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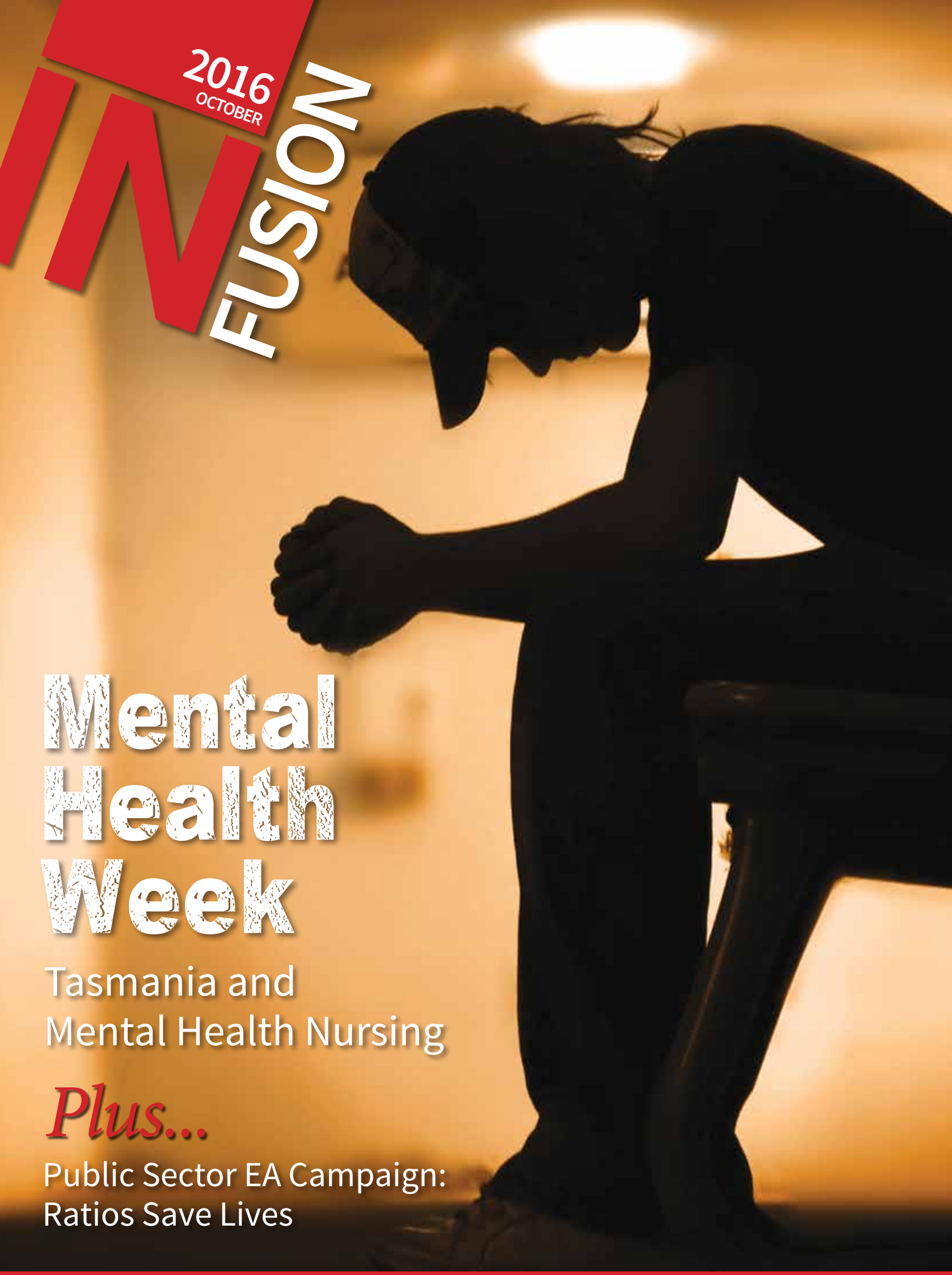

Mental Health Week

Tasmania and Mental Health Nursing

Plus...

Public Sector EA Campaign: Ratios Save Lives

ANMF TASMANIAN BRANCH

Official Publication of the:

AUSTRALIAN NURSING & MIDWIFERY FEDERATION (TASMANIAN BRANCH)

ANMF
TASMANIAN BRANCH

RATIOS SAVE LIVES

THE FACTS

Health and well-being

- For every patient added to a nurse's workload, the likelihood of the patient dying increases by 7%.[1] This means more patients die.

- Every patient added to a nurse's workload increases the likelihood of re-admission within 15-30 days:
  - By 48% for a child admitted to surgery.
  - By 11% for a child admitted for medical treatment.[2]

- Increasing the nursing time of Registered Nurses by as little as 10% resulted in incidence of adverse events decreasing by:
  - 45% for central nervous system complications
  - 37% for GI bleeding
  - 34% for UTIs
  - 27% for failure to rescue
  - 19% for pressure ulcers
  - 15% for sepsis
  - 11% for pneumonia.[3]

Health of nurses

- After implementing ratios in California, Registered Nurses experienced a 31.6% lower than expected rate of occupational injuries and illnesses.[4]

- Every patient added to a nurse's workload increases:
  - burnout by 23%
  - job dissatisfaction by 15%.[5]

All the evidence points to one simple conclusion:

RATIOS LEAD TO BETTER HEALTH OUTCOMES.

