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Taking the WAIT off
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90+ beds
A PROUD HISTORY OF INDEPENDENT ACTION

Contrary to opinions espoused by those seeking to discredit or distract from our legitimate activities in supporting members and safe patient care, the ANMF (SA Branch) is not aligned with any political party. In fact, it is our independence of action in calling political parties and independents to account on their policies that has secured some tremendous outcomes for our professions.

We have defeated calls to abolish penalty rates, overturned bed closures, protected leave provisions, introduced remote nurse safety laws and repealed staffing and skills mix cuts to name a few. For a timeline of some of the major outcomes our collective action has achieved, click to watch the video below.

Most recently, we stood up on behalf of our members across the hospital system, calling for the state government to introduce a circuit-breaker to the chronic overcrowding in our hospitals. See our ‘Take the WAIT off’ story in this edition for more on our work around this campaign.

Testament to our success is our membership that has grown by more than 90 per cent over the past decade. Because despite the easy, obvious slurs—often touted during any of our public campaigns—suggesting that we favour one political party over another, we believe our actions speak a louder truth: that first and foremost, we fight for outcomes that are in the best interests of our members and our patients.

We would be an organisation with little foresight (and future) if we prioritised political parties over the rights of our 20,000+ members.

We represent South Australia’s nurses, midwives and personal care workers. We support or oppose government policies and decisions based on the best interests of our members and our patients. We are here to do all we can to protect your rights and promote your interests so you can provide the best care you possibly can.

We are proud of our 100-year history of doing just that.

Adj Assoc Professor Elizabeth Dabars AM
THERE’S A LAW TO PROTECT RUBY IN CHILD CARE

BUT NOT RUBY IN AGED CARE.

Chronic understaffing in aged care homes is leaving thousands of elderly Australians unfed, unwashed or even in soiled pads for hours because there’s simply not enough staff. The Federal Government must act now to make staff ratios law for aged care. Every day we don’t have ratio laws is another day we risk losing more people like Ruby to preventable accidents. It’s time to act for Ruby. Send a letter to your local Federal politician to let them know we want staff ratio laws for aged care now.

MoreStaffForAgedCare.com.au
FIGHTING for your right to feel safe at work.

“Rarely a shift goes by that we’re not having to contend with people hurling abuse, chairs or overway tables at us.”
Death and rape threats, punching, biting, spitting—just another day in South Australia’s hospitals and health care settings. And nurses have had enough.

One fed-up nurse based in a regional health setting says the prevalence of violent attacks against staff has worsened considerably over the past decade.

“Rarely a shift goes by that we’re not having to contend with people hurling abuse, chairs or overway tables at us,” she says.

“We sometimes even don’t feel safe walking to our cars at night, but we have no choice but to keep going.”

She says the sheer number of violent incidents have led several of her colleagues to leave country nursing altogether.

“Who wants to come to work in a place where you never feel safe? A place where you have to give up time caring for patients to de-escalate drug-induced people who have the potential to harm you and everyone around you?”

“We’ve had to put up a security screen in our emergency department so we can hide away and protect ourselves if we need to while still being able to have line of sight of our patients waiting in the ED.”

This is the cruel reality facing hundreds of nurses across regional and metropolitan South Australia.

The Australian Nursing and Midwifery Federation (SA Branch) has been supporting the push for safer working environments across metropolitan and regional South Australia for some time and has this month taken steps to escalate the issue further.

“Ensuring our members can provide the best care in the safest environment possible is one of our key priorities no matter where they are located,” says ANMF (SA Branch) CEO/Secretary Adj Associate Professor Elizabeth Dabars AM.

“We know many members are feeling the impacts of increasing levels of violence in our hospitals, both across city and country areas,” she says.

Regionally, the ANMF (SA Branch) has raised the issue with the head of Country Health SA and with the former Health Minister.

“We have also raised the issue with the new Minister and SA Health CEO to address violent and aggressive behaviours in all health settings across the state,” she says.

Just this month, the issue went to ANMF (SA Branch) Council to ratify proposals to pursue increased safety and security measures for nursing staff employed within regional emergency departments. A similar push to protect metropolitan staff s also being driven at the highest level.

