

Submission by the Australian Nursing and Midwifery Federation

National Resilience Taskforce (Health Sector)/ Alternative Commonwealth Capabilities for Crisis Response Discussion Paper

September 2023



Australian
Nursing &
Midwifery
Federation



Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmfederal@anmf.org.au
W: www.anmf.org.au



Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and care workers across the country.¹
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks the Australian Government Department of Home Affairs for the opportunity to provide feedback on the Discussion Paper: *Alternative Commonwealth Capabilities for Crisis Response* following attendance at the National Resilience Taskforce's Health Sector Roundtable held on the 12th of September 2023.

¹ The term 'care worker' also refers to 'assistants in nursing', 'personal care workers' etc. (however titled).



Overview

6. The ANMF acknowledges the complexity of the healthcare system and notes that all sectors are under increasing pressure because of many factors including an aging population, changing patterns of health and wellbeing risk factors and disease burden, and challenging workforce conditions for across much of the healthcare and associated sectors (e.g., maternity care, disability care, social services, etc.).
7. While many of these factors predated 2020, this challenging situation has been amplified and further complicated throughout the COVID-19 pandemic and a range of environmental and other crises including widespread floods, fires, cyclones, and droughts. The link between climate change² and the frequency and severity of environmental crises is clear and the [ANMF's Policy on Climate Change](#) details our commitment to supporting action and initiatives that will address the challenges of climate change including participation in work around ensuring that Australia is prepared to respond to these growing threats. The ANMF is also committed to advocating for improvements in the ability of our regional neighbours in the South Pacific region as well as more broadly around the world to better prepare for, respond, and recover from disasters including but not limited to those related to climate change.

Acknowledging and recognising First Nations Peoples in crises preparation, response, and recovery

8. The ANMF has considered the guiding questions posed in the Discussion Paper and reflected on our participation in the recent National Resilience Taskforce's Health Sector Roundtable. As a general point made in response to many of the questions, the ANMF recommends that any discussion of preparation for, responding to, and recovering from natural disasters and crises in Australia necessitates genuine consideration and respect for Australia's First

² 'Climate change' refers to a change in climate attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is, in addition to natural climate variability, observed over comparable time periods.



Nations Peoples. The ANMF recognises and acknowledges that Aboriginal and Torres Strait Islander peoples, as the traditional custodians, have cared for the land and environment for thousands of years before and hundreds of years since settlement. The land is a link between all aspects of Aboriginal and Torres Strait Islander people's existence; this includes spirituality, health, culture, language, family, lore, and identity. Indigenous land and sea management, also referred to as 'caring for country', includes a wide range of environmental, natural resource and cultural heritage management activities. First Nations Peoples in Australia and around the world are likely to be disproportionately and negatively impacted by climate change related disasters and crises. This is for many reasons, but also partly due to persistent health and social inequities including an array of social determinants of health that have compounded and continue to mean that our First Nations People experience an unacceptably wide gap in health status in comparison to other Australian population groups. Here, the Commonwealth must be attentive to the need for crisis preparation, response, and recovery plans and practices to genuinely and effectively support closing the gap between First Nations Peoples health and wellbeing and that of other Australians. First Nations People and their representative groups and individuals should be actively and carefully consulted and listened to and have their knowledge, experience, and concerns built into any national plan for crisis management.

Climate change and the environment

9. Without attending to important underlying causes of Australia's intensifying and increasingly frequent natural disasters, considerations around developing an effective national plan for improved emergency response capabilities, including health related capabilities and what role the health sector can play in crisis response and recovery will be limited. As is often stated about health-related issues; effective prevention is better than cure. While the ANMF understands that the purpose of the present consultation is not to devise a strategy to reduce or prevent the occurrence of natural disasters and crises, a sole and narrow focus that is at best anticipatory and at worst reactive, is unlikely to be fit for purpose. Attention to the wider nature of the known links between our impact and relationship with environment, natural



disasters/crises and health and the Australian health and associated sectors will be vital. Here, when posed with many of the Discussion Paper's questions, attention to the underlying conditions and causes of disasters and crises will be critical to formulating effective and appropriate plans and interventions. For example, a detailed response to the question: *"At a national level, what are likely to be the key pressure points or challenges for the Commonwealth responding to competing and concurrent crises?"* a key pressure point/challenge would likely be lack of prior understanding and action around what potentially modifiable local, regional, national, and international risk factors are at work that are likely to bring about or amplify a crisis. This is an issue of preparedness but also of ensuring a comprehensive and wide-ranging view of the causes, factors, and phenomena that result in crises, how they unfold, and the impact they have on the health and wellbeing of the community. Here, an example could be that we are now facing increasing temperatures and unseasonable weather patterns that result in increasing health risks particularly for already vulnerable populations. Older people, who now make up an increasing proportion of the population and who more commonly have multiple and complex comorbid illnesses and conditions are at risk of numerous health risks and even death due to exposure to extreme and prolonged heat which results in increased healthcare presentations and emergency service attendance. Combining higher and more prolonged temperatures with advancing age has dire consequences in Australia's aged care sector and wider community and ensuring that older people are able to remain safe and healthy in their own homes or nursing homes becomes yet more critical. Add to this rising power costs and general living expenses and the existing untenable burden on many of Australia's emergency service and health and aged care systems mean some of the key ingredients for a widespread and considerable crisis situation have been collected.

