

2017
June

ANMF FUSION



Feature

A voice to lead:
Nurses as the
primary providers
of health

Plus

Tasmania's health
system in crisis

Regional updates

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Australian Nursing and Midwifery Federation (Tas Branch)

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Acting Branch Secretary Message



ANMF celebrated International Midwives and Nurses Day across the State in May. As always, it was a highlight for the ANMF to celebrate the wonderful work that Nurses and Midwives do on a daily basis for the Tasmanian community.

ANMF recognised these very special days with a variety of treats, afternoon teas and also a competition to highlight how integral Nursing and Midwifery leaders are, especially given the current challenging healthcare environment.

ANMF will be meeting with members in the coming weeks to provide an update on the disappointing Midwifery Group Practice Government offer and lack of progress and implementation of the Public Sector Agreement. ANMF will be taking advice from members as to how to progress action to resolve the outstanding agreement conditions, lack of in-patient beds, and inadequate staffing in many areas.

Concern about the Tasmanian health system have also been recognised and acted upon by community members. Hobart community member Jim Franke has convened a patient and community support group to assist community members who are accessing the health system to highlight what they are experiencing as key system issues. ANMF will continue to collaborate with the group in addressing shared concerns.

Finally, as many of you would be aware ANMF recently welcomed Neroli Ellis back to the Branch Secretary role following her long service leave. It has been absolute privilege acting in the Secretary role advocating for all ANMF members, and working with an amazing, cohesive and positive team.

Emily Shepherd
Acting Branch Secretary

Correction: In the May edition of *Infusion* we published a focus story, *Regulations for nurses and the help available* (page 5). We sincerely apologise that the number provided for Nurse & Midwife Support was incorrect. This was a human error and ANMF recognise and regret the oversight. This is a truly valuable service. If you or someone you know has tried calling Nurse & Midwife Support using the phone number published, we encourage you to try again on: 1800 667 877.

Focus

Regional Updates

Southern Roundup

Royal Hobart Hospital

It has been an interesting period for ANMF at the Royal Hobart Hospital (RHH), with ongoing issues as a result of the decanting of B Block. Members have come from various areas of the hospital with issues surrounding bed block, double shifts and skill mix.

ANMF members in the Emergency Department have ongoing concerns about bed block influencing patient's length of stay in the department. This causes extra workload for already busy staff. ANMF is working with members to seek solutions for these ongoing issues. ANMF commend nursing, medical and all other staff in the ED for their ongoing outstanding work in a tough environment.



ANMF has been spending time with members on 2D Cardiology where there has been an increase in overtime, lack of adequate staffing and issues with skill mix surrounding the opening of additional beds on the ward. Whilst the opening of these beds was aimed at alleviating bed block, members on 2D shared concerns with ANMF that this has been causing fatigue amongst nurses, members were concerned that they were struggling to maintain a high level of specialised care. ANMF have met with management and members to address these issues and offer solutions. As a result of this, the staff of 2D Cardiology are reviewing their ability to flex up bed numbers in conjunction with the amount of rostered staff. Management will also meet with the After Hours Managers at the RHH to specify the strict admitting criteria for 2D to ensure that patients coming to 2D are appropriate for that ward. Management has advised that the recruitment of additional staff is underway. ANMF advocated for additional support for staff hours, and are awaiting action from management. Following ANMF involvement, members now feel there are adequate staff and that conditions have improved. ANMF will continue to do regular drop in's to 2D Cardiology to monitor the situation.

Public Health Forum

ANMF attended a Public Health Forum on April 19 that was put on by the Patient's Support Group. The Patient Support Group was set up by a Jim Franke, who has been a patient at the RHH for the past 21 years, and now considers the last two years the worst he has seen at the RHH. The Public Health Forum was initiated by the Patient's Support Group to outline the current issues that affect the Tasmanian Health Service and specifically the RHH. A petition was initiated calling for a Parliamentary Inquiry into the current Tasmanian Health Crisis. The petition is available online and via ANMF Facebook.

Please contact the ANMF on 6223 6777 or email tristan.streefland@anmftas.org.au if you would like to arrange an Organiser to visit your workplace to discuss any workload or industrial/professional issues.