Although, Ms Dabars emphasises, the onus is on the employer to ensure staff are working in an environment where they are sufficiently protected from harm.

“An employer has a duty of care to provide a safe workplace for their staff, and if this is not happening we certainly want to know about it.”

She says the ANMF (SA Branch) will continue to lobby for these measures to be introduced and hold the government to account on a lack of action in this regard.

“We continue to assert that CEOs of Local Health Networks owe a duty of care to their employees to provide them a safe work environment,” she says.

“We are more than willing to push for prosecution on any breaches of occupational safety and welfare laws if our members are being placed in working environments where they are not sufficiently protected from harm.

“In addition, we continue to advocate for hospitals to withdraw services from people who do not have life threatening illnesses who are violent and aggressive without a clinical cause.”

**Worried about violence in your workplace?**

Help us put up a stronger case to address the issue of violence in health care settings. Share your stories and experiences via email to:

communications@anmfsa.org.au
WE ALL NEED A ‘CARD PLAYER’ LIKE CHRIS IN OUR WORKPLACE

Annual wage increases, paid meal breaks and night shift penalty rates during public holidays are just some of the outcomes Registered Nurse Chris has been able to secure for his colleagues over the past decade with support from the ANMF (SA Branch).

As an ANMF (SA Branch) Worksite Representative, Chris says he thrives on being “the middle man” entrusted to negotiate the best outcomes for his workmates by going head-to-head with a management team with often somewhat different interests.

“I guess you could say I’m a fairly good card player,” Chris says.

“As a Worksite Rep, you have to be passionate about advocating for someone, because if you’ve been elected by a group of people to represent you, they’re showing great faith in you.”

For Chris, that passion was inherited from his father, a blue-collar worker who grew up in the 1930s and 40s when workers had very few rights and were quite low paid.

“Dad was a union member and that had a big impact on me when I look at where the workforce is now compared to back in his day.”

“The benefits we have in the workplace today we’ve inherited because of battles fought by people like my father.”

One such entitlement, Chris says, was ensuring Australians retained our rights to vote.

“Dad didn’t care who you voted for, but he went off to war to fight for everyone to at least have the right to exercise their vote.”

“I definitely inherited that passion for protecting people’s rights from my father, as well as his work ethic. And I consider it a real honour that my colleagues have put their faith in me to represent their interests in the workplace.”

For more than 10 years, the Registered Nurse has represented around 20 of his colleagues within an organisation that provides aged and disability care services.

“It wasn’t a job I sought, but in fact a number of my colleagues approached me and asked if I’d advocate for them in the workplace—I was really honoured by that.”

“I trust I’m doing a good job and they’re happy with the outcomes I’m able to help us achieve in the workplace with the support of the ANMF (SA Branch).”

Chris encourages anyone with an active spirit to join him and more than 300 other ANMF (SA Branch) members who act for their workplaces in a Worksite Representative role.

“It doesn’t take up a lot of your time and it can be so rewarding to know you’ve played a role in securing a better workplace for your colleagues and setting the benchmark for the future generation of nurses to uphold.”

Have you got what it takes to become a Worksite Rep?

- Passion for advocating for others
- Positive and proactive
- Strength
- Ability to see differing points of view
- Robust negotiation skills
- A good card player
DISCOUNTED HOLIDAY HOMES

‘Give yourself the break you deserve’

Choose your holiday home from either Hazel Street at Goolwa Beach, Gordon Street at Goolwa Beach, Furner Crescent (house) and/or Furner Crescent (unit) at Port Hughes.

www.anmfsa.org.au/hhg

*Terms and Conditions: Any bookings of 7 days or more will receive a discount of 42% off the standard daily rate. As a special offer for members booking both the house and unit concurrently at Furner Crescent, Port Hughes for 7 days or more, you will receive a $100 Universal Gift Card to spend anywhere that Visa is accepted.

IS YOUR CPD UP TO DATE?

ANMEC makes achieving your CPD requirements simple and there’s no better time to start than right now.