10. Enhancing Australia's ability to prepare, respond, and recover from disasters will not be achieved by focusing attention to these areas alone. Other wider policy levers must also be activated. Climate change is occurring due to human activities, in particular the large scale burning of fossil fuels for energy, which emit carbon dioxide into the atmosphere. To mitigate the effects of climate change, the international community, particularly the



developed world including Australia, needs to reduce carbon dioxide emissions by transferring reliance on fossil fuels to renewable sources of energy production and reduce energy use per capita.

11. Responding effectively to environmental crises that result in harm to the community's health and wellbeing must incorporate improved ways of comprehensively attending to the broader context within which these crises arise and unfold. Human health and wellbeing is intrinsically connected to the quality of our natural environment. Humans are entirely dependent on a stable, habitable climate for food, water and comfortable living conditions. These staples of existence within our natural environment, are being threatened by climate change and are at greater and more immanent risk during disasters. Many nurses, midwives, and care workers are already affected every day both in their work and personal lives by the effects of climate change – but most acutely when natural disasters unfold.
12. As professions grounded in science and as providers of health and maternity care, the nursing and midwifery professions are in a position to communicate with the public and within their workplaces about climate change and health. Nurses and midwives are pivotal in leading the development of policy and influencing practices. Working in all areas of healthcare, nurses and midwives contribute to resilient health systems through research, adaptation planning, the identification of at-risk populations and participating in emergency planning and surge response. In both clinical and community health settings, nurses and midwives provide unique insight into practical sustainability and mitigation opportunities contained in energy and water efficiency, procurement, and waste management practices. The ANMF supports action and initiatives that will address the challenges of climate change. To that end the ANMF is committed to net zero emissions by 2050.
13. In regard to responding to the impacts of climate change in relation to health and thus related crises, the ANMF endorses the following policies:
 1. Urgent action must be taken by government and all sectors of the community to: limit potential temperature increases by reducing and limiting the release of carbon dioxide



emissions from fossil fuels into the atmosphere; implement non-fossil fuel sources of energy; and prepare the health sector to deal with existing and future health effects of climate change.

2. As members of the community, nurses, midwives and assistants in nursing, should participate in the broader climate change debate, utilising their networks to communicate with politicians, the media and the community on the importance of reducing carbon emissions.
3. Nurses, midwives and assistants in nursing play a vital role within health and aged care facilities by identifying opportunities, shaping policy and bringing about lower emissions from service provision.
4. Research efforts must be encouraged to clarify and quantify both the negative health effects associated with climate change in order for the health sector to be able to understand and best respond to those health conditions as they arise; and the health and wellbeing benefits of climate change mitigation in order to take advantage of preventive health strategies and opportunities.
5. Climate change needs to be understood as a public health issue and, as such, must be incorporated in undergraduate and postgraduate nursing and midwifery curricula. The existing and future nursing and midwifery workforce should be educated to understand and respond to health conditions related to climate change.
6. Employers should:
 - a) acknowledge and support nurses, midwives and assistants in nursing involved in environment and sustainability groups in their workplaces to bring about efficient and sustainable practices;
 - b) support nurses, midwives and assistants in nursing to implement sound and viable climate change initiatives;
 - c) showcase the efforts and successes of nurses, midwives and assistants in nursing who have brought about environmentally sustainable workplace practices;
 - d) ensure there is a management team tasked specifically with implementing sustainable environmental practices and that nurses, midwives and assistants in



- nursing can fully participate;
- e) ensure that health, disability and aged care facility service delivery accreditation standards specify sustainable environmental standards for procurement, energy efficiency, water use and waste management;
 - f) ensure that sustainable planning, design and construction of new health care facilities and retrofitting of existing facilities is standard practice;
 - g) consult with nurses, midwives and assistants in nursing to ensure planning accommodates the resources required to implement sustainable practice;
 - h) ensure that environmental sustainability drives procurement criteria;
 - i) seek feedback on procurement decisions from nurses, midwives and assistants in nursing;
 - j) endorse the ten sustainability goals outlined in the Global Green and Health Hospitals Agenda. These goals include: Leadership; Chemicals; Waste; Energy; Water; Transportation; Food; Pharmaceuticals; Buildings; and Purchasing.
 - k) identify, facilitate, resource and implement environmentally sustainable practices that support the ten sustainability goals outlined in the Global Green and Healthy Hospitals Agenda;
 - l) ensure nurses and midwives are involved when conducting risk assessments, emergency and surge workforce planning activities.