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Branch Secretary Message

Neroli Ellis

Ratios Save Lives

The Public Sector Enterprise Agreement campaign is underway and thank you to all members who participated in the survey to guide the development of the key issues in the Log of Claims.

The survey revealed that workloads, overtime and inadequate staffing levels were the greatest concern. 60% do not understand NHPPD staff allocation methodology, 70% raised workload concerns with manager and 65% do not have adequate staffing. The application of the Nursing Hours Per Patient Day staffing model requires enormous resources and it is clearly not well understood. The model is sound, however the application is problematic. It has clearly not delivered safe staffing and nurses and midwives need a transparent, simple staffing tool.

Members were overwhelmingly supportive of a Nurse to Patient ratio model with 85% indicating it would be easier to understand. ANMF have developed a hybrid ratio model which encompasses components of the Victorian/Queensland and current Tasmanian staffing industrial/legal instruments.

Nurse : patient ratios ensure appropriate nurse and midwife numbers which allows the provision of safe and quality care to their patients.

The evidence is irrefutable both nationally and internationally that adequate nurse and midwife numbers, coupled with appropriate skill mix and work environment, directly affect the level of safety and quality in health care services.[1, 2, 3, 4, 5, 6, 7]

Ratios have been proven to be an economically sound staffing methodology. Evidence demonstrates an increase in organisational productivity, continuity of patient care and efficiency through improvement of staff satisfaction, while also reducing service variation and improving healthcare equality. [1, 8, 9, 10]

The time is right to implement nurse: patient ratios in Tasmania as the transition to the Tasmanian Health Service begins. The benefits for nurse : patient ratios are clear for the Tasmanian health system, the patients and importantly for the staff working in it.

Improving efficiency and delivering services in an economically sustainable way in the Tasmanian health system has become a key objective of the Tasmanian government. Patient ratios will contribute to improving efficiency within the Tasmanian Health Service and will be cost effective in doing so.

'Improving nurse staffing and skill mix will reduce adverse events and minimise unnecessary costs associated with inpatient complications.[1, 3, 8]'

Patients will experience much safer care that is of higher quality in a Tasmanian Health Service that implements patient ratios. Increasing nurse and midwife numbers improves patient satisfaction, lowers mortality, decreases re-admissions and reduces adverse events such as postoperative complications and pressure injuries. [1, 2, 3, 4, 5, 6, 7, 9, 11]

'Hospitals with a higher nurse staffing level have a 25% less rate of readmission compared to similar hospitals with lower levels of nursing staff.[4]'

Improving patient safety and efficiency within the Tasmanian Health System hinges upon a willing and able nursing and midwifery workforce. The nursing workforce not only has a direct impact on patient safety and the quality of care patients receive, but can impact negatively on productivity where turnover rates are high due to staff burnout and low morale. [11,12,13]

'Adding one patient to a nurse or midwifes workload directly increases the rate of burnout by 23% and reduces job satisfaction by 15% [13], implementing ratios will increase staff satisfaction and decrease attrition rates.'

The evidence is clear that nurse patient ratios are beneficial for the health system, patients and staff alike and reduces health servic variation while ensuring equality.

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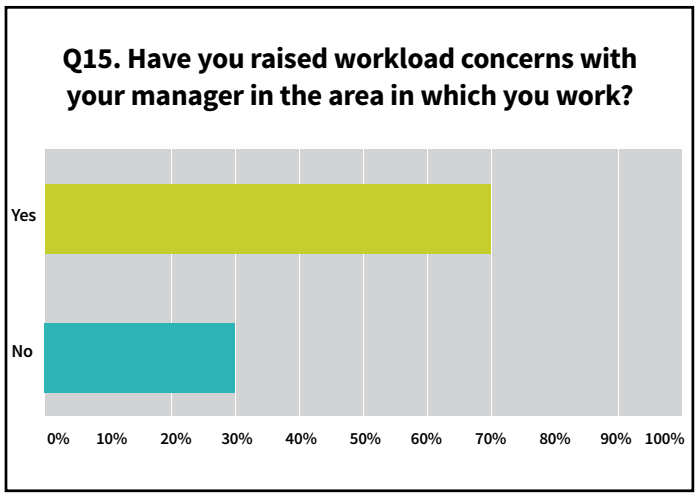
Nurses can stand strong under a nurse : patient ratio

ANMF conducted its survey of public sector members leading up to the creation of the Log of Claims for the Nurses and Midwives (Tasmanian State Service) Agreement 2016. A number of questions were around safe staffing models used in the public sector and if they were easily understandable and effective. Some of the results from the survey are published below.

Workload Concerns in the Public Sector

70% of respondents reported that they had conveyed workload concerns to their manager, with 63% concerned that staffing levels in their work area are inadequate.