*Members must login to the website to access discounted CPD courses.

www.anmfsa.org.au/learning
No matter what we did and how hard we pushed, we knew we were not going to fix the system overnight. But we stirred, and we agitated, and we kept the issue on the public agenda for more than three weeks—and we directly drove measures that ensured we could at least rely on 90+ beds in our health system that we didn’t have a commitment to before we began campaigning.

Have we fixed the hospital system? Not yet, but we have made significant inroads via our ‘Take the WAIT off’ campaign:

1. We forced the government to commit (beyond the media spin) to a circuit-breaker that nurses and patients desperately needed.

2. We sparked some much-needed movement in our acute system with a commitment that significantly more beds will be available in the short-term to help lift the load.

3. We focused the government’s attention to the issue and on acting on measures in the short, medium and long-term to start to address it.

Extra beds now COMMITTED to our health system

50 sub-acute beds, including 20 private beds and the location and resourcing of 30 peri-urban beds.

The equivalent of 11 additional mental health beds.

Keeping winter strategy beds open = 30+ beds.

This equates to an additional 90+ beds that will directly improve patient safety and care.
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<tr>
<th>Date</th>
<th>Action</th>
<th>Commitments from Government</th>
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<tr>
<td>PRE-CAMPAIGN</td>
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<tr>
<td>January 2017</td>
<td>ANMF SA takes action over bed cuts at former RAH and TQEH for fear of overcrowding, ends up at Tribunal with former Government.</td>
<td>Proposed bed cuts overturned.</td>
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<tr>
<td>April 2017</td>
<td>ANMF SA holds media conference to raise concerns with hospital overcrowding.</td>
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<tr>
<td>March 2018</td>
<td>ANMF SA raises hospital demand at private meeting with Minister.</td>
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<tr>
<td>April 2018</td>
<td>ANMF SA holds media conference to raise concerns with overcrowding and external triaging at RAH Policy developed to clarify roles and responsibilities. ANMF SA flags underlying issue remains.</td>
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<tr>
<td>May 2018</td>
<td>Media conference to raise concerns with overcrowding and external triaging practice at TQEH Policy developed to clarify roles and responsibilities. ANMF SA flags underlying issue remains.</td>
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<tr>
<td>July 2018</td>
<td>ANMF SA raises hospital demand at private meeting with Minister.</td>
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<td>18 September</td>
<td>ANMF SA publicly calls for Minister to convene crisis meeting of key health stakeholders</td>
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<tr>
<td>28 September</td>
<td>ANMF attends crisis meeting with WSR from RAH and presents Minister with short-term solutions as a circuit-breaker.</td>
<td>No circuit breaker committed to.</td>
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<td>CAMPAIGN, WEEK ONE</td>
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<td>Tue 2 October</td>
<td>RAH ED nurses endorse action to call upon colleagues to meet on next steps</td>
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<tr>
<td>Wed 3 October</td>
<td>FMC ED nurses endorse action to call upon colleagues to meet on next steps</td>
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<td>Fri 5 October</td>
<td>LMH ED nurses endorse action to call upon colleagues to meet on next steps Government announces 21 patients transferred to country hospitals (no details provided to ANMF SA).</td>
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<td>Date</td>
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<td><strong>CAMPAIGN, WEEK TWO</strong></td>
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<tr>
<td>Mon 8 October</td>
<td>Campaign launches, allowing patients to have their say direct to Minister</td>
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<td>Mon 8 October</td>
<td>RAH nurses determine to escalate action</td>
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<tr>
<td>Tue 9 October</td>
<td>FMC nurses determine to escalate action</td>
<td>Government announces 34 patients have been transferred to country hospitals (no details provided to ANMF SA).</td>
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<tr>
<td>Tue 9 October</td>
<td>ANMF SA announces mental health upskilling partnership with Flinders University</td>
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<td>Wed 10 October</td>
<td>Joint media event with ANMF (SA Branch), AEA and SASMOA, we call for clarification around location and resourcing of peri-urban beds.</td>
<td>Government announces 20 public beds to be opened immediately at Flinders Private and Calvary (no details provided to ANMF SA).</td>
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<tr>
<td>Wed 10 October</td>
<td>LMH nurses determine to escalate action</td>
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<tr>
<td>Wed 10 October</td>
<td>TQEH ED members endorse action to call upon colleagues to meet on next steps</td>
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<td>Thur 11 October</td>
<td>Modbury Hospital nurses determine to escalate action</td>
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<td>Fri 12 October</td>
<td>Noarlunga Hospital nurses determine to escalate action</td>
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<tr>
<td>Fri 12 October</td>
<td>Follow-up meeting with Minister and key health stakeholders where we sought confirmation of</td>
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<td>- Keeping 30+ winter beds open (nurses were being told to close those beds by 31 October. Minister failed to commit to overturning that direction and ‘would take it on notice’).</td>
<td>11 mental health beds (no details provided to ANMF SA).</td>
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<td>- location and resourcing of 30 country beds. CEO advised we could be provided with this details in a week.</td>
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<td>- When the 11 mental health beds would come online. (no advice)</td>
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<td>Fri 12 October</td>
<td>State Government takes ANMF to tribunal for compromising patient safety.</td>
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<tr>
<td>Sat 13 October</td>
<td>Tribunal makes no changes to planned actions (we voluntarily withdrew one minor action at TQEH). Tribunal did NOT deem our actions to be compromising patient safety.</td>
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<tr>
<td>Sun 14 October</td>
<td>ANMF SA holds media conference to confirm tribunal outcome in our favour, and again seek clarification on country bed details and winter beds.</td>
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<td><strong>CAMPAIGN, WEEK THREE</strong></td>
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| Mon 15 Oct    | ANMF SA writes to Minister seeking written commitments to range of measure. Response sought by COB Tues 16/10 | Written commitment to:  
- 30+ country beds, included specific locations and resourcing arrangements.  
- 20 private health beds  
- Put 11 mental health beds immediately online  
- Keep 30+ winter beds open |
| Tues 16 Oct   | Minister’s office responds at 6.17pm                                    |                                                                                             |
| Tues 16 October – 9.50pm | Urgent special meeting of ANMF (SA Branch) Executive Council convened. |                                                                                             |
| Wed 17 Oct – 11am | ANMF (SA Branch) accepts Minister’s new commitments and clarification around previously announced commitments, in good faith, advises Stage 2 and 3 actions will discontinue. |                                                                                             |
Did we achieve all that we needed to fix the problem? Yes.