Address workforce capacity and shortage before a crisis

14. As the largest proportion of Australia's health care workforce nurses, midwives and care workers are at the forefront of providing care to communities and individuals affected by climate change and natural disasters. Already, treatment of climate change-related health conditions is adding to the burden of an already stretched and strained healthcare and associated systems even when a crisis is not occurring. This highlights an important point that if Australia's healthcare and associated sectors are unable to operate effectively during 'regular business hours', it is unrealistic to expect them to be able to effectively or sustainably protect, care for, and treat even larger numbers of community members during a crisis situation. Creating a fit for purpose strategy to prepare, respond, and recover from a



crises would be best supported by ensuring that known challenges and risks in the existing health system that cripple the delivery of services and optimum outcomes in non-crisis contexts are addressed. The ANMF understands that the present consultation is not to create and inform solutions to Australia's 'everyday' healthcare system challenges, however it makes little sense expecting that an already strained sector will be able to effectively respond to a crisis when usual practices and services are already compromised by known problems. In many ways, emerging disasters are actually amplified and our ability to prepare, respond, and recover are hamstrung by an ongoing and less acute (but none the less devastating) crisis across Australia's healthcare system.

15. Hospitals and particularly emergency departments (EDs) are already overburdened and struggling even beyond the context of a crisis with bed-block and ramping of emergency service vehicles increasingly common. Various factors including geographical, financial, and health literacy barriers have resulted in non-urgent presentations to already struggling EDs which increase pressure and staff workloads. This further results in less efficient care and potentially poorer health outcomes. Other factors in associated sectors also combine to increase pressure on EDs such as avoidable transfers from nursing homes. As a result, workloads for nurses and medical practitioners working in EDs across Australia have increased, leading to staff burnout, attrition, and difficulties in recruiting and retaining experienced staff. With the existing strain on Australian EDs and hospitals, few would be able to effectively or sustainably cope during a prolonged or serious crisis with large numbers of patients seeking care. This puts both community members and our workforce at great risk and could very well result in significant system failures and collapse.
16. The ideal patient journey through ED is characterised by reducing avoidable delays and employing a coordinated and collaborative approach that eliminates duplication of services and ensures those seeking care are streamed to the appropriate service for their condition and have early decisions made by senior clinicians for their health journey. Ideally, this ensures that patients with more pressing needs receive care sooner and avoids the delays that result if a person is triaged into the wrong stream as well as the potential for poorer



health and wellbeing outcomes resulting from avoidable delay for the right care. During a crisis, many patients are likely to present with complex acute and pre-existing conditions adding massively to the everyday challenges faced by ED and hospital staff.

17. In most healthcare settings, the medical workforce exists within and significantly depends upon the broader multidisciplinary workforce that is made up largely by nurses, midwives, and care workers as well as allied health staff and specialists. This collaborative approach is vital throughout almost every episode of care but becomes even more critical during a crisis. Enhanced crises preparedness in healthcare and beyond means there must be greater recognition of the multidisciplinary team (MDT) and the importance of all health practitioners working together to deliver efficient, safe, evidence-based, comprehensive care. Many models of care exist, and much evidence has shown how nurses and midwives working to their full scope of practice are well placed to lead many multidisciplinary models of care which results in more efficient care delivery and better outcomes for patients. By scaling up nurse- and midwife-led models of care and implementing these in everyday settings, our national preparedness for crises will be much improved.

18. In order to derive optimum value from the healthcare sector during and beyond crises, health professionals must be able and supported to work to their full scope of practice. Encouraging and supporting all health practitioners to work to their scope of practice is key to ensuring each clinician can provide the right care to the right person at the right time based on the right assessment. Accurate triaging and provision of care requires strong understanding of the practice scope of every member of the multidisciplinary team. For example, even minor injuries and illnesses contribute to hospital and ED overcrowding and subsequent bed-block, ramping, and delayed care. Enhanced understanding of the scope of practice of nurses and midwives would signal the opportunity for them to mobilise their capacity to provide care to less critical cases and release medical staff and specialists to attend to other patients.



19. In Australia, nurse practitioners (NPs) are a vastly underutilised advanced nursing workforce that should be both grown in terms of numbers and better supported in terms of enabling full scope of practice, funding, and regulatory policy. NPs are independent practitioners working at advanced practice levels with extensive clinical experience who assess, diagnose, treat illness, prescribe, refer, and discharge patients. During a crisis, NPs would provide invaluable care to large numbers of patients beyond even that which can be provided by RNs. NPs complete postgraduate education to Masters or Doctoral level and undertake supervised practice before endorsement. NPs are regulated through AHPRA and bound by the standards for practice, codes and guidelines of the profession. It is a protected professional title commensurate with the academic preparation and extensive clinical experience and supervision undertaken. They engage in clinical practice, research, education, policy, and advocacy through the lens of a nursing framework. Enhancing Australia's utilisation of NPs beyond the context of crises in everyday care would help healthcare teams and the wider community understand their roles and provide a strong basis for enhanced utilisation of NPs in crisis care contexts.