New Norfolk District Hospital (NNDH)

The outcome of the Night Duty Shift Options Ballot was for option 2: A 10hr night shift with paid meal breaks. This outcome will allow for the shift handover times to be increased and reduce the need for nurses to work beyond their shift finish times. A formal change proposal process will be undertaken before any change to rostered shifts is implemented.

The interview process has been conducted for the additional EN & RN hours required to enable the opening of the additional 7 beds as per the Health Minister's announcement.

Calvary Lenah Valley Perioperative Services

At a follow up meeting with members working in perioperative services at Calvary LV, they expressed disappointment with the response from their CEO and are extremely frustrated with the apparent reluctance of acknowledgement of their situation at the executive level. A survey undertaken by ANMF strongly indicates that the majority of members agree that their employer, Calvary Health Care, is ignoring their duty of care responsibilities to their employees.

Psychiatric Emergency Nurse (PEN) Classification

ANMF has received the following response to the request for the PEN classification to be reviewed. "The PEN nurse role is currently being evaluated in accordance with the agreed descriptors. We will correspond with your office as soon as the evaluation is available."

Department of Psychiatry

Staffing continues to be problematic with many shifts working short staffed. The NUM advised that the recruitment of additional suitably qualified/experienced nursing staff is ongoing. Nursing staff are very aware of the issues for emergency department with frequent bed block and mental health patients waiting in excess of 24 hours for an admission bed. This is not a new problem and was anticipated when the acute inpatient unit lost beds

due to the redevelopment. ANMF will continue to lobby for access to additional beds and community support.

Hobart Private Hospital

Members from several wards are reporting excessive workloads due to understaffing and unrealistic expectations from Senior Management. ANMF has met with the Director of Nursing to discuss the concerns and will follow up with formal correspondence.

Northern Roundup

LGH Angiography Suite

The ANMF has been actively involved in safe staffing and workload concerns of our members working at the Launceston General Hospital (LGH) Angiography suite. As this area requires such a specific level of skills in order to function autonomously, obtaining skilled nursing staff to fill unexpected vacancies has been placing the unit under significant strain. The ANMF are sitting on a working group that will determine a model of care and minimum staffing level based on the ACORN standards. The ANMF will continue to report the outcomes of this working group to our members and advocate on their behalf for safe patient care within this unit.

Midwifery Services

Since the ANMF raised initial concerns regarding midwifery services in the north there have been some significant other pressing challenges to further exacerbate the existing pressures on this area. In addition to workload concerns, we have seen the closure of the public hospital birthing service in the north west coast, this means that in the coming months we will see an increase in women presenting to the LGH to have their babies from the north west coast. There has already been a noted increase in mothers from the north west in antenatal areas. In December 2016 Calvary Hospital announced the closure of Northern Tasmanians only private post-natal maternity service, sighting a lack of midwives. The true impact upon the bed numbers at the





Focus Regional Updates

LGH maternity services has yet to be felt, however it is only a matter of time before this becomes yet another issue that our midwife members have to contend with that will only further add to their already bursting workloads. Another alarming concern is that the University of Tasmania stopped providing post graduate midwifery courses at the start of 2017, meaning that any Registered Nurses wanting to study Midwifery could not study locally and instead have to study via distance education with a university in Queensland. Maternity services at LGH are at crisis point with insufficient provisions implemented by the THS to support the midwives. ANMF will continue to advocate for our midwifery members at the LGH to ensure they are able to work in a safe environment and provide the best possible care to the mothers and babies of our community.

Aged Care in the North

Aged care in the north is seeing significant increase in the care required for residents in aged care facilities, with no extra time given to provide this care and no further staffing resources supplied. With the recent Aged Care Funding Instrument changes that will significantly decrease the government funding provided to the aged care facilities, the sector is under strain. ANMF will continue to advocate for this sector of the health care industry as it is time to ensure there is a minimum staffing level and a registered nurse continues to be onsite 24 hours a day. It was great to see so many members, both nursing and care staff at the Aged Care Conference. It was a fantastic day with excellent guest speakers.

ANMF have visited numerous aged care facilities in the north to catch up with members and discuss their professional and industrial issues. We have also been negotiating some difficult enterprise bargaining agreements in order to further improve current working and pay conditions.