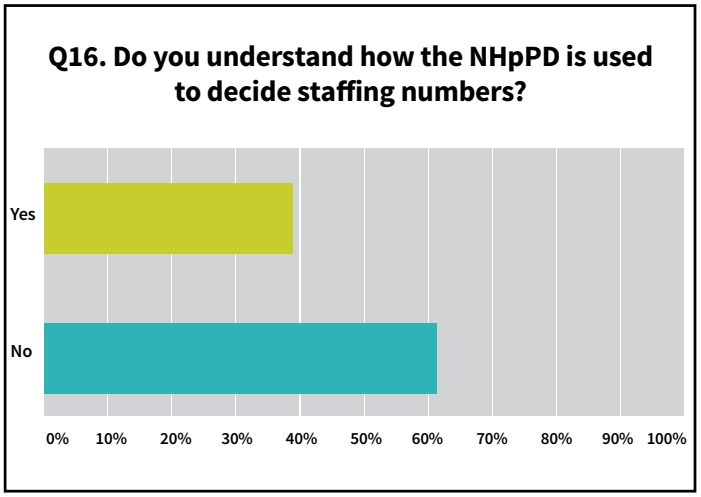


This is concerning given that the current staffing model used in the public sector (Nursing Hours per Patient Day) should provide the resources required for nurses to provide safe and quality nursing care.

The current Staffing Model NHpPD

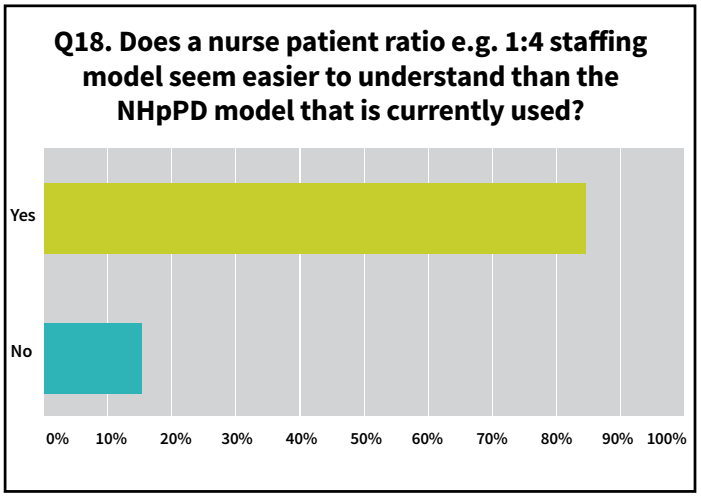
When asked about the current staffing model used in their area to ensure nursing resources are adequate, 61% of Members reported that they did not fully understand Nursing Hours per Patient day model and how it was applied to their area.

This is a major concern for frontline nurses who need to be able to articulate their concerns about safe staffing and workload in the context of the model. Not understanding a staffing model severely hampers the ability of the frontline nurse to justify decisions they are making in regards to patient safety and flow on their unit.



The Case of Ratios

When asked about a simple nurse to patient ratio system, and if it would be easier to understand, 85% of respondents agreed that this system would be far simpler than the current NHpPD and 63% believed it would be a good staffing tool for their area. 79% of respondents answered that they would feel more comfortable to refuse taking extra patients in the interests of patient safety if a nurse : patient ratio were applied to their area.



The case for nurse : patient ratios is clear when analysing the results from the public sector EBA survey. The staffing model is simpler for nurses to work within and gives frontline nurses concerned about workload and patient safety a solid framework to work to. The system will empower frontline nurses to advocate for patient safety, ensure all patients have adequate nursing resources and allow them to stand strong under the growing pressures of the Tasmanian health system.

Zero Tolerance to Violence and Aggression towards Public Servants

ANMF has been invited to participate on a Working Group to develop a Statement of Principles on violence and aggression against State Servants. The Working Group has been convened by the Tasmanian Department of Premier and Cabinet and ANMF is pleased to see the lead the Government is taking on this issue.

ANMF has been shocked to see the extent of responses from members in its recent Agreement Survey indicating that verbal and physical aggression is commonplace. One of the challenges the Working Group acknowledges is that reporting needs to be easier if Agencies are ever able to understand the extent of this problem – and there is no doubt that it is widespread.

In the meantime ANMF encourages all members to report any incidents of violence and/or aggression through your incident reporting processes. Acts of violence and/or aggression towards nurses, midwives and carers is never acceptable and certainly ANMF will seek, as a minimum, that the Statement of Principles reflects a position of zero tolerance. Once the Statement of Principles is developed ANMF will then seek to work with the Government and in particular THS and DHHS to formalise how the Principles will then translate into practice at the workplace and in all practice settings.

To this end, ANMF will be seeking that the Government provides sufficient funding to support the implementation of the Statement of Principles across the health sector. Other safety issues will also be raised particularly on behalf of our Community Nurses and Midwives who have a range of concerns particularly around communication and working solo in rural and remote settings. ANMF looks forward to continuing to update members on outcomes from the Working Party's deliberations.

Regional Updates

SOUTH

Security concerns at the Royal Hobart Hospital

Concerns were raised on members behalf at the Royal Hobart Hospital when a number of security breaches were reported to ANMF. Raising these concerns led to Royal Hobart Hospital management to implement additional security hours, review the use of all entrances after hours and ensure that all workers on site for the redevelopment are displaying appropriate identification.

Ensuring that there are adequate security measures at your health facility is imperative to ensure the Occupational Health and Safety of all employees. The issues with security at the RHH came with a change in work environment, with the current redevelopment project underway. It pays to always be aware of your work environment and to report any suspicious behaviour or security concerns to your manager or security.