20. Understanding the scope and roles of every staff member working across healthcare during and outside of a crisis is essential to ensuring that the Australian health workforce is the right size and has the appropriate mix of skills to be prepared, respond, and recover from a crisis. By understanding and working with nurses and NPs working to their full scope of practice in everyday care, more innovative and agile models of care can be investigated and delivered. The core of many healthcare workforces is the presence of primary treating clinicians who can assess an undifferentiated patient and rapidly determine the necessary care trajectory. Whilst these roles have traditionally been medical, NPs and others (such as first contact physiotherapists) contribute in a manner to provide tailored, appropriate, safe care. This skill mix facilitates a sustainable total workforce that does not rely on one discipline alone, which is a potential weakness and risk that is widespread currently and hampers Australia's ability to adapt to a crisis footing.



21. The ANMF strongly recommends that the government closely consider the broader nature of existing and future workforce size and capacity and needs to ensure healthcare and associated sectors are most effectively utilising and supporting the existing workforce in terms of scope of practice and models of care. This would not only enable our 'business as usual' workforce to work more effectively and safely and improve attraction and retention in the sector, but also ensure that we are well prepared for future crises.
22. How healthcare professions and disciplines work together to improve patient flow and care delivery should be strengthened. This must improve outside and before a crisis context to enable efficiency and effectiveness during and following a crisis. Innovative models of care present healthcare systems and staff with tangible ways to improve how the entire workforce is employed by enabling and supporting all clinicians to work to their scope of practice, reduce delay to care and minimise duplication. This has genuine potential to improve patient outcomes and experiences as well as to reduce healthcare costs and system burden at times of crisis and beyond.

Employment of undergraduate students of nursing and midwifery

23. Crises often demand rapidly scaling up the size of the healthcare workforce to cope with increased demand and burden on existing staff. As articulated above, the ANMF strongly recommends the government look to implementing approaches that would enhance, increase, and sustain the healthcare workforce prior to the event of a crisis. One approach that could be scaled up during regular healthcare setting operation but that would have additional benefits during a crisis – as we saw throughout the COVID-19 pandemic, is the employment of undergraduate students of nursing and midwifery. With the increased hands-on exposure of nursing and midwifery students to clinical care settings, the workforce will also be better supported by more experienced new graduates and students with stronger confidence and ability to provide care. Undergraduates employed as assistants in nursing/midwifery or registered undergraduate students of nursing/midwifery assist in the provision of basic nursing/midwifery care, working within a plan of care under the



supervision and direction of a registered nurse or midwife. The undergraduate assistant in nursing/midwifery or registered undergraduate student of nursing/midwifery still remains accountable for their practice. Undergraduates must work within the scope/limits of their level of knowledge and skill and within their job description.

24. Many undergraduate nursing/midwifery students who need to support themselves while studying seek employment in healthcare settings to advance their experience and exposure to their workplaces following graduation. The implementation and ongoing management of safe and ethical employment of undergraduate nursing/midwifery students must be supported. This should occur through appropriate agreements and guidelines with public health sector employers, private sector employers and universities. This employment should provide benefits to the undergraduate, nurses/midwives, consumers and health services. A registered undergraduate student of nursing/midwifery is defined for the purpose of this position statement as an individual enrolled within a recognised nursing and/or midwifery program leading to registration as a nurse and/or midwife, who is registered with the NMBA as a student nurse and/or midwife.
25. The ANMF is well placed to facilitate and lead the establishment of employment models for registered undergraduate students of nursing/midwifery. The provision of employment for undergraduate nursing/midwifery students should be provided as a complement to their formal education programs to provide students with an income and increased exposure to clinical environments. This would help build their capacity and experience in clinical settings both at times where a crisis is occurring and when a crisis arises. This employment should be independent of their undergraduate education clinical placement; and not be a requirement of the student, the employer or the education provider.
26. It is important to understand that employed undergraduate students are not qualified nurses or midwives and have different roles working with fully qualified colleagues. The employment of undergraduate students of nursing/midwifery must not be a substitute for the employment of registered nurses, enrolled nurses or midwives. Undergraduate



nursing/midwifery students should not replace registered health practitioners to cover sick leave or gaps in the rostering at any time. Where a model of nursing or midwifery is in place that includes undergraduate students of nursing or midwifery working in paid employment, the undergraduate role must be clearly identified. The role of undergraduates employed as assistants in nursing/midwifery must occur with written authorisation of the Director of Nursing and must comply with the relevant State or Territory policies and the COAG National code of conduct for health care workers. This role should be articulated in the position description as agreed to by the relevant ANMF State or Territory Branch. Undergraduate nursing/midwifery students may be employed as assistants in nursing/midwifery or registered undergraduate students of nursing/midwifery with or without a formal qualification. A minimum qualification may be required in particular settings such as within the acute care environment where relevant State and Territory policies and employer requirements need to be met.