North West Roundup

Mersey Community Hospital Medical Ward

As reported in previous Infusions over the past couple of months, ANMF have been advocating on behalf of members working on the medical ward at Mersey Community Hospital. Since being contacted by members early in the year and raising a step one NHPD workload grievance which was escalated to a step 2 NHPD workload Grievance, benchmarking has been undertaken to increase the FTE of Nursing hours. With an increase in FTE, this should result in extra staff to ensure there is a supernumerary senior nurse on early and late shifts. This should help to resolve some of the workload stresses on nursing staff.

Individual Representations

Over the last month there has been an increase in individual representations in the north west. After contacting the ANMF Information Centre and having our experienced team in Info assist with preparing for a meeting, members are then referred to their local Organiser if they require a support person to go along to a meeting with them. Having a support person with you when you sit in on a counselling or disciplinary meeting with your manager, means that you not only have an independent witness to the meeting but someone who knows your award and entitlements, to support you.

Aged Care Deloraine

For the first part of 2017, ANMF have had the opportunity to meet with members at both Kanangra Hostel and Grenoch Home for the Aged for a variety of reasons. From drop in visits to update the notice board and leaving merchandise for members, to member meetings to discuss the enterprise agreement negotiations and morning and afternoon teas. Members have had the chance to discuss any concerns they may have and to learn about upcoming events and education sessions that are organised by the ANMF. The north west Organiser and the Member Engagement Officer look forward to continued visits at these and other facilities across the north west.



Aged Care Roundup

Southern Cross Care Tasmania EA's

Recently ANMF met with members from Southern Cross Care Tasmania (SCCT) to discuss SCCT pay offers under the current enterprise agreement negotiations.

SCCT put forward a pay increase of 1.5% each year for the three years of the agreement. During meetings with members in the south, this offer was rejected. At the last negotiation meeting SCCT offered a revised offer of 1.5% for the first year, followed by 1.65% for the second and 1.8% for the third. Members have advised ANMF they will not accept a pay offer under 2.5% for each year of the agreement. ANMF have written to SCCT, member meetings will continue to be held throughout the state to discuss what action will be taken.

Southern Cross Care Tasmania

ANMF has been contacted by members in relation to the payment of meal allowances when overtime is completed. The SCCT enterprise agreement clause 26.7 is clear in regards to payment of overtime:

26.7 Overtime Meal Arrangements when notice not given

(a) An employee will be supplied with an adequate meal where the employer has adequate cooking and dining facilities, or be paid a meal allowance of \$11.73 in addition to any overtime payment as follows:

- i) When required to work after the usual finishing hour of work beyond one hour or, in the case of shift workers, when the overtime work on any shift exceeds one hour;*
- ii) Provided that where such overtime work exceeds four hours a further meal or allowance of \$11.73 will be paid.*

(b) The above clause will not apply when an employee could reasonably return home for a meal within the meal break.

(c) On request meal allowance will be paid on the same day as overtime is worked.

Any members who have worked overtime and believe they are entitled to meal allowances and have not been paid, should contact their payroll officer to do an audit for the purposes of back payment.

Southern Cross Care Tasmania (Rosary Gardens)

ANMF met with members at Rosary Gardens to discuss concerns regarding work loads. ANMF has written to management about these concerns, a response has been received and a member meeting scheduled.

One Care Barossa Park

ANMF have been representing members at One Care Barossa Park. These members have been disadvantaged by the proposed roster changes. ANMF will work with One Care and members to ensure industrial rights are protected. Any member who needs representation or advice from ANMF should contact Southern Organiser, Norm Blackburn on (03) 6223 6777 or email norman.blackburn@anmftas.org.au

Salvation Army (Barrington Lodge)

ANMF have been in contact with members from Salvation Army (Barrington Lodge), who regularly work night shifts. The current enterprise agreement states that an employee should receive 30% loading when working a night shift.

The Salvation Army is currently preparing back pay for those employees who were paid 15% loading instead of the 30% under the current enterprise agreement.

Queen Victoria Care

ANMF have held meetings with members to discuss the current model of care at Queen Victoria Care. ANMF have been in contact with management to discuss member concerns about work loads at the site. Queen Victoria Care management have agreed to address issues that members put forward. A follow up meeting is being arranged at the time of print.