It is the responsibility of all employees to ensure a safe work environment for themselves, their colleagues and their patients. If you report a security concern to management and do not receive an adequate response talk to your Health and Safety or ANMF rep on your unit, or call ANMF who can take the matter up on your behalf.

Royal Hobart Hospital Redevelopment – Change Processes

ANMF has had a number of meetings across the Hospital to discuss change proposals in regards to the decanting of wards to allow for the demolition of B Block. ANMF is enjoying working with members collaboratively to ensure that staff and patients are considered as the redevelopment process goes forward.

Change proposals are the mechanism that the public sector uses to advise employees of a possible organisational change that may affect them. Under the Nurses and Midwives (Tasmanian State Service) Award the DHHS and THS must consult with their employees around any major change that may affect employees. The consultation phase of a proposal provides an opportunity for employees to feedback any concerns they have about the proposal or the impact it may have on staff or the service they provide. Managers then take the feedback provided into consideration and may alter the proposal.

The consultation phase of change management is your opportunity to have your say about any concerns you may have, or suggestions, in regards to the proposed change. This feedback can be given by yourself directly to management or can be put forward by your union. This can allow union members to have their say without the need to single themselves out.

ANMF receives all change proposals from the THS and DHHS and where the change will obviously affect our members, for example the decanting of a ward, will look to meet with affected members. However it is sometimes not obvious to us that a change may affect our members, when this is the case we rely on our members to inform us. If you are provided with a change proposal and would like to supply feedback via ANMF please contact us on **6223 6777** or **1800 001 241**.

NORTH WEST

2016 has been very challenging for staff working in Maternity Services [MCH] in the North West. Following the release of the White paper in 2015 that indicated there would be an integration of maternity services for the North West region to Burnie, members at MCH had been left in limbo waiting for the announcement. Finally on 19 August the Minister made the much anticipated announcement. The proposed change will mean that birthing will cease at the MCH and be consolidated to Burnie. Further along with the announcement that all inpatient services and birthing for the Northwest will be at the North West Private Hospital in Burnie [NWPH] this will mean a big change for those midwives who have been working at the MCH in the inpatient and birthing suites. All Outpatient services which includes Antenatal, Postnatal and Midwifery Group Practice services, will be delivered by the Tasmanian Health Service [THS]staff from MCH and also from the North West Regional Hospital[NWRH] in Burnie. With the THS taking on all Outpatient services, this now leaves Midwives employed at NWPH also pondering their employment options.

Prior to and since the announcement, the ANMF has been involved with meetings with Members at MCH and NWPH to ensure their concerns have been raised with THS Management. The ANMF Industrial Team have been meeting with the THS Project Team to ensure members are protected industrially. The service model announced by the Minister did not include a Nurse Unit Manager [NUM] in the Outpatients service which was a concern of members. The ANMF on behave of members, have liaised with the THS project team and a NUM has now been included in the structure that will report to a Director of Nursing. With the changes to be implemented by the 1st of November 2016, the ANMF continues to meet with the THS Project Team and members.

On top of the work with the Maternity Services, North West Organiser, Marita Meadows has been kept busy with attending Enterprise Agreement meetings in the private and public sector and meeting with members in Aged Care facilities at morning and afternoon teas. If you have missed seeing your organiser at your site, then please contact our Hobart office on free call **1800 001 241** to have a meeting scheduled.

NORTH

The challenges in the North of the state continue to remain constant as we head into the second half of the year, with workloads and increased patient acuity being hot topics around the wards, in both the public and private hospitals with the emphasis of this being voiced by our nursing and carer members of the impact that this is having on patient safety. The ANMF organising teams across the North are currently sitting on numerous working groups representing members regarding their current workloads, and also in relation to any major workplace changes that are proposed.

ANMF attended a morning tea with members from the Child Health and Parenting Centre at their usual education day to celebrate with them the reintroduction of their administration staff members back into their building to work directly with them. At this meeting CHaPS staff were made aware, that after years of lobbying by the ANMF, CHaPS nurses are to move from Health and Human Services to within the Tasmanian Health Service. It was a great day will a lot to celebrate and the ANMF looks forward to continuing to support the CHaPS nurses through out the remainder of the year.

The organisers in the north have been out in the workplace visiting the aged care sites, talking with members and updating notice boards. It has been great to hear from our Nursing and Care staff members about the issues on the ground in their workplaces. It appears that things are busier then ever in aged care with workload demand increasing due to residents aging, and in turn the complexity of their care required, this coupled with current staffing levels is impacting on our members. In the aged care sector the ANMF are currently negotiating the following enterprise agreements: Presbyterian Care, Medea Park St Helens & Southern Cross Care. If you would like to be involved in your workplace with the Enterprise Agreement negotiations we would love to have your support, and the best avenue for this is to become a workplace representative for the ANMF, in particular we would love to have some ANMF care staff members as our representatives please contact your ANMF organiser or call us on **1800 001 241** to express your interest.

Pictured: ANMF attended a morning tea with members from the Child Health and Parenting Centre.

Mental Health is seeing interesting times in the North with Northside being nominated to trial the new safe staffing model for acute mental health. This will provide our members in the north a great opportunity to see how well this model works in practice and provide any feedback through to the working group that both ANMF representatives from Northside and the ANMF organising team are involved in.

If you see the ANMF team in your workplace please come up and have a chat to us. As we have been out and about in your workplace we have seen how truly hard you have all been working and we can only say keep up the good work it does not go unnoticed from our perspective and we look forward to supporting you all through the remainder of the year.