27. To ensure that student nurses and midwives are supported to work safely and effectively, there must be adequate registered nurse/midwife support and supervision for the employed student nurse/midwife in the workplace, including training/mentoring programs for nurses and midwives acting as student mentors, and up to date policies and procedures relevant to the area in which the students are working. Consistent with the Nursing and Midwifery Board of Australia's national decision-making framework, the registered nurse/midwife is responsible and accountable for all nursing or midwifery activities they delegate to the undergraduate student of nursing/midwifery. There must also be education and training of registered nurses, midwives and enrolled nurses regarding the employment of undergraduate students of nursing/midwifery. Likewise, any facility employing undergraduate nursing/midwifery students must ensure that staffing and skill mix takes into account case mix, dependency levels of the clinical area and how this aligns with care activities and scope of practice of the undergraduate nursing/midwifery student.



Protecting the health, safety, and wellbeing of the healthcare workforce

28. Of critical importance both during and outside of a crisis situation is the health, safety, and wellbeing of staff providing care and services to members of the public. Workers have rights relating to work health and safety (WHS) and these rights are supported by relevant WHS and associated legislation, including regulations and codes of practice. Prevention of injury, illness and disease must be the first WHS priority and governments must provide an adequately resourced regulator to enforce appropriate standards of WHS. All staff including nurses, midwives and carers have the right to work in a safe and healthy workplace environment and to perform their work without risks to their physical and psychological health and safety. This becomes increasingly challenging during crises, however, the health and safety of staff providing care must take precedence over clinical practices.
29. During disasters and crises, the health, safety, and wellbeing of staff is at greater risk and protecting them must be a clear priority. These staff are putting themselves at great risk to provide care to the community and each other, so governments and employers must ensure their safety as best as possible. Lack of attention to this risks damage and collapse of integral functions of the healthcare system and widespread harm to both the workforce and the community. The ANMF refers the Government to our [Policy on work health and safety](#) for further details.
30. Beyond prevention and protection against risks to health and safety while working to provide care for the community (during a crisis or otherwise), it is vital that the psychosocial health and wellbeing of staff is also considered and protected. This is even more important during disasters and crises which have the potential to put staff at even greater risk of harm. Nurses, midwives, care workers and other members of healthcare teams care for diverse patients at all stages of life and in every setting including aged care, disability care, public health, and mental health. During a crisis, work in each of these areas must continue, but is compounded and complexified by crisis response and recovery efforts. Working in healthcare is rewarding and valuable, but it is also often demanding and stressful at the best of times. Due to the nature of their work healthcare staff including nurses, midwives, and nursing and midwifery



students face significant risks to their psychosocial and physical health and wellbeing every day. The ongoing SARS-CoV-2/COVID-19 pandemic and other pre-existing or emergent sources of health and maternity care sector strain have amplified already challenging workloads, high staff turnover and attrition, and workplace health and safety risks. Protecting staff from risks to their health and wellbeing in the workplace is a major priority with growing recognition of the importance of managing psychosocial hazards.

31. In the same way that the community at large needs to be supported with effective, accessible, and equitable services to promote, maintain, and recovery psychosocial health and wellbeing during and following a crisis, the ANMF recommends that any planning around developing a stronger crisis response strategy must necessarily include funding and support for wrap-around services to protect and support the psychosocial health, safety, and wellbeing of staff. Services and interventions that support the psychosocial health and wellbeing of staff help to protect them against the development of burnout and prevent or reduce potential negative psychosocial health and wellbeing outcomes. These services are necessary beyond crisis events but become even more critical during and after disasters. Such services also have positive impacts on workforce wellbeing and retention which are vital to ensuring a sufficiently sized and safe workforce now and for the future. Poorer staff health and wellbeing also influences patient health and safety, the health system, and the Australian community more broadly. Achieving the best possible psychosocial health and wellbeing for the healthcare workforce is essential for the community's health and safety, health and maternity system function and sustainability, and the strength and stability of Australia's crisis preparation, response, and recovery efforts.

32. Crises have massive negative impacts on communities and the workforces that help to protect and care for them. While this section focuses on evidence from the nursing and midwifery workforce, comparable evidence is also available in relation to other members of the health workforce (and other workers, volunteers, and community members) and their psychosocial health, safety, and wellbeing is also of paramount importance and must be supported.