— Feature

A voice to lead

The recent celebrations of International Nurses Day on May 12 incorporated the theme “A Voice to Lead – Achieving the Sustainable Development Goals”. This theme explores the role of nurses as the primary providers of health and the delivery of humanity around the world.

Wherever in the world a community exists, the government must invest in nursing. The voice of advocacy nurses offer can influence their immediate surroundings for the better, and as a combined voice, can generate meaningful social change. However, as our nursing workforce continues to be overworked, under-resourced and fatigued, how can we best utilise our Voice to Lead?

“There is a world of apathy out there. Every single day there are many things that aren’t right. While you have to pick your battle, it is very important that when you encounter things that aren’t right, you weigh in on them. Leadership is learning how to do that effectively. You won’t be a reasonable leader if you don’t have the instinct to say: ‘This is something I have to put right’” – Marla Salmon, Former Chief Nursing Officer, US Department of Health and Human Services

Advocacy in nursing is nothing new. For many years, competency standards, codes of ethics and professional guidance tools have repeatedly referred to nursing advocacy in relation to a patient, the community, organisations, management structures and the profession. Often this advocacy takes the form of utilising professionalism, patient-care and

empowerment of the patient, where individuality is appreciated and relational autonomy drives collaborative and patient-centred approaches.

Whilst advocating for our patients may be inherent in many nurses daily lives, wider advocacy for the nursing profession and the broader community impact this can have can be harder to achieve. Often we may feel that our position within an organisational hierarchy may impact our ability to influence change. True, limitations may exist upon each individual if they are not in a formal leadership position, however, nursing leadership examines the informal nurse leader, those who are able to “make things happen” and influence others to accomplish common goals (Davidson et al. 2006; Wong and Cummings 2007; Downey et al 2011).

Informal Leadership

“What each of these nursing leaders had in common was political activism that grew out of the personal knowledge they gained in providing care for poor, immigrant, and otherwise vulnerable populations and understanding that their efforts toward achieving social justice were as important to health as the more immediate ‘downstream’ direct nursing care they provided”

– Adeline Falk-Rafael

Even with the best of intentions and honed nursing skillsets, if the work environment of a nurse is troubled, this will eventually affect patient care. If work environments are under-resourced, work cultures are toxic, or issues with accountability and behaviours exist, this may lead to apathy amongst nurses as morale is adversely affected. However, amidst such apathy informal nurse leaders may often emerge (Stapleton et al, 2007).



Informal nurse leadership relies not on the position, but on process. Communication, collaboration, social responsibility and relationship building are the foundations for an informal nurse leader. In nursing, this form of leadership provides the connection to professional and ethical obligations, and empowers those around them to make positive change.

Regardless of the political party governing at the time systems surrounding health are often in the media. Predominantly, issues surround resources – not enough staff, not enough beds, not enough funding. An informal nurse leader is able to empower nurses to realise their real sphere of influence, and with that, the ability to impact upon health policy.

Nurses, as the primary providers of healthcare, are in an ideal position to address the issues surrounding resource allocation, and should involve themselves with the creation of health policy, as informed activists who are extending their profession's care and compassion.

At a work site level these informal leaders are able to mentor others, assist management to rectify issues or empower staff to challenge environmental culture, energise those around them, impact unit performance, and generate awareness of the potential for organised groups to form, act and influence change.

Apathy to Activism

The skills possessed by informal leaders are able to pave the way to change apathy to activism. Where apathy may be seen by some as a lack of interest, more often apathy is caused by repeated defeat, the feeling of not being listened to, or being told what to think – and the need to comply. In toxic environments, this apathy becomes a survival tool, but it is one with short term success and often drives discontent, high staff turnover and exacerbates staff shortages. Although a desire to attend work, get the job done, and go home knowing we have tried to avoid conflict is understandable, the powerlessness that drives apathy still results in a workplace with dysfunctional behaviours, conflict and anger.

The informal leader is able to utilise their communication and collaboration skills to actually listen to their colleagues and importantly, understand their issues. This feeling of being valued often increases the likelihood of getting involved in change. When nurses have an increase in their value, the powerlessness decreases, and the strength of a group of likeminded individuals begins to be evident. The informal leader is able to help the group identify solutions to their issue – and these solutions generate hope.