Mental Health Week - The Value of Consumer Involvement in Mental Health Services

1. **Michelle Cleary, PhD, RN, Professor of Mental Health Nursing, School of Health Sciences, University of Tasmania, Australia. **Corresponding author: Professor Michelle Cleary , School of Health Sciences, University of Tasmania, Locked Bag 5052, ALEXANDRIA NSW 2015, Australia. E: michelle.cleary@utas.edu.au. T: +61 2 8572 7954

2. David Lees, PhD, RN, CMHN, Lecturer, School of Health Sciences, University of Tasmania

3. Phil Escott, BA, Peer Support Worker, Sydney Local Health District Mental Health Service, Sydney, New South Wales, Australia. University Associate in the School of Health Sciences at the University of Tasmania.

Nurses are well positioned to be key agents of change in health care. The size and scope of the discipline, the trust that the public places in nurses, and the collaborative and therapeutic relationships that nurses foster as the foundation of their practice, create unparalleled opportunities for innovative evidence-based practice. Sustaining commitment to practice development can be challenging and requires a focus not just on the significant problems and shortfalls that necessarily draw attention, but also on the achievements and active contributions that are enabling ways forward.

In mental health care, the aspirations of both nurses and health care consumers coincide with implementation of the Recovery Model of care. This model involves a shift toward true collaboration and power sharing with consumers enabling individualised, strengths-focused care, with the aim of enhancing self-efficacy, independence and meaningful social inclusion (Slade 2009). Recovery is arguably an under-realised model of care, although its principles support significant positive changes in recent years and there are important and promising successes in this area that warrant celebration. Two of these being the employment of 'peer support workers' and the development of a 'recovery camp' education program.

Peer support workers are people with lived experience of mental ill health and associated mental health service use, who are employed as part of mental health teams wherein they draw on their own perspectives and strengths to directly contribute to the design, delivery and evaluation of care (Cleary, Horsfall, Hunt, Escott, & Happell, 2011). Peer support workers can provide a unique form of care, being valued team members who actively contribute to fuller adoption of a Recovery approach.

Embodying the Consumer Movement motto of 'nothing about us without us', peer support workers use their lived experience to enable other consumers to find independence, meaning and quality of life. This often involves helping identify, plan and implement a more holistic approach encompassing programs such as psychological therapies, mindfulness, yoga, exercise, music, nutrition, learning about warning signs, constructing 'advance directives', and linking with community organisations such as the Hearing Voices Network, educational institutions, leisure groups, neighbourhood centres, churches and clubs.

Peer support workers are a powerful force in that they 'walk the walk and talk the talk', as they share their expertise, fostering their own strengths and helping promote the strengths of other consumers as well as the potential of community and mental health service workers. Peer support workers may also provide coaching and mentorship, collaborate in research and education, work with the media, and inform political debate, amongst other activities.

Embracing consumer involvement in another form, 'Recovery Camp' is an innovative program that brings together university students studying health related degrees (e.g. psychology, social work, exercise science and nursing) and people with a lived experience of mental health problems on a 4-day 'bush camp' featuring a program of diverse activities. The concept was originally developed by the University of Wollongong and has recently been successfully adapted by the University of Tasmania. The central premise of Recovery Camp is that a diverse, coordinated group of consumers, students and staff, with clear and positive intentions, can learn from and support each other in ways that enhance understanding and mental health and wellbeing.

Using a variety of physical (e.g. team rope climbing, canoeing, bushwalking); creative (e.g. tie-dying, mandala drawing, music); and psychological (e.g. learning about Recovery, sharing life experiences, goal setting) activities, consumers, students, and staff teach each other, creating a rich experiential learning environment as they have fun, and encounter novelty challenges, and positive interpersonal connections.

Recovery Camp was found to increase consumer health and wellbeing, with a consumer-participant noting, for example: 'It reinforced my own strengths and gave me a sense of belonging and understanding and inspiration from others'. Camp was also found to positively affect student perceptions of people living with mental health problems, and to provide a valuable inter-professional learning experience, increasing interest in working in mental health utilising Recovery principles.

During Mental Health Week it is timely to reflect on the value and success of consumer involvement in the diverse range of activities that can directly or indirectly affect care. Clearly, the ongoing move away from disempowering and reductive models of care is important, and fostering consumer involvement is of central importance.

Within the limitations of our health systems, individual and collective personal and professional qualities (e.g. our attitudes, knowledge, aspirations, ability to be self-aware and critically reflective), and the ways we understand and relate with other health professionals, and with consumers and the significant people in their lives, hold the potential for practice development and improved outcomes (Cleary & Horsfall, 2013). Creative, empathic, collaborative care, based upon therapeutic relationships within which trust, respect, shared power and embracing complementary expertise is actively fostered and harnessed, can be a key catalyst for fuller realisation of nurse and consumer aspirations. Ongoing empowerment of mental health care consumers to use their lived experience to 'walk alongside' other consumers and health professionals in a shared journey, exemplifies the possibility of evolving care and actively constructing health services and outcomes worthy of celebration.

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ANMF Member Story

By Julie Moltmann and Catherine Vanderslink

Paediatric Eating Disorder Clinical Nurse Specialists

Pictured above (L-R): Catherine Vanderslink and Julie Moltmann.