33. As an example, the pandemic has significantly affected the psychosocial health and wellbeing of nurses and midwives around the world including Australia.¹⁻¹⁵ Increasingly, it appears that the challenges and burdens faced by nurses and midwives in their everyday working or study lives that impact on their psychosocial health are influencing intentions to potentially leave their jobs or the professions and sector altogether.^{7,8} Supporting this essential workforce is of principal importance to ensure the safety and effectiveness of current and future nurses and midwives and to ensure that this workforce is of a sufficient and sustainable size to meet existing and future health and maternity care needs.^{10,11,13,16-19} It is also vital to acknowledge that many nurses and midwives do not provide direct patient care in their roles or during a crisis, so understanding and providing support services for workers in non-clinical roles such as educators and non-patient facing positions is also vital, as this group is also fundamental to the operation of the health and maternity sectors and overall patient/client care and their experiences, burdens, and risks to psychosocial health must not be forgotten and unaddressed.^{9,20}
34. As Australia (and other nations) begin to recover and rebuild from the pandemic (despite ongoing impacts and the persistent nature of long-term effects) all nurses, midwives, and students need to be considered.^{5,13,21} To mitigate against staff reaching breaking point and leaving the workforce or worse, there is a dire need for governments, employers, and other key decision makers to give genuine and sustained regard to the impact of policy and planning decisions on both individual staff members and the workforce as a whole.¹³ If decision makers focus solely at system-level impacts and solutions without considering the impact that crises (and everyday work-related strain) has on staff, workforce retention and future supply will be eroded further and our country's ability to prepare, respond, and recover will suffer.¹³
35. Burnout is a meaningful risk factor that threatens to erode the nursing, midwifery, and broader healthcare workforce which pre-existed, but has been amplified by the COVID-19 pandemic.^{6,12,22-24} Future crises will likely have a compounding effect. Burnout among nurses and midwives is a serious concern for the recruitment, retention, and coordination of Australia's existing and future workforce and overall health and maternity care system.^{13,25}



36. Several harmful mental health symptoms and presentations are common experiences for nurses and midwives and students and are well-studied both prior to and during the pandemic.^{4,26} Psychological distress can incorporate depression, anxiety, stress, insomnia, and PTSD.^{10,12} Nurses and midwives, students, as with other health professionals, often appear to report higher prevalence and rates of psychological distress when compared to the general population and this appears to have been exacerbated since 2020.^{15,27-31} Common findings across studies suggest that being younger, female, and having pre-existing mental ill health, and lacking support can predispose staff to greater psychological distress and detrimental impacts during pandemics.¹⁴
37. It has been suggested that despite Australia not experiencing the quantifiable scale of pandemic-related tragedy as many international countries such as the UK, Canada, and the United States, anxiety became a significant problem for the nursing and midwifery workforce and assumptions that the severity of a crisis is proportional to the psychosocial impact should not be made.^{2,10,12,29} Alongside other, similar surveys conducted in Australia in 2020 and with the Nursing Now campaign in 2021, a recent Canadian survey has added weight to suggestions that there is a near global invariance that characterises the working experience of a nurse with respect to workforce demand, resources and wellbeing aspects.¹² This also highlights the need for early and accessible interventions to provide emotional and psychological support, as the impact of anxiety, like burnout, can be detrimental to the individual, sector, and community at large.¹⁴ Beyond interventions to support nurses and midwives who experience psychological distress and symptoms, action to improve workplace culture and team support is also necessary as this is important for many nurses in terms of preventing and managing distress.^{28,32 23}
38. Prior to the pandemic, frontline healthcare workers including nurses and midwives were known to experience higher rates of suicidal thoughts and death by suicide in comparison to the general population.³³ The pandemic might have exacerbated this for many workers, with healthcare workers with thoughts of suicide or self-harm experiencing higher rates of depression, anxiety, PTSD and burnout than others.³⁴ Preparation for future crises must



acknowledge this extremely serious risk and help mitigate it accordingly.

39. Nurses, midwives, and students need access to formal and informal support services to mitigate the risk of psychosocial hazards and emotional adversity in the workplace and during study.^{9,12,14,24,35-39} Adoption of evidence-based programs designed to provide structured, tailored and meaningful support, and that actively engage staff, especially during times of significant disruption and/or significant trauma is needed.¹² These supports need to be targeted at the most salient risk factors for poor mental health and employee burnout to be the most relevant. A significant body of evidence supports the suggestion that support for the healthcare workforce including nurses, midwives, and students across multiple levels (individual, organisational, policy) must be implemented and sustained to establish optimal working conditions to support psychosocial wellbeing and a safe, quality working life.^{12,24,40,41} It is important to recognise that staff need support, time, and encouragement to locate and utilise available support services that must be designed and developed in a way that enables the reduction of stigma and help to encourage and support clients to access the help they need in a compassionate and non-judgemental manner.
40. Services to support the psychosocial health and wellbeing of healthcare staff are necessary to help to protect them against the development of burnout and prevent or reduce potential negative psychosocial health and wellbeing outcomes. These services have positive impacts on staff and student wellbeing and retention which is critical for ensuring a sufficiently sized and safe workforce. Poorer staff health and wellbeing influences patient and client health and safety, the health system, and the Australian community. Achieving the best possible psychosocial health and wellbeing for healthcare staff, students, and volunteers is essential for the community's health and safety, health and maternity system function and sustainability, and the strength and stability of Australia ability to prepare, respond, and recover from crises.



