19 and burnout among nurses. Melbourne (AU): University of Melbourne; 2021 Dec. 30 p.
- Quigley AL, Stone H, Nguyen PY, Chughtai AA, MacIntyre CR. Estimating the burden of COVID-19 on the Australian healthcare workers and health system during the first six months of the pandemic. Int J Nurs Stud. 2021;114:103811.
- Hegney DG, Rees CS, Osseiran-Moisson R, Breen L, Eley R, Windsor C, et al. Perceptions of nursing workloads and contributing factors, and their impact on implicit care rationing: A Queensland, Australia study. J Nurs Manag. 2019;27(2): 371-80.
- Burmeister EA, Kalisch BJ, Xie B, Doumit MAA, Lee E, Ferraresion A, et al. Determinants of nurse absenteeism and intent to leave: An international study. J Nurs Manag. 2019;27(1):143-53.
- Saragih ID, Tonapa SI, Saragih IS, Advani S, Batubara SO, Suarilah I, et al. Global prevalence of mental health problems among healthcare workers during the Covid-19 pandemic: A systematic review and meta-analysis. *Int J Nurs Stud.* 2021;121:104002.
- Drennan VM, Ross F. Global nurse shortages: the facts, the impact and action for change. Br Med Bull. 2019;130(1):25-37.

- 13. Usher K, Fagan A, Brown JA, Mather C, Marlow A, Power T, et al. The financial challenges for Australian nursing students attending placement-based work-integrated learning. *Collegian.* 2022;29(2):154-60.
- Wray N, McCall L. Money matters: students' perceptions of the costs associated with placements. Med Educ. 2007;41(10):975-81.
- Yang BX, Stone TE, Petrini MA, Morris DL. Incidence, type, related factors, and effect of workplace violence on mental health nurses: A cross-sectional survey. Arch Psychiatr Nurs. 2018;32(1):31-8.
- Shea T, Sheehan C, Donohue R, Cooper B, De Cieri H.
   Occupational violence and aggression experienced by nursing and caring professionals. J Nurs Scholarsh. 2017;49(2):236-43.
- 17. Spector PE, Zhou ZE, Che XX. Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: a quantitative review. *Int J Nurs Stud.* 2014;51(1):72-84.
- 18. Farrell GA, Shafiei T, Chan S-P. Patient and visitor assault on nurses and midwives: An exploratory study of employer 'protective' factors. Int J Ment Health Nurs. 2014;23(1):88-96.
- 19. Tsukamoto SAS, Galdino MJQ, Robazzi MLdCC, Ribeiro RP, Soares MH, Haddad MdCFL, et al. Occupational violence in the nursing team: prevalence and associated factors. *Acta Paulista de Enfermagem*. 2019;32:425-32.
- Mento C, Silvestri MC, Bruno A, Muscatello MRA, Cedro C, Pandolfo G, et al. Workplace violence against healthcare professionals: A systematic review. Aggress Violent Behav. 2020;51:101381.
- 21. Crute D. Psychosocial hazards in the spotlight. Aust Nurs Midwifery J. 2023;28(2):35.
- 22. Amare TG, Tesfaye TT, Girmay B, Gebreagziabher TT. Exposure to occupational health hazards among nursing and midwifery students during clinical practice. *Risk Manag Healthc Policy*. 2021;14:2211-20.
- 23. Misiak B, Sierżantowicz R, Krajewska-Kułak E, Lewko K, Chilińska J, Lewko J. Psychosocial work-related hazards and their relationship to the quality of life of nurses: A cross-sectional study. *Int J Environ Res Public Health*. 2020;17(3):755.
- 24. Kowalczuk K, Krajewska-Kułak E, Sobolewski M. Psychosocial hazards in the workplace as an aspect of horizontal segregation in the nursing profession. *Front Psychol.* 2018;9.
- 25. Dartey AF, Phetlhu DR, Phuma-Ngaiyaye E. Coping with maternal deaths: The experiences of midwives. *Ethiop J Health Sci.* 2019;29(4):495-502.