Eating Disorders are complex and serious psychiatric disorders that have devastating medical complications. Eating Disorders have one of the highest mortality rates of all mental health disorders in young and middle-aged adults. Mortality in Anorexia Nervosa is 5 times higher than for the general population and less, but still significantly higher for other Eating Disorders. Most deaths are attributed directly to the physical complications of the Eating Disorder, however suicide poses a great risk being the next highest cause of death.

Eating disorders are thought to have a very strong genetic component and the Anorexia Nervosa Genetics Initiative (ANGI) study is trying to identify the specific genes associated with Anorexia Nervosa. This will not provide a simplistic answer, but may be able to identify those at risk, and help researchers to understand the interactions between genetic influences and environmental influences. This will then be used to help clinicians, as early intervention not only makes treatment more successful, but also reduces medical complications.

Our work is with children, adolescents and their families. Family has many definitions and the family gets to decide this. Sometimes it's a very conventional mum and dad and siblings, sometimes it's separated families with step-parents, sometimes it's same sex parents, sometimes it's grandparents. It really doesn't matter. What matters is that they always have more invested in their child than anyone else will ever have. Most importantly, they have not caused the eating disorder. It is nothing the family have done, or didn't do. It's very important for both clinicians and families to understand this. Parents do not cause Eating Disorders, but they will be responsible for helping their child recover.

Family Based Therapy (FBT) is the evidence based treatment for children and adolescents with Anorexia Nervosa. If medical stabilisation is required this will be done in hospital but 'recovery' is done at home. Parents are supported in this by

a therapist who provides FBT combined with regular medical review. Dietitians are used in hospital, but parents are in control of food after discharge. FBT relies on parents taking complete charge of eating and exercising initially. Slowly, control is given back to the young person when they are able to make choices that will maintain health. Once this has been accomplished the therapist will deal with any other remaining issues and will also assist in catching up with the normal developmental activities of childhood and adolescence.

While this sounds easy, it is not easy for the families involved. Families who do this have become our heroes. We don't think we can find words that describe our admiration for their tenacity and determination. Every mealtime and every snack can be a battleground. As a result of the eating disorder their beautiful, intelligent and loving child is likely to become argumentative, secretive, untrustworthy, manipulative, depressed and angry. And I mean really angry. To ensure recovery parents are asked to make decisions about food and activity that exacerbate these behaviours on a daily basis and often for many months. Life goes on hold for these families. If you know someone who has a child with an eating disorder there are some things you shouldn't do and some things you could do.

"Don't give advice and don't assume that you understand what they are going through. Don't underestimate their fear for their child's health. Don't EVER say 'well they should just eat'. Don't trivialise this disorder or its effects on physical or mental health. Don't blame anyone."

Do ask how they are going and take the time to listen. Do understand the family may not be able to attend birthday parties or Christmas celebrations - don't take it personally. Do understand this takes a lot of time and energy and it might be up to you to stay in touch for a while. Do offer help. Do understand that even though the young person may look well, the daily battle may still be happening. Do ask the family for resources to help you understand.

While there are co-ordinated specialist services for children and adolescents in Tasmania there are no specialist services for adults. We both love this work but the very worst part of any day is when a parent of a child over the age of 18 contacts us looking for help. We have to tell them there is nothing and they will need to assemble and coordinate their own multidisciplinary team. This is clearly unacceptable and needs to change. We can't imagine this happening in diabetes or oncology and believe it is symptomatic of the general misunderstanding of Eating Disorders.

In 2012 the Butterfly Foundation engaged Deloitte Access Economics to prepare a report on the economic and social costs of Eating Disorders in Australia. This study estimated that there were 913,000 people with Eating Disorders in Australia with a total economic cost of $69.7 billion in 2012. The economic argument for affordable and accessible treatment is compelling, but having worked with families affected by eating disorders, the economic argument pales into insignificance compared to the humanitarian imperative.

WorkSafe's New Bullying Campaign + Resources

September sees the launch of WorkSafe's new media campaign and practical resources focussing on workplace bullying.

Who's at risk?

A common perception is that young workers and apprentices are victims of bullying. While these are an at-risk group, it might surprise you to learn that workers aged 45–54 were more likely to be affected than any other age group, with 35% of affected workers in this age group.

Women made almost two-thirds of the workplace bullying and harassment claims lodged. Unfortunately, one of the most affected industries in Tasmania was the health care and social assistance sector. Some of the most affected occupations were carers, aides, and health professionals.

The effect on people

Workplace bullying is a risk to WHS because it may affect the mental and physical health of workers. It can be harmful to the person experiencing it and to those who witness it. The effects will vary and may include:

- distress, anxiety, panic attacks or sleep disturbance
- physical illness such as headaches, fatigue, digestive problems and muscular tension
- negative impact on work performance, concentration and ability to make decisions
- loss of self-esteem and feelings of isolation
- deteriorating relationships with colleagues, family and friends
- depression
- thoughts of suicide.

Look out for the ads

Spearheading WorkSafe's campaign are seven attention-grabbing ads for newspapers and online (see one in this edition). They're designed to look just like real job ads — ranging from assistant and intern levels to manager and supervisors — and they highlight different aspects of bullying behaviours.

