



Australian Nursing and
Midwifery Federation
(SA Branch)

*in*touch

NOVEMBER 2017



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THE SOUTH PACIFIC
AS A REGISTERED
NURSE**

**WISHING YOU
A VERY 'APPY'
DECEMBER**



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Testing the waters

Digital communications come with positives and negatives, which is why balancing the convenience and speed of digital communications with the popularity and readability of print remains an ongoing focus for us.

In the past few years, as you know, we have transitioned many of our communications to a digital platform. Firstly, we moved to email-based newsletters and, more recently, to our 'NewsHub' blog to provide an online platform to communicate and enable information-sharing and two-way engagement with our members on issues of importance.

We're likely to see a similar approach applied to distribution of information nationally from next year, following recent consideration of the future of the monthly printed ANMJ magazine.

Much of the information we seek to share is time-sensitive—it needs consideration or action soon and it informs you on current negotiations, debates or campaigns.

Print media, for all its familiarity, means there are delays in it arriving with you. Layout, printing and (critically) distribution means the content is usually 'out of date' by the time you receive it.

But we know and understand there is a particular place for printed material. This is why we introduced a quarterly publication 'In Practice' to provide news and information that isn't time-

imperative or that has a longer active currency, such as changes to professional practice, member benefits, legal precedents and the like.

Next month brings the launch of our new mobile App, another means of providing more convenient access to the tools you use on a daily basis, as well as news and information from our website and NewsHub. The launch of this new technology also promises improved access to our communications for members in areas with poor internet availability or speed.

Embracing the digital platform even further, we are piloting the use of online polling to improve your capacity as members to directly inform the policy decisions of your union. This new model will enable us to seek your views on proposed policy decisions within a few days or a week, rather than over several weeks or months as was the case with our former decision-making processes.

Traditionally, ANMF (SA Branch) policy decisions were made by the annual conference of the unions or, in between conferences, by the Council. The conference, whilst involving delegates from workplaces across the state and across all sectors, did not attract mass participation by members in the decision-making process. We are hopeful the introduction of online polling will change that. It is hoped this new process will provide an opportunity for members to consider evidence about the issues in contention and then

vote either 'for' or 'against' the related policy proposal.

We tested this polling model earlier this year on the debate surrounding the use of medicinal marijuana. Several hundred members participated in the online poll, with more than 90 per cent endorsing the proposed policy response. The success of this trial means we intend to use this online polling method in the year ahead to elicit the views of members on proposed policies before they are considered for adoption by the Council (which is elected by members every two years).

We know the use of new technology means changing the way you access information or services, and this can be challenging for all of us. However, we hope you'll agree the role of digital communications in facilitating instantaneous information-sharing and two-way engagement is enhancing the role of our members in making key decisions for your union...and that can only be a positive.

Adj Assoc Professor Elizabeth Dabars AM





Nursing in prison safer than hospital Emergency Departments

When Clinical Nurse Simon Sporowicz starts work, his shift begins vastly different to most, as he has his eyes scanned.

This is part of a strict security checking process to confirm Simon's identity, before he gets to work behind razor wire fencing at South Australia's largest maximum security jail, Yatala Labour Prison.

"I've worked at Yatala for the past seven years and plan to stay put in my role here as I've found my niche in providing healthcare," Simon says.

"People say to me all the time, isn't it scary working as a nurse in a prison? I'm quick to point out it's a whole lot safer than working in a hospital Emergency Department (ED)," he says.

"In a prison there are cameras everywhere which are monitored 24/7, prisoners are always accompanied by Correctional Services Officers and sometimes handcuffed, you know the history of each patient who has been issued with a security rating and all nurses wear duress alarms.

"This is a very different environment to a hospital Emergency Department, where you are treating people who have walked in off the street. These patients aren't required to have a security guard with them and you don't know their history. When a Code Black is called, there can be delays to when help actually arrives unlike in a prison."

Emergency Departments have the highest incidence of violence in a healthcare setting. Often the capacity of the Emergency Department to provide care is compromised by intoxicated or drug-affected patients, with recent research showing almost all nurses and doctors in this setting have experienced violence in the workplace.