What now?

Did our ‘Take the WAIT off’ campaign result in additional measures to help? Yes.

Did we achieve all that we needed to fix the problem? No, but we knew there was never going to be an overnight solution.

Do we have more work to do? Absolutely.

We will be watching. We will be monitoring. We will be evaluating. And we will be encouraging our patients to report back to us on whether these measures are making difference, because our only focus is and continues to be patient care.

We are establishing a committee of Worksite Representatives from each affected site to meet regularly and raise concerns as to the effectiveness of strategies that have been so far implemented by the Government. ANMF (SA Branch) will be communicating feedback received via this forum locally to SA Health and/or directly to Minister as deemed necessary.

We will also be working closely with the government to ensure patient safety remains a priority going forward and we will hold this—and indeed any—government to account on anything that affects the safety of our patients.

And if patient safety is still at risk, we will take the action we need to take to drive better outcomes for the community—which we have succeeding in doing so far as part of this campaign.

What will help in the next phase?

Real, contemporaneous stories of patient experiences.

- Email, SMS or call us (we will de-identify the information)
- Encourage patients to complete the new postcards, which includes permission for ANMF to contact them if we want to find out more about their experience.
- Contribute (safely) to public debate - letters to editor, talkback radio, online comments – all SA Health staff members have the right to exchange views and other content on social media platforms as private individuals. See our dedicated story on ‘speaking out safely’ later in this edition.