Get the resources

WorkSafe has developed practical resources to help workplaces manage bullying just as they would any other WHS hazard: through:

- identifying the problem or potential for it
- implementing control measures to prevent it
- having a planned system of policies and procedures in place to manage it.

The comprehensive guide 'How to prevent and respond to workplace bullying' explains what bullying is and is not, how to prevent it, how to respond to it when it arises, including what to do if you are a victim or accused of bullying.

It provides information for:

- persons conducting a business or undertaking (PCBUs) and managers who must manage the risks of workplace bullying
- anyone who thinks they are being bullied, so they can determine if workplace bullying is occurring and how the matter may be resolved
- anyone who has had a bullying report made against them.

This guide contains checklists and practical tools, including a sample policy. You'll find some of these, plus posters, on our website at www.worksafe.tas.gov.au/bullying

To get your copy of guide and the posters, go to: **www.worksafe.tas.gov.au/bullying** or call our Helpline on **1300 366 322**.

WorkSafe month focus

There's also a special focus on workplace bullying during WorkSafe Month in October and the Inaugural WorkSafe Tasmanian Conference. For more details, go to www.worksafe.tas.gov.au

What has culture got to do with it?

By Caroline Dean - Training, Coaching & Consultancy

There is little doubt we've improved our understanding of workplace bullying over the last decade. In particular, there is now a general acceptance that unresolved conflict and bullying causes great harm.

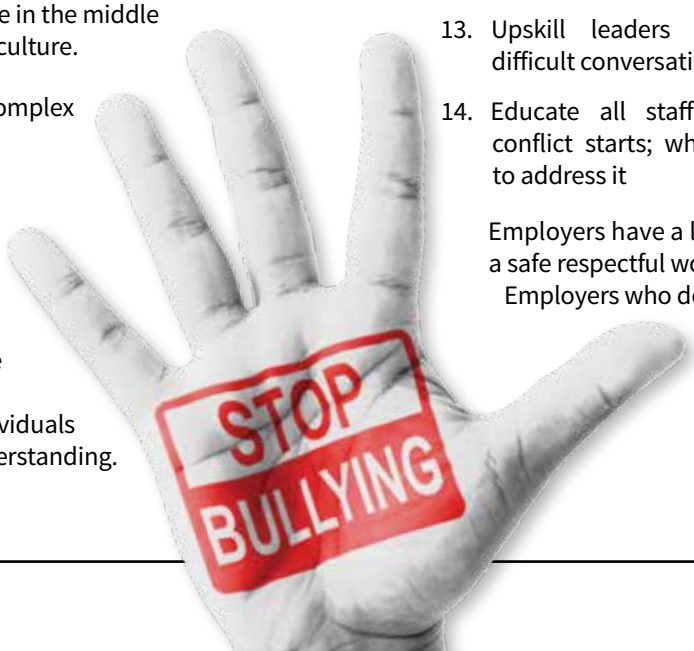
What is less understood is that bullying is always cultural. By this I mean, that bullying is a product of 'how things are done around here'. Cultural practices are learned and organisations can implicitly encourage bullying by the practices they normalise. If an organisation has not clearly spelled out the expected behaviours, promoted and monitored those behaviours, then disrespectful or bullying behaviour is significantly more likely to become accepted behaviour and practice. Over time new employees will become inculcated into the prevailing and accepted culture.

The relationship between culture and power is crucial to understanding how bullying manifests and then becomes entrenched behaviour. In workplaces where unequal power relationships exist it's not unusual to find passive acceptance of the bullying.

Bullying is complex. We often try to simplify the problem by redefining it and making it about individuals and not about the culture. For instance, we might understand the bullying between two people as a personality conflict or seeing one person as the 'problem'. The trouble with simplifying the bullying in this way is that we cast one party as the victim and the other as the villain. This way of thinking defines one party as being 'right' and the other as being 'wrong'.
What is actually happening fits somewhere in the middle and is always a reflection of the accepted culture.

Bullying behaviours are always part of a complex set of interplays between culture, people, behaviours and work practices. And the way power is constructed underpins all these relationships.

To change the way, we view bullying we must see the bullying behaviour as a symptom of a toxic culture rather than the individual as the problem. This allows organisations to shift their focus from individuals and move to a whole-of-organisation understanding.



Early this year a damages settlement of $1.3million was given to a Sydney woman for serious bullying, abuse and sexual harassment. In this instance, the culture of acceptable behaviour was led by her manager and it's hardly surprising to find her colleagues followed suit. By failing to take action a powerful message was given to all workers that they could continue to bully with little fear of repercussions. Bullying became a defining characteristic of that workplace.

So, what can be done to develop a sustainable respectful workplace culture?

1. Set clear expectations of expected behaviour and remind all workers often (informally and formally) of these expectations
2. Lead by example and role model the behaviour and skills you want to see demonstrated throughout the organisation
3. Make respectful behaviour a part of your core business
4. Set clear standards of shared behavioural responsibilities for employees, management and employers
5. Set effective behavioural KPI's in performance plans and monitor performance often
6. Give regular feedback on behaviour
7. Nip inappropriate or ineffective behaviours in the bud by addressing it immediately
8. Develop resolution processes and protocols that can be used early when conflict arises
9. Promote and foster a positive respectful work environment
10. Develop personal and team accountability
11. Maintain open and transparent communication practices
12. Spend time equipping staff with conflict capacity skills
13. Upskill leaders to confidently conduct difficult conversations
14. Educate all staff in understanding how conflict starts; what it looks like and how to address it

Employers have a legal obligation to provide a safe respectful workplace for all employees. Employers who decide to ignore, or be blind to inappropriate and disrespectful behaviours send a powerful message that their employees are not important nor valued.