Simon works in a purpose built modern Health Centre and High Dependency Unit at Yatala, providing healthcare to inpatients and outpatients – all of whom are prisoners.

"The environment I work in is very controlled and prisoners even have to put a request in writing in order to make an appointment to see a nurse. Obviously, this isn't necessary in an emergency situation," Simon says.

"My role is diverse, as you are dealing with a wide cross section of patients who are suffering from mental health issues, needing wound care or require chronic disease and aged care management.

"Clinical Nursing in a prison isn't for everyone, as some people find the environment of a jail very intimidating; however for me I prefer it to a hospital and consider it a safer place to work.

"As opposed to treating a patient for only a couple hours at an Emergency Department, in a prison you are treating them for years."

ANMF (SA Branch) will continue to work to implement programs that will address violence in all its forms in the workplace, and hold employers responsible for providing a safe workplace.

Nurses and midwives are encouraged to contact the ANMF (SA Branch) if they feel they're not being protected or supported by their employer.



SAPHS



Ongoing lobbying over worsening safety issues at Glenside Hospital

ANMF (SA Branch) has been actively lobbying Central Adelaide Local Health Network (CALHN) to improve the safety of members at Glenside Campus' Inpatient Rehabilitation Service (IRS).

Members have reported feeling unsafe while working at the staff station, with patients committing an unacceptable level of violent acts including jumping over the counter and throwing objects as well as liquid at nurses and other patients.

ANMF (SA Branch) CEO/Secretary Adjunct Associate Professor Elizabeth Dabars AM says short-term strategies have been negotiated with CALHN as too many cases of violent behaviours among patients posed a significant safety risk to members at Glenside Campus' Rehabilitation Ward.

"It's unacceptable for members to feel unsafe at work and ANMF (SA Branch) will continue its campaign for adequate and long-term safety measures to be implemented," Ms Dabars says.

An IRS Safe Workplace Committee has been established to develop effective long-term solutions with a view to reducing the incidences of challenging behaviours among patients and improving safety for members. This includes actioning a review of the Model of Care; a nurse-led safe work framework and reviewing the environment requirements to deliver safe care.

Short-term strategies at Glenside Campus' Inpatient Rehabilitation Service (IRS) include:

- Staff are working in pairs at all times

- A Perspex screen will be installed to fully enclose the staff station
- Mandatory training for all staff on management of actual or potential aggression (MAPA)
- The Nursing Director will be required to hold a weekly debrief and supportive sessions with Employee Assistance Program
- Review and re-assessment of patients' posing a safety risk
- Local guidelines for Code Black, seclusion and escalation plans to be reviewed

"It's pleasing that CALHN and Mental Health Directorate (MHD) are committed to working with the ANMF (SA Branch) to improve safety for our members and develop appropriate strategies to reduce the challenging behaviours among patients," Ms Dabars says.

"ANMF (SA Branch) will continue to take all appropriate measures to ensure the safety of our members and their patients, including where breaches of duties of care are evident, and take action to prosecute the relevant responsible officers. "

We will continue to keep you updated on this matter as it progresses. In the meantime, if you require any further information, please contact an ANMF (SA Branch) officer, on 8334 1900.

One of our youngest ever members celebrates 40-year milestone

It's been four decades years since 17-year-old Theresy Schroder walked through the doors of Calvary Hospital in North Adelaide to start her training to become a nurse. That very same day, Theresy signed the forms to become one of ANMF (SA Branch)'s youngest ever members.

We asked this now senior nurse for her 40-year insights into the relevance of ANMF (SA Branch) to her career to date.

What prompted you to join ANMF (SA Branch)?

I come from a working-class family and knew—even at the ripe old age of 17—that union membership was important to protecting my working conditions and entitlements.

Tell us about your career path to date?

Not long after completing my three-year nursing training in the public sector in 1981, I had my first child and realised there was no place for mums with small kids in the public sector. I moved into aged care, as nursing homes were more accommodating for part-time workers. I worked there for more than 20 years while I raised three children.

In the early 2000s, refresher courses at Flinders Medical Centre opened up, offering scholarships to move back to acute care nursing. I did my three-month placement at the Repatriation General Hospital (The Repat), where I was offered a job initially as a Registered Nurse on the wards and then became one of the senior clinical nurses on the ward.