Often simultaneous to the generation of hope is the shift from apathy to anger. The powerlessness and discontent that has been experienced, when brought to the fore of consciousness, has a natural progression to anger, as the feelings of resentment and discouragement. This anger can be a strong motivation to do something to change the situation. Anger arises as individuals are awakened to their ideals and the realisation these have been forfeited to survive the workplace.

Values are “the ideals that give significance to our lives, that are reflected through the priorities that we choose, and that we act on consistently and repeatedly” – Emeritus Professor Brian Hill

When an informal leader assists a group that shares ideals, apathy can shift to anger and then hope – this is the time to act. In order to increase the chances of a successful action, the group needs to participate – things should be done with the group rather than for it. The informal leader will be able to identify other people of influence in the workplace. These people are usually liked and respected by colleagues and are able to question or challenge management in a professional manner.

Once the group is organised and the common goals are established, it is important to attempt small achievements first. These goals should be within the comfort zone of the individuals and also be achievable.



The success of a 'win' helps to generate more hope, and this hope maintains the engagement of the group and their willingness to engage in action. These small wins remove the feelings of powerlessness and drive the group to achieve more and larger actions. These actions shift the power imbalance within the workplace, and permit positive implementation of nursing activities and a positive influence on the culture of the workplace.

ANMF is here to help

Whilst just about every workplace will have informal leaders, the ANMF can assist our members to work together for these common goals. Often, informal leaders become Workplace Representatives and work closely with ANMF Organising staff to utilise collective strength to achieve group actions. The principle remains the same – your ANMF Organiser will listen, ask questions and provide guidance, but will work with members to enable achievement, rather than 'fixing' something from afar and telling members what to think. The ownership of the issue and action by our members means that changes and solutions are far more likely to be successful.

The collective power of our members, beyond those of a particular workplace, means our members can work together – supported by the expertise of ANMF staff. When informal leaders become ANMF Workplace Representatives, ANMF can provide training in the skills and supply the resources needed to fulfil your role. This includes not only an understanding of the industrial structures within Tasmania, but also leadership, empowerment and resilience, and how to invigorate your workplace.

If you have any queries, or would like to become a workplace representative, please don't hesitate to call the ANMF Information Centre on (03) 6223 6777 or 1800 001 241 (outside Hobart area), or email us at info@anmftas.org.au for advice.

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Focus

The Tasmanian health system is in crisis

On April 19, ANMF attended a Public Health Forum that was put on by the Patient's Support Group. This forum hoped to highlight the impact the current situation in the Tasmanian Health Service is having on individual patients.

The Patient Support Group was founded by Jim Franke, who has been a patient at the Royal Hobart Hospital (RHH) for the past 21 years. Jim set up the Patient Support Group after experiencing what he believes are the worst conditions he has seen it at the RHH in the past two years. The Patient Support Group was designed to gather public support and hear the stories of those patients who have been affected by the current issues that are affecting the Tasmanian Health Service (THS), and specifically the RHH.

At the Public Health Forum ANMF along with Dr Frank Nicklason, the Chairman of the RHH Medical Staff Association, were invited to speak about insight into the current crisis at the hospital. He outlined that currently Southern Tasmania has only 40% of the total amount of beds in the state, whilst we cater for over 50% of the population. Dr Nicklason also noted that the RHH is the only tertiary hospital in the state, and as such, we can have up to 30 patients from the north of the State receiving care. Combine this with the demolition of a large inpatient area of the RHH to make way for the new re-development, this has resulted in the loss of essential extra beds. These extra beds are needed for intermittent influxes in patients, such as the winter flu season. Whilst this aims to be resolved in the long run by the creation of the new K Block, it has created a perfect storm in the Tasmanian health system, as there are simply not enough beds for the demand.

Martyn Goddard, a public health policy analyst, also attended the forum to expand on the Joint Statement on Public Hospitals that he was involved in preparing. The Joint Statement of Public Hospitals outlined that various factors including; bed block, staff shortages amongst doctors, nurses and allied health, decrease in acute mental health beds, overtime and ambulance ramping, all lead to worse outcomes for patients that enter the health system. Martyn discussed that while the current government has the capacity to spend money on health to resolve some of the current issues, it chooses to reallocate the Federal Government GST money put aside for health, to other services.