References

1. McGuinness SL, Johnson J, Eades O, et al. Mental Health Outcomes in Australian Healthcare and Aged-Care Workers during the Second Year of the COVID-19 Pandemic. *Int J Environ Res Public Health* 2022; **19**(9).
2. Holton S, Wynter K, Trueman M, et al. Psychological well-being of Australian hospital clinical staff during the COVID-19 pandemic. *Australian Health Review* 2021; **45**(3): 297-305.
3. Holton S, Wynter K, Trueman M, et al. Immediate impact of the COVID-19 pandemic on the work and personal lives of Australian hospital clinical staff. *Aust Health Rev* 2021; **45**(6): 656-66.
4. Smallwood N, Karimi L, Bismark M, et al. High levels of psychosocial distress among Australian frontline healthcare workers during the COVID-19 pandemic: a cross-sectional survey. *Gen Psychiatr* 2021; **34**(5): e100577.
5. Buchan J, Catton H, Shaffer FA. The Global Nursing Workforce and the COVID-19 Pandemic. Online: International Centre on Nurse Migration (ICNM), 2022.
6. Mannix K. The future of Australia's nursing workforce: COVID-19 and burnout among nurses. University of Melbourne; 2021.
7. Peters MDJ. Peters MDJ and Marnie CM for the ANMF Federal Office. Australian Nursing and Midwifery Federation National COVID-19 Survey 2022 – Public and Private Hospitals. Australian Nursing and Midwifery Federation; Melbourne. 2022. Available: https://www.anmf.org.au/documents/reports/ANMFCOVID-19Survey2022_AustralianHospitals_FinalReport.pdf DOI: 10.37464/ANMF.2532022.1.
8. Peters MDJ and Marnie CM for the ANMF Federal Office. Australian Nursing and Midwifery Federation National Aged Care COVID-19 Survey 2022. Australian Nursing and Midwifery Federation; Melbourne. 2022. Available: https://www.anmf.org.au/documents/reports/ANMFAgedCareCOVID-19Survey2022_FinalReport.pdf DOI: 10.37464/ANMF.132022.1
9. Digby R, Winton-Brown T, Finlayson F, Dobson H, Bucknall T. Hospital staff well-being during the first wave of COVID-19: Staff perspectives. *Int J Ment Health Nurs* 2021; **30**(2): 440-50.
10. Halcomb E, Fernandez R, Mursa R, et al. Mental health, safety and support during COVID-19: A cross-sectional study of primary health care nurses. *Journal of Nursing Management* 2022; **30**(2): 393-402.
11. Smallwood N, Willis K. Mental health among healthcare workers during the COVID-19 pandemic. *Respirology* 2021; **26**(11): 1016-7.
12. Sharplin G, Jarvi K, Adelson P, Peters MDJ, Corsini N, Eckert M, Stilwell B, Moreno-Casbas T, and Grinspun D. COVID-19 and workforce wellbeing: A survey of the Canadian nursing workforce. A report prepared for the Registered Nurses' Association of Ontario. Adelaide, SA: University of South Australia, 2023. .
13. Buchan J, Catton H. Recover to Rebuild: Investing in the nursing workforce for health system effectiveness Online: International Council of Nurses, 2023.
14. Schneider J, Talamonti D, Gibson B, Forshaw M. Factors mediating the psychological well-