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<td>Fri 19 October - 4.30pm</td>
<td>ANMF (SA Branch) convenes an urgent Worksite Representative Group meeting where members resolve that: 1. In consideration of the concessions and commitments the Minister has made to date, planned action will not escalate to level 3 and level 2 action will cease immediately. 2. In order to monitor the effectiveness of these strategies a committee of Worksite Representatives (1 nominee and 1 proxy to represent WSR group concerns) from each affected site will meet weekly (or as otherwise agreed) with concerns as to effectiveness to be raised locally, to the Department and/or to the Minister/his office, as deemed necessary. 3. Given the central issue is of patient safety, public campaigning and advocacy (stage 1 action) will continue (with adaptations, as necessary) until the crisis is over and our monitoring and escalation processes are no longer required.</td>
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<tr>
<td>Mon 22 – Wed 31 October</td>
<td>Member campaign update meetings at all affected sites.</td>
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ANMF (SA Branch) CEO/Secretary Adj Associate Professor Elizabeth Dabars AM spoke at a media event this month to deliver a strong message to the Council of Australian Governments meeting nearby: “We Won’t Wait for 10 days of domestic and family violence leave for all workers—and why should we have to?”

In 2016 alone, 70 women were killed as a result of domestic violence and two out of every three women who experience domestic violence are in the workforce.

Ms Dabars says it’s a cause close to our hearts at the Australian Nursing and Midwifery Federation because healthcare workers are actually over-represented in domestic violence prevalence data.

“A recent investigation into female health professional staff in Australia found nearly half of this workforce had experienced domestic violence—and one in 10 had been abused by their partner in the past year alone,” Ms Dabars says.

“We are talking about nurses, doctors and other health professionals with demanding jobs, with respectable careers that could so easily be jeopardised without access to domestic violence leave,” she says.

Paid family and domestic violence leave enables employees to escape violent relationships, attend court hearings and seek counselling and support to enable recovery.

It also allows for children and family members affected by family and domestic violence to be cared for, without having to jeopardise employment opportunities.

“It is sadly ironic that the very same staff dealing with patients seeking help for domestic violence may have suffered similar abuse themselves.”

Nurses, midwives and other healthcare workers are increasingly required to identify and support women and children who have experienced family violence.

Each year, around 2,800 women and 500 men are hospitalised after being assaulted by a spouse or partner. In some instances, staff can be re-traumatised while helping patients through a domestic violence experience.

“This is one of many reasons why we as a union strongly advocate for Domestic Violence Leave provisions in our enterprise bargaining negotiations on behalf of all 20,500 of our members—not the least of which because it is, quite simply, the right thing to do.”

“At the ANMF (SA Branch), we are making sure we’re leading the way in protecting our members who are affected by family violence.”

“Because there is currently no minimum standard or entitlement to paid Domestic Violence Leave in modern awards or the National Employment Standards, we see it as imperative that ANMF (SA Branch) seeks to include employee protection in enterprise agreements through bargaining.”
“It is disappointing we even need to mount such pressure on the federal government to include 10 days’ paid family and Domestic Violence Leave in the National Employment Standards—the Australian Council of Trade Unions (ACTU) claims such a reform would cost five cents per employee.”

Yet, family violence is estimated to cost the Australian economy $13.6 billion each year and according to Australia’s National Research Organisation for Women’s Safety, this will increase to $15.6 billion by 2022 if the issue is not addressed.

Violence against women and their children can have a profound and long-term effect on the health and wellbeing of women and children, on families and communities, and on wider society.

“We Won’t Wait for 10 days of domestic and family violence leave for all workers—because our women, our men, our children, our families and our communities deserve so much more.”

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Looking for the perfect gift for your colleagues, friends or family?
Williams & Taylor Artisan Hampers have selected three of their most popular hampers especially for ANMF (SA Branch) members.

It’s a perfect, no-stress gift this Christmas.

PLUS
For every selected hamper you buy, they will donate up to $30 to nursing and midwifery research.

Find out more and order at www.rbf.org.au/hampers
Mind the gap

Women tend to retire with just over half the super of men*. HESTA is fighting to change that.

And not only because 80 per cent of our members are women. We were founded on one simple principle: your work is some of the most valuable in Australia - so your life after work should reward you for it.

But for many women across Australia, fair reward for a lifetime of work just doesn’t happen. Broken work patterns, part-time work and multiple employers...these facts of life mean women are likely to retire with less super than their male workmates. Hard to believe in 2018, and even harder to witness.