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One of our youngest ever members celebrates 40-year milestone

When The Repat closure was announced, I was one of the early ones moved over to Flinders Medical Centre around 18 months ago where I've worked as a Clinical Nurse in the Pre-Admission Clinic ever since.

Can you tell a couple of times membership has proven critical?

"A windfall through enterprise bargaining."

When I was in aged care, the facility wanted us to do our own enterprise bargaining and the director wanted to take away some of our privileges. We got ANMF (SA Branch) in to fight for us and it was six months of toing and froing, but we ended up with about 15 years' of back-pay—a nice little windfall—and we didn't lose any of our entitlements.

"Someone is always at the other end of the phone."

You can always ring up and speak to the Duty Officer and have your question answered. Over my career, I've called to ask about injuries in the workplace and general employment and industrial advice. It's nice to know there's always advice on-hand whenever you need it.

What advice would you give to younger nurses who haven't yet joined?

Being a member is just as relevant for young nurses today as it was when I started out. If you're not a member of the union, you don't have the information you need at your fingertips and you're in danger of

losing entitlements your predecessors fought so hard to retain.

It's up to each and every one of us to rally for our profession. We don't make money, we spend money, so we need to work harder to justify our roles to the Government, which is why we need a union to represent us. You can't put a price on great care.

What membership benefits mean the most to you?

Professional Indemnity Insurance – I know of someone who's being audited by the Nursing and Midwifery Board and she's not in the union. She's now frantically trying to prove that she has professional indemnity cover. As an ANMF (SA Branch) member, I'm sent my insurance certificate each year, so I know I'm covered and always have that peace of mind.

Journey Accident Cover – having insurance during my travels to and from work is also important. These might seem like little things, but if something was to happen it's major.

The Ambassador Card – this comes in surprisingly handy when we're looking for places to go out for dinner. We save around \$20 a sitting, which is not insignificant.

Which one word sums up membership for you?

Security. That peace of mind that if you got into any strife, it can be sorted out for you.

Keeping you 'appy'



Wishing you a very 'appy' December

Launching next month, our new mobile app is set to arm you with all the tools and information you need while you're on-the-go.

Custom designed to meet your needs as nurses, midwives and personal care assistants, the inaugural ANMF (SA Branch) app provides one-touch access to the following features:

- shift planner/calendar (members only)
- an educational dosage calculator
- a direct industrial enquiry link to the ANMF (SA Branch) Duty Officer (members only)
- news and events
- direct contact with our membership team (members only)
- direct links to the latest CPD and education courses

CEO/Secretary Adj Associate Professor Elizabeth Dabars AM says the app has been developed by ANMF (SA Branch) as yet another means to make life easier for members.

"It's a sign of the times that most of us aren't without a phone within our reach, whether we're at work, on the bus or sitting at home on the couch," Ms Dabars says.

"So we've made sure our inaugural app is just as useful when you're on-the-go at work as well as when you're on the bus and wanting to use the time to schedule and save your upcoming shifts."

The app's specifically designed dosage calculator encompasses the latest formulas sourced from nursing clinical dosage academic literature.

"We wanted this technology to reflect the most up-to-date and best practice methods of providing accurate information to nurses, midwives and personal care workers, who often work in high-pressure working environments."

She says the app's calculator can designate dosage for oral medication tablets, intravenous, intramuscular and subcutaneous medication, infusion pump rates and drip feeds.

"And because ANMF (SA Branch) is dedicated to making health care workplaces the safest they can be, we've included an industrial enquiry function to allow for one-touch reporting to our Duty Officer the second an issue arises," Ms Dabars says.

The app also includes a 'favourites' feature to enable you to add your own useful links to websites you visit on a regular basis.

Identical versions of the ANMF (SA Branch) app have been designed for Android and Apple users, and can be used on phones or tablets.

The app will be updated as required based on member feedback and to ensure it keeps pace with the latest academic literature.

The ANMF (SA Branch) app is available for download via the App Store (iPhone) and Google Play (android) from 1 December.