- being of healthcare workers responding to global pandemics: A systematic review. *Journal of Health Psychology* 2022; **27**(8): 1875-96.
15. Denning M, Goh ET, Tan B, et al. Determinants of burnout and other aspects of psychological well-being in healthcare workers during the Covid-19 pandemic: A multinational cross-sectional study. *PLoS One* 2021; **16**(4): e0238666.
 16. Jarden RJ, Jarden AJ, Weiland TJ, et al. Nurse wellbeing during the coronavirus (2019) pandemic: A qualitative descriptive study. *Collegian* 2021; **28**(6): 709-19.
 17. Ohr SO, Holm D, Ball J, Foureur M. Mental well-being and future career intentions of new graduate nurses and midwives in their first year of entry into the workforce: a cross sectional survey. *The Australian Journal of Advanced Nursing* 2021; **38**(4): 4-13.
 18. Usher Am K, Jackson D, Massey D, et al. The mental health impact of COVID-19 on pre-registration nursing students in Australia: Findings from a national cross-sectional study. *J Adv Nurs* 2023; **79**(2): 581-92.
 19. Searby A, Burr D, Taylor G, Aitken M, Redley B. Alcohol consumption among Australian nurses: A cross-sectional national survey study. *Collegian* 2023.
 20. Wynter K, Holton S, Considine J, et al. The impact of the COVID-19 pandemic on Australian hospital-based nursing and midwifery educators. *Collegian* 2022; **29**(3): 271-80.
 21. While AE, Clark LL. Management of work stress and burnout among community nurses arising from the COVID-19 pandemic. *Br J Community Nurs* 2021; **26**(8): 384-9.
 22. Adelson P, Fish J, Peters MDJ, et al. COVID-19 and workforce wellbeing: A survey of the Australian nursing, midwifery, and care worker workforce [Online]. Rosemary Bryant AO Research Centre University of South Australia for the Australian Nursing and Midwifery Federation. 2021. Available: https://www.unisa.edu.au/contentassets/0429d3a6ea70464b80a0b37aa664aa0c/covid-19-and-workforce-wellbeing-survey_report_final.pdf
 23. Dixon E, Murphy M, Wynne R. A multidisciplinary, cross-sectional survey of burnout and wellbeing in emergency department staff during COVID-19. *Australasian Emergency Care* 2022; **25**(3): 247-52.
 24. Gillen P, Neill RD, Mallett J, et al. Wellbeing and coping of UK nurses, midwives and allied health professionals during COVID-19-a cross-sectional study. *PLoS One* 2022; **17**(9): e0274036.
 25. Jarden RJ, Jarden A, Weiland TJ, et al. New graduate nurse wellbeing, work wellbeing and mental health: A quantitative systematic review. *Int J Nurs Stud* 2021; **121**: 103997.
 26. Ashley C, James S, Williams A, et al. The psychological well-being of primary healthcare nurses during COVID-19: A qualitative study. *J Adv Nurs* 2021; **77**(9): 3820-8.
 27. Wynter K, Redley B, Holton S, et al. Depression, anxiety and stress among Australian nursing and midwifery undergraduate students during the COVID-19 pandemic: a cross-sectional study. *International Journal of Nursing Education Scholarship* 2021; **18**(1).
 28. Marsden KM, Robertson IK, Porter J. Stressors, manifestations and course of COVID-19 related distress among public sector nurses and midwives during the COVID-19 pandemic first year in Tasmania, Australia. *PLOS ONE* 2022; **17**(8): e0271824.
 29. Fernandez R, Lord H, Moxham L, Middleton R, Halcomb E. Anxiety among Australian



- nurses during COVID-19. *Collegian* 2021; **28**(4): 357-8.
30. Stubbs JM, Achat HM, Schindeler S. Detrimental changes to the health and well-being of healthcare workers in an Australian COVID-19 hospital. *BMC Health Services Research* 2021; **21**(1): 1002.
 31. Foster K, Roche M, Giandinoto J-A, Platania-Phung C, Furness T. Mental health matters: A cross-sectional study of mental health nurses' health-related quality of life and work-related stressors. *International Journal of Mental Health Nursing* 2021; **30**(3): 624-34.
 32. Whiteing N, Massey D, Rafferty R, et al. Australian nurses' and midwives' perceptions of their workplace environment during the COVID-19 pandemic. *Collegian* 2023; **30**(1): 39-46.
 33. Milner AJ, Maheen H, Bismark MM, Spittal MJ. Suicide by health professionals: a retrospective mortality study in Australia, 2001-2012. *Med J Aust* 2016; **205**(6): 260-5.
 34. Bismark M, Smallwood N, Jain R, Willis K. Thoughts of suicide or self-harm among healthcare workers during the COVID-19 pandemic: qualitative analysis of open-ended survey responses. *BJPsycho Open* 2022; **8**(4): e113.
 35. Halcomb E, Williams A, Ashley C, et al. The support needs of Australian primary health care nurses during the COVID-19 pandemic. *J Nurs Manag* 2020; **28**(7): 1553-60.
 36. Badu E, O'Brien AP, Mitchell R, et al. Workplace stress and resilience in the Australian nursing workforce: A comprehensive integrative review. *Int J Ment Health Nurs* 2020; **29**(1): 5-34.
 37. Delgado C, Roche M, Fethney J, Foster K. Workplace resilience and emotional labour of Australian mental health nurses: Results of a national survey. *Int J Ment Health Nurs* 2020; **29**(1): 35-46.
 38. Stanton R, Best T, Williams S, et al. Associations between health behaviors and mental health in Australian nursing students. *Nurse Educ Pract* 2021; **53**: 103084.
 39. Baldwin PA, Black MJ, Newby JM, et al. The Essential Network (TEN): rapid development and implementation of a digital-first mental health solution for Australian healthcare workers during COVID-19. *BMJ Innovations* 2022; **8**(2): 105-10.
 40. Sharplin G, Brinn M, Eckert M. Impacts of COVID-19 and workloads on NSW nurses and midwives' mental health and wellbeing [Online]. Rosemary Bryant AO Research Centre University of South Australia for the New South Wales Nurses and Midwives' Association. 2023. Available: https://www.nswnma.asn.au/wp-content/uploads/2023/02/Impacts-of-COVID-19-and-workloads-on-NSW-nurses-and-midwives-mental-health-and-wellbeing_final.pdf (Accessed 18 April 2023).
 41. Ralph J, Freeman LA, Ménard AD, Soucie K. Practical strategies and the need for psychological support: recommendations from nurses working in hospitals during the COVID-19 pandemic. *J Health Organ Manag* 2021; (ahead-of-print).