There were also various members of the public present, they voiced their concerns that they had to wait for over 12 months for various outpatient appointments or elective surgeries. One member of the public had been waiting over 3 and a half years for an appointment with a neurologist regarding multiple cysts on his brain. Whilst these people's conditions were not life-threatening, they were severely debilitating, and these individuals voiced their angst and inability to enjoy life whilst they were waiting for up to three years for their elective surgeries or appointments.

As a result of the Public Health Forum a petition was initiated that calls for a Parliamentary Inquiry into the current Tasmanian Health Crisis. This Parliamentary Inquiry is designed to investigate, gather information and highlight the current issues that are plaguing the Tasmanian Health Service.

ANMF support this petition and will continue to hold the government to account, not only on this matter but all elements affecting nurses across the state. However, in the meantime, these conditions are continuing to impact those working within the system, and the public that need a modern, functioning health system.

Focus

End of life care

Providing quality end of life care is a key goal for many nurses, midwives and care workers as part of their nursing team when caring for a patient or client at the end of their life.

Delivering quality end of life care or palliative care occurs across a range of sectors including, hospitals, aged care and in the community. The World Health Organisation (2017)¹ defines palliative care as:

'Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.'

The ANMF Tasmanian Branch have been, and will continue to be, staunch supporters of community members having access to quality palliative care in Tasmania. Recently the ANMF have advocated for better funding for the public palliative care service and most recently the Commonwealth funded Hospice At Home service to enable continuation of high quality end of life care to patients in the community.

However, internationally, across Australia² and most recently here in Tasmania³, community debate has grown around end of life care incorporating voluntary assisted dying, or as it is more commonly referred to, euthanasia. There is growing movement to allow voluntary assisted dying as a choice for some as part of

their end of life care when suffering from an incurable physical illness that creates unrelieved, unbearable and profound suffering. Assisted dying is currently illegal in Australia, however in November 2016 Cassy O'Connor (Denison – Leader of the Greens) and Lara Giddings (Franklin – Labour Party) tabled the Voluntary Assisted Dying Bill 2016³. This will be the third bill presented to the Tasmanian Parliament of this kind with the most recent voted down by the Tasmanian Government in 2013. The amended co-sponsored bill was debated on 3 May 2017 and will be voted on in 2017.

For nurses, midwives and care workers providing care to Tasmanians at the end of their life, this may potentially have an impact on them if the bill is successful. The ANMF are aware that along with the community, members have varied views about voluntary assisted dying. There are members who support patients having the choice to access voluntary assisted dying as an option for those with incurable physical illness who are suffering from unbearable and unrelieved suffering. Equally there are those who oppose voluntary assisted dying for a variety of ethical reasons and both of these of opinions are supported by the ANMF.

It is the position of the ANMF⁴ that whenever voluntary assisted dying legislation is being debated or considered that the ANMF will ensure the unique position of nurses, midwives and care workers is recognised and considered, given the variety of contexts of members practice settings and the varied views on the topic.

ANMF recognise that nurses and midwives do have a professional responsibility to stay reliably informed about ethical, legal, professional, cultural and clinical implications of assisted dying and respond professionally and sensitively if it is raised by any patient or client. It is also necessary that nurses are educationally prepared to be able to provide information of legal options available such as a variety of palliative care services and or referral to other appropriate health care professionals. ANMF support information and educational preparation that is evidence based.



It is the position of the ANMF that in the event that assisted dying becomes legalised, nurses, midwives and care workers;

- a) have the right to conscientiously object on moral, ethical or religious grounds, to participation or involvement in assistance with dying;
- b) are protected from litigation where they are requested to assist with the process.

ANMF will also ensure that any legislation reform does not compel any nurse, midwife or care worker to participate in an assisted or supported death against their will and that any involvement in the process by a nurse, midwife or care worker will not be considered an offence. In order to assist the Nursing and Midwifery professions in providing safe and quality care, ANMF would also seek any legislative reform to include specific criteria to ensure there are appropriate safe guards in place for the patient or client as well.