Opening up about Voluntary Euthanasia

When it comes to topics few of us are comfortable talking about openly, voluntary euthanasia ranks up there with politics and religion (in fact, all three are intertwined). But an Australian Nursing and Midwifery Education Centre (ANMEC) forum is trying to change all that with the help of independent researcher, former palliative care nurse and death with dignity campaigner Sandra Bradley.

Registered Nurse and PhD candidate Sandra facilitated ANMEC's inaugural Voluntary Euthanasia workshop earlier this year, creating what she describes as "a safe space in which nurses can talk to nurses about their experiences in practice."

"Many people want to know 'if it becomes legal, how do I respond as a nurse?'" she says.

"And I can't really answer that because we don't have a Bill yet, but I do provide a background on South Australia's multiple attempts to introduce such legislation."

While legislation has just passed through the lower house of the Victorian Parliament, South Australia wasn't quite so successful, with last year's Death With Dignity Bill defeated in the State's lower house by just one vote.

Until clear voluntary euthanasia laws are in place, the topic is set to remain somewhat taboo in the corridors of our hospitals and aged care facilities, where nurses and personal care workers are most likely to be confronted with requests for assisted dying.

"A key part of the session is workshopping how you might respond to a person who makes that request," Sandra says, "And we talk about that response based on our code of ethics, standards and code of conduct."

The workshop covers the laws and regulations preventing the practice in South Australia.

Not surprisingly, she says, nurses are usually the first ones contacted by patients when they say they've had enough.

"And, as a nurse, all you can say is, 'I can't really do anything for you except give you pain relief'."

And while the workshop provides no solutions, she says its role in providing a "safe space" for nurses to discuss such a polarising topic proved invaluable.

The session attracted nurses from the acute sector, palliative care and disability services who wanted to learn more about voluntary euthanasia and talk openly about a topic that can be quite polarising.

"Certainly, there's a reticence among nurses in those areas to talk among each other about voluntary euthanasia, even though it's something they're confronted with at work on a regular basis."

She says many people form their views on the issue—whether staunchly positive or negative—based on an experience of someone they know or for religious or philosophical reasons.

For Sandra, the former holds true. Her background in palliative care nursing, coupled with personal experience through the death of a loved one, spurred her to take on the role of advocate—and now educator—for voluntary euthanasia.

"I firmly believe everyone deserves the right to choose a peaceful and dignified death—a death that doesn't traumatise others and that includes healthcare professionals."

The ANMEC Voluntary Euthanasia Workshop will be held again next year – to register your interest, email training@anmfsa.org.au



Volunteering in the South Pacific as a Registered Nurse

It was as simple as seeing an ad calling for volunteer nurses to work abroad, which prompted Adelaide Registered Nurse Lucy Haney, to book her first volunteer trip to Fiji.

“Volunteer nurses were needed for the Sea Mercy program – a floating healthcare clinic in the South Pacific and I immediately wanted to put my hand up to help out,” Lucy says.

“I have a young family who encouraged me to go and it was great to have this support,” she says.

“As part of the volunteering program, you are required to pay your own way such as airfares and accommodation, so I kick started a GoFundMe page to raise the money to get me there.

“Family, friends and colleagues kindly sent me donations, as they knew I would be delivering much-needed healthcare to remote islands in the South Pacific that face significant challenges such as scabies, head lice and diabetes.”

Lucy has returned from her two-week trip as a Sea Mercy volunteer where she stayed on a small catamaran and

worked alongside a dentist as well as four dental and physician assistants.

“We travelled to Totoya, Matuku and Moala Islands, where many local villages had no electricity or shops. They are completely self-sufficient when it comes to supplying their own food,” Lucy says.

“I conducted basic health checks such as monitoring blood pressure, glucose levels, providing wound care and treatment for scabies as well as head lice,” she says.

“With no access to regular hot running water, we had to boil it each time we needed it. This was very challenging especially when treating head lice, as you need to thoroughly wash bedding and clothing at a high temperature.”

In the Pacific Ocean, there are 20,000 islands across 11,000,000 square miles that have no roads, power lines or phone systems to connect them to the same healthcare services available at the larger islands.

“There is a lot of distance to cover and one of our trips to an island took 26 hours, which is a long way in a catamaran in seas which were pretty rough at times.