That’s why HESTA welcomed the 2016 Senate Inquiry into women’s economic security in retirement - and made one of the first submissions. It outlines our vision for a better future for our members, and women across Australia.

What we’re fighting for

Super for everyone

Workers who earn less than $450 per month from one employer don’t receive any super. Guess who’s most affected by this outdated system?

“The $450 threshold is one of the super system settings that perpetuates ongoing inequity,” HESTA CEO Debby Blakey says.

“We, particularly those working in health and community services, can often work in more than one part-time role. Their salary from each employer can fall under the $450 per month super threshold, resulting in these women being totally excluded from super.”

We asked for an end to the $450 barrier - and a fair deal for low income and part time workers.

Closing the gender pay gap

The biggest reason for the super gap is the gender pay gap - which in health and community services was 27 per cent in 2017.** That’s a lot less super going into women’s accounts each month than into their male colleagues’.
Add (or subtract) time out of the workforce to care for others, and you’re looking at more of a gulf than a gap.

“The super gap women experience is not due to the choices they make - the main causes are the gender pay gap that sees women earning less than their male counterparts and unpaid time out of the workforce,” Debby points out.

We want to change the super system so women can perform these roles and not be penalised when they retire. It’s another step towards equal pay.

**Reward caring roles**

Many women are full-time unpaid carers - missing out on super completely. We recommended the government looks at overseas systems that reward carers fairly for their essential work.

**Clearing the first hurdle**

The Inquiry’s findings included many of our recommendations to help improve retirement outcomes for women.

In September 2017 we were delighted to see a bill introduced into Federal Parliament to abolish the $450 super threshold, and align SG payments with wages.

Debby is urging Parliament to consider the bill, saying action is needed right now to address unpaid super and the $450 super threshold.

**We’re fighting hard for your tomorrow. But here’s what you can do today.**

**Top up your super**

You’ve heard it all before - but we really can’t stress this enough. Super’s likely to be your second biggest investment after your home. Adding even $5 a week could translate to a lot more in your pocket later. Take 30 seconds to see what that actually looks like at hesta.com.au/calculators.

**Consolidate your accounts**

Got several funds on the go? Think about rolling them into one, so you’re not paying more fees than you need to.

**Make a one-off payment**

Tax return a bit bigger than expected? Think about putting some into super - you might miss it at first, but it could buy a lot more when you finish work.

**Read more ideas** on how to boost your super.

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*Australian Bureau of Statistics (ABS); Retirement and Retirement Intentions, Australia, July 2012 to June 2013; abs.gov.au/ausstats/abs@.nsf/mf/6238.0

** BCEC WGEA Gender Pay Equity Insights 2017 Report

Issued by H.E.S.T. Australia Ltd ABN 86 006 818 695 AFSL 2352 49, the Trustee of Health Employees Superannuation Trust Australia ABN 64 971 749 321 (HEST). This Information is of a general nature. It does not take into account your objectives, financial situation or specific needs so you should look at your own financial position and requirements before making a decision. You may wish to consult an adviser when doing this. Before making a decision about HESTA products you should read the relevant product disclosure statement (call 1800 813 327 or visit hesta.com.au for a copy), and consider any relevant risks (hesta.com.au/understandingrisk).
The Australian Nursing and Midwifery Federation (SA Branch) and Flinders University have joined forces to make it easier for Registered Nurses to pursue mental health nursing.

ANMF SA CEO/Secretary Adj Assoc Prof Elizabeth Dabars AM says the partnership was developed in a bid to attract more nurses to the specialised field.

“This partnership is crucial when you consider that only qualified mental health nurses or those studying towards such qualifications are able to provide care for mental health patients,” Ms Dabars says.

“Mental health is already chronically understaffed. There are hospital beds right now that remain unopened because there are not enough qualified nurses across the country, let alone in South Australia.”

The partnership now provides a springboard to post-graduate study for Registered Nurses starting a related Continuing Professional Development (CPD) course at the Australian Nursing and Midwifery Education Centre (ANMEC).

Flinders University Vice President and Executive Dean of College of Nursing and Health Sciences Professor Alison Kitson says the partnership reflects the University’s ability to adapt to meet workforce demand.