However, irrespective of whether assisted dying is legalised, the ANMF will continue to lobby for adequate resourcing of palliative care, including suitable numbers of nurses and midwives to provide palliation to those who may request it. Supporting nurses, midwives and care workers to empower those who they are caring for to direct their own care and make decision wherever possible about the treatment and their end of life wishes, is not only recognised as an essential element of quality end of life care⁵ but a key priority of the ANMF.

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1. World Health Organisation. WHO definition of Palliative Care. 2004.
 2. Palliative Care Australia. Position Statement. Euthanasia and Physician Assisted Suicide. 2016.
 3. Parliament of Tasmania. Passage of Bills. Voluntary Assisted Dying Bill 2016
 4. Australian Nursing and Midwifery Federation. Position Statement. Assisted Dying. 2016.
 5. Australian Commission o Safety and Quality in Healthcare. National Consensus Statement: Essential elements for safe high quality end of life care. 2015.

Focus

World elder abuse day



On 15 June 2017 we will be recognising World Elder Abuse Awareness Day (WEAAD). This is a day designated by The United Nations General Assembly as the main day in the year when the world voices its opposition to any abuse and suffering inflicted on the elderly.

Our elders in the community deserve dignity and to feel healthy, secure and safe in their homes and communities. Unfortunately as some people grow older they become reliant on others making them increasingly vulnerable to abuse, often at the hands of loved ones.

What is Elder Abuse?

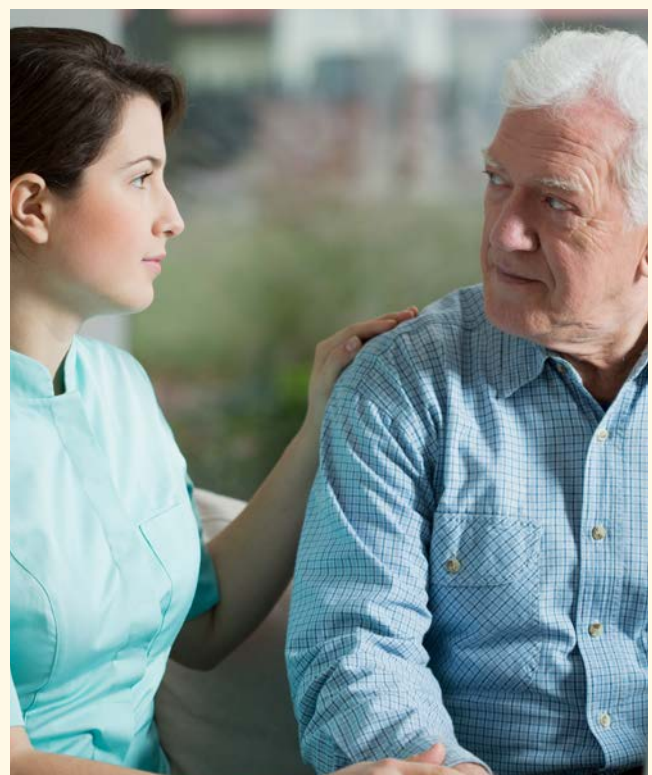
“Elder Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.” It occurs where there is an imbalance of power in a relationship and is categorised as financial, psychological, social, physical, sexual and neglect.

Australian and international research reports that up to five per cent of older people may experience some form of elder abuse. However, it is likely to be higher than this, with many people reluctant to report it.

Stopping Elder Abuse

It is important to recognise elder abuse and what to do if you think something might not be quite right. Education and awareness within our communities will help recognition of elder abuse and ultimately prevent it and help people to understand how to support those being abused.

If you, your patient/client or someone you know is experiencing elder abuse, you can report concerns



and get confidential advice from Tasmanian Elder Abuse Referral and Helpline: 1800 441 169.

Registered nurses, enrolled nurses, assistants in nursing and carer workers providing care and services to older people, regardless of the where care is provided have mandatory reporting obligations.

ANMF will be visiting sites across the state in recognition of WEAAD. We encourage our members to recognise and support the day within their workplace. We would love to know what you plan to do for the day and see photos of your celebrations. Please contact marketing@anmfas.org.au or call (03) 6223 6777 or 1800 001 241 (outside Hobart area).

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