Tasmania and Mental Health Nursing

All health care has a mental health component, and mental health care is relevant to all the life stages of individuals. Whilst general trained nurses will all care for clients experiencing mental ill health as part of their standard practice, when mental health clients require specialised treatment either in hospital, the community or in approved facilities, certain legislative frameworks apply.

In Tasmania, the Mental Health Act 2013 provides the legal framework for the care and treatment of people with serious mental illness. This Act governs the right and responsibilities of clients and practitioners regarding care or treatment required under the Act. For a nurse to be able to be deemed to have approved functions under the Act, they must be classified as what is now known as an Approved Nurse.

The differentiation between a general nurse and approved nurse became more confusing for people who were associated with the previous titles, such as mental health nurse or psychiatric nurse. Indeed, nurses working in the mental health field often still refer to themselves by these titles. However, since the 2010 creation of the National Registration and Accreditation Scheme, which is administered by AHPRA, specific qualifications (which included mental health, paediatric or disability nursing) were no longer regulated as separate disciplines and fall under the one umbrella of general nursing.

For nurses with such a specialisation this posed a problem. Not only was this a change to their identity, but having a sole qualification in mental health nursing also meant that many would not be qualified to be a general nurse. AHPRA partially recognise this concern by providing a Notation on a nurse's registration that states "solely qualified in the area of mental health nursing". However, some six years on, and not all nurses who hold a sole qualification have a notation and those that do not, need to apply through AHPRA to gain the notation.

The Mental Health Act 2013 and subsequent instrument from the Chief Psychiatrist provides an automatic approval of nurses if they are a Registered Nurse, who has successfully completed one or more of the following:

1. A specialist tertiary postgraduate mental health or psychiatric nursing qualification

2. A hospital based training program in mental health or psychiatric nursing that was or is accredited by the nurse registration authority of the country in which the person completed the program as being sufficient to result in registration as a mental health nurse or psychiatric nurse in that country.

An additional approval category is on the basis of experience, where cases are considered on a case-by-case basis by the Chief Psychiatrist. In order to apply on this basis, a Registered Nurse must complete the Approved Nurse (Mental Health Act 2013) Online Competency Package, be familiar with the Mental Health Act 2013 and Chief Psychiatrists Standing Orders and Clinical Guidelines, have at least 12 months experience in the treatment or care of persons with mental illness, and have a Peer Endorsement from a Grade 3 or higher Approved Nurse and a Grade 4 or higher Approved Nurse.

Under the Act Approved Nurses are able to authorise the seclusion or restraint of adult involuntary patients within approved assessment centres and approved hospitals. Whilst these interventions are a last resort, they can be necessary to facilitate treatment, maintain order and security, and to prevent the patient from harming themselves or others. For these reasons, it is important that any approved hospital has approved nurses.

Every nurse has the right to practice in accordance with the Work Health and Safety Act 2012. This means that your employer must protect you from hazards arising form work, so far as is reasonably practicable.

The ANMF has been made aware of various sites where there is not always an Approved Nurse in each site, on each shift. Whilst there are some provisions under the Act for general nurses to call an Approved Nurse elsewhere for assistance, in an emergency making such calls to have seclusion or restraint approved can cost valuable time and put staff and patients at risk.

The ANMF has also been advised of workloads pressures nurses are facing, as patient acuity rises whilst numbers of appropriately qualified staff decline. Although mental health nursing is no longer recognised by AHPRA as a distinct category of nursing, it remains a specialised field. Unfortunately, the Tasmanian Health Service no longer recognises the need to be appropriately trained in the field, having recently removed holding a mental health qualification from the essential or desirable selection criteria.

However, if mental health is an area of nursing that interests you, universities offer post graduate qualifications in this field. If you already work in the area, have not yet become an Approved Nurse, but this is something you would like to look into, please go to: **http://www.dhhs.tas.gov.au/mentalhealth/chief_psychiatrist** or call the ANMF Information Centre for further assistance.

Additionally, if you, or any of your colleagues, are facing concerns about workloads or safety in your workplace, please contact the ANMF Information Centre on **(03) 6223 6777** or **1800 001 241** (outside Hobart area) or via email at: **info@anmftas.org.au.**

THE *heart* BEAT

On the HEARTBEAT for OCTOBER:

"How do you think we can break the stigma attached to mental health?"

ROS GORRIE

Community Mental Health Nurse

"Promotion of the holistic approach 'Speak up, Stay chatty'; and encourage the use of social media to help those experiencing mental illness to freely speak about their illness with others."

PETER FRASER

ANMF Workplace Representative at Older Persons Mental Health Community Team – SOUTH

"Decreasing the use of labels in mental health is one way of breaking the stigma attached to illness. There is no way to change this quickly. Mental health professionals hold the key to decreasing the stigma attached to mental health."

ACUTE CARE conference

ANMF / HERC 4 NOVEMBER 2016

ANMF TASMANIAN BRANCH

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