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Volunteering in the South Pacific as a Registered Nurse

We all took motion sickness tablets that contained plenty of ginger to avoid seasickness. They worked really well for me," Lucy says.

"The most rewarding part during my trip was to see the smiles on the people we provided healthcare to including men, women and children of all ages," she says.

"We handed out toothbrushes, bras, colouring-in books and textas. Everyone was so grateful and excited for the gifts.

"I loved every minute of volunteering abroad, as you get to test out your clinical skills under different

conditions and play a part in improving the lives of people who have limited or no access to healthcare.

"I'm hooked and can't wait to sign up again for my next trip to the South Pacific as a nurse volunteer."

Since 2012, Sea Mercy's fleet has visited more than 150 remote islands, where 15,000 patients have been treated by 350 volunteer nurses, doctors and nurses.

To find out more about volunteering with Sea Mercy, visit www.seamercy.org



'Workplace bullying – one senior nurse's story'

Jane, senior community health nurse

Bullying. It's a problem not unique to nursing and midwifery, but that doesn't make it feel any better when it happens to you.

The extent to which bullying is seemingly a problem in the nursing and midwifery workforce was evidenced by our three-week struggle to find someone, anyone, willing to speak even anonymously to InTouch about their firsthand experience in this regard.

Then we found Jane, whose name of course has been changed to protect her identity.

Jane works at a senior level as a nurse in community health, where she believes she's been the victim of bullying for several years now. And she's not alone, if staff turnover in her workplace is any indicator. Indeed, around half of Jane's team has resigned in the past 12 months, reportedly to escape the culture of bullying created by the manager.

"We're consistently told we can't have the leave we've requested, can't take time off for medical appointments, can't go anywhere without reporting our whereabouts," Jane says.

"'Where are you going? What are you doing? When are you leaving? What time are you coming back?'

The micromanagement is intense, particularly when you're talking to a team of experienced nurses who've been working autonomously for the latter part of their long careers," she says.

"We're invited to meetings where we're peppered with questions and notes are taken without telling us why – and it's been going on for years."

It's behaviour she says all staff find "threatening and intimidating".

"We're all really stressed. What we do is hard enough, without having to deal with behaviours that make you feel like you're incompetent."

"As a team, we get on with our work and we do it quite well, but we could do it so much better without being treated like this."

She suggests the behaviours are "a power thing" and the impact speaks for itself.

"Staff are leaving in droves," she says, "or they're choosing to work casually, because they can't cope with it anymore."

Jane says she too is tempted to leave, but it's not as easy as it sounds.

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'Workplace bullying – one senior nurse's story'

"I have a permanent role and I'd be silly to give that up for a casual contract."

But, she says, the behaviour is affecting her physically and emotionally as well as professionally.

"I can't sleep because I just lay there thinking about things, worrying about things and wondering when I'm going to be the next one on the micromanagement hitlist and observed with no explanation as to why.

"All the stress is affecting my health, but it's ironic that I can't even make a medical appointment to help, because I'm not allowed to take leave to see a doctor."

And not surprisingly, Jane adds, staff are taking an exceptional amount of sick leave.

The wonderful team atmosphere that used to exist in her workplace is now well and truly a thing of the past, she says.

"There used to be laughter, camaraderie and a high-functioning team here. Now you have a group of people worried about how often they use the toilet."

"I've tried to address it with my manager, which cleared the air for a bit, but the behaviours are still there."

"And it's difficult then to sidestep your manager to report it higher when your every move is being watched and you're already feeling intimidated."

Jane said her past encounter with a bullying colleague in the acute sector was equally as difficult to resolve.

"Management just tended to shift bullies around, which doesn't fix the problem."

She says change needs to come from the top.

"With half the team now gone and morale at an all-time low, is it really possible that senior management doesn't realise there's something else at play here?"

What to do if you think you're being bullied:

- **Document everything** – write down what occurred and be sure to include the date and time and any witnesses to the event.
- **Alert a manager** – if it's your manager you perceive as doing the bullying, alert another manager. Your employer can't do anything to help if they're not aware of the problem.
- **Call ANMF (SA Branch) Duty Officer** if there's still no resolution.