“We are delighted to be part of a potential solution to critical challenge facing our health system now and into the future,” Professor Kitson says.

“The University prides itself on identifying ways to make it easier for people to access tertiary education, particularly for shift-workers like nurses who require more flexibility study options to upskill in a specialised field.” Prior to the collaboration, Registered Nurses could only access post-graduate university studies via the SA Tertiary Admissions Centre (SATAC) application process once or twice per year (course-dependent).

To find out more or register your interest in post-graduate study, contact ANMEC on 8334 1900 or via training@anmfsa.org.au.
**SPEAKING OUT SAFELY**

Did you know whatever you publish on social media sites like Facebook is considered public, even if you have your privacy settings set to the highest possible level? It is not unusual for employers to trawl Facebook to see the kind of commentary a potential employee is posting. So, be careful.

You do; however, have every right to voice your opinion as a private citizen and we would encourage you to speak out on a topic that you are passionate about, particularly if it has the potential to benefit our health care system, our profession/s and/or our patients.

But, if you are champing at the bit to put your opinion out there—whether that is through a letter to your local newspaper, a Facebook post or even a Twitter tweet—here are some tips to guide you on speaking out safely.

1. **Be across the rules relating to your profession and your workplace**

   Make sure you’re familiar with the relevant media and social media policies relevant to you. AHPRA’s social media policy outlines guiding principles applicable to all registered health professionals and your employer is also likely to have a policy specific to your organisation (SA Health’s is [here](#)).

2. **Understand the difference between commenting as a private citizen and as an employee of a specific organisation**

   You can exchange views and other content on social media platforms as private individuals, provided you do so in accordance with your employer’s social media policy and relevant code of conduct. You can also speak out in media, provided you are doing so as a private citizen, not as an employee of a workplace and certainly not sharing information not in the public domain. You might better understand the difference when you consider the below Letters to the Editor—the first example will result in disciplinary action; the other is a perfectly acceptable way of speaking out on an issue as a nurse or concerned citizen.

   **Example 1 – not recommended**

   I work at the Modbury Hospital. Last night, a patient, Mrs Jones fell on the floor and wasn’t noticed for 6 hours because we were too busy to check on her. The hospital doesn’t care. It’s an absolute disgrace and the Minister and the department should be ashamed of themselves.

   Kathy Smith, RN, Modbury Hospital

   **Example 2 – recommended**

   As a nurse for more than 20 years, it breaks my heart that the system is not supporting nurses to provide safe patient care. The Government needs to take seriously the concerns of those working at the bedside. These concerns are real. Patients need to be put first.

   K Smith

3. **Be smart, protect yourself**

   To clearly demonstrate that your views are your own and not representative of your employer:

   - Remove any reference to your workplace from your social media profile.
   - Make sure your comments only draw on information that is general or publicly available.
   - Do not make any comments that:
     - suggest you’re commenting on behalf of your workplace;
     - identify your workplace, your colleagues or your patients;
     - denigrate your employer; or
     - include defamatory statements.

4. **Don’t be fooled by Facebook’s privacy settings**

   As frustrated as you might be after that shift you just finished, resist the urge to post Facebook comments about your employer, your work colleagues or your patients even if you think your page is private and the comments won’t be seen.

   Union Legal SA Chief Legal Counsel Travis Sturgeon says there is an increasing number of nurses across Australia getting caught in the Facebook trap.

   “Social media has enormous draw backs if you post confidential or defamatory content,” Travis says.
“There are numerous cases of nurses who have had their employment terminated because of the content they’ve posted on social media,” he says.

One such case was a nurse who, whilst in a drunken state, made racist and inappropriate comments on Facebook.

In another case, a nurse was terminated for making sexually unsavoury comments in a Facebook post and tagging two colleagues—one was the Unit Manager. At the hearing, the judge found the comments to be derogatory, crass and unedifying and demonstrated contempt for management. The nurse sought relief through unfair dismissal proceedings, but was unsuccessful, so the dismissal stood.

Using any form of media to denigrate or abuse your employer or workplace will at best result in disciplinary action, at worst in dismissal.

“If you wouldn’t want your comments published in the newspaper, don’t post them on social media.”