

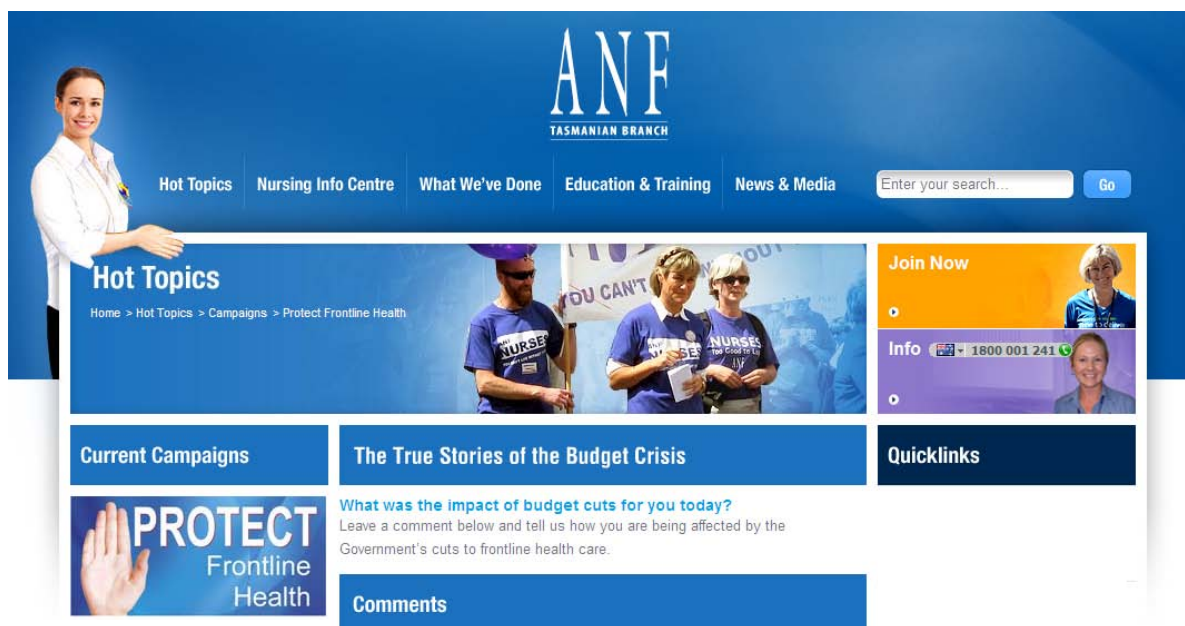


**Australian Nursing Federation
(Tasmanian Branch)**

**Submission for the Parliamentary Inquiry into
Cost Reduction Strategies of the Department of
Health & Human Services**

Appendix C
ANF Website Comments

December 2011



• 1 Anonymous Dec 6th

May we pass on our dismay and disgust in the cuts that are happening in the Tasmanian health system. With a situation that we had to cope with whilst staying in Launceston last week end (we live in Devonport), it was impossible for my wife to be attended to in the emergency section at the LGH, due to a severe bleeding situation due to lack of medical staff. Thank god for the reception staff on duty for their help with this situation. Fortunately the bleeding stop after 5 and 1/2 hours. Why there are extensions etc going on there and the Mersey General Hospital is beyond belief when the cuts in nursing etc. happening, as there will not not be staff available to utilise these improvements. Pity so much money going into VFL football for the south, and the the phantom fox hunt, and not into the failing health system.

As the saying goes "the gates close at Oatlands, bugger the North of the State".

We fully support the ANF Tasmania Branch, in their bid to safeguard the quality of patient care in the Tasmanian health system.

name supplied

• 2 Anonymous Dec 6th

I am a single mother of 3 young children, since seperating from my husband 5 years ago. Since that time I have had sole responsibility for the children emotionally, physically and financially. I am one of the nurses on a fixed term contract who will be affected by these health budget cuts. I have been a loyal committed employee during my time of employment and expected my position to be ongoing. I have no idea what I am going to do if I lose my job, it is going to be very hard to gain employment elsewhere as a Nurse with every other nurse in the same position as I. I will be looking at leaving my career which I love and choosing another area of employment. All of these nurses leaving Tasmania for the mainland will not be back when / if things get better, they no longer trust the stability of the state. We are losing fantastic nurses every day to the mainland and as most of our nursing staff are an aging population, what is going to happen in 10 years when we no longer have our experienced senior staff. People with valuable experience such as this are essential to nursing wards, especially when skill mix may not be so good on certain shifts. While my situation is scary, I am more worried about the impact on the community. I am shocked that

they are not jumping up and down in protest, and simply put it down to them not realising what this means to them. People may think if they are sick enough and present to hospital a bed will be found for them, this is simply not the case. They will be taking the actual beds off the wards, and storing them so we will not be able to provide the care the community requires. People who require admission will simply be sent home with family members only to care for them, something that is already happening at times due to extreme bed shortages at times. I really hope something is sorted soon and nobody loses their life before it occurs.

- 3 Anonymous Dec 6th

I was told I had to take annual leave between Xmas and new year or I would be redeployed. My work does not just stop because of Xmas.

- 4 Anonymous Dec 6th

I'm a general nurse currently working within mental health. In 30 years of nursing, in a wide variety of situations and several countries, I have never seen so many patients vicariously traumatized by a government who obviously has no health plan and is solely focused on cutting front line jobs. Lives of nurses, their families & patients are in a state of absolute confusion. The situation is untenable professionally and ethically, I cannot understand how managers whom call themselves nurses can action such destructive measures against colleagues and unsettle the lives of patients without having their registration revoked! They are causing harm to the psychological, physical and social aspects to those who care and are being cared for in the mental health services. There should also be consideration given to taking legal action by colleges for bullying and harassment in the work place causing psychological stress and physiological illnesses, It seems that my union is slow to take serious action as to put on notice employer, middle and senior managers that nurses and carers are considering legal action against them. Is it possible to have front line nurses to report to their unions all instances of bullying and harassment in the work place? I seriously believe that until we take up to our employers and managers they will think that they can treat nurses anyway they please! This union needs to toughen up and really start fighting for the health of Tasmanians everywhere vicariously this means fighting for all health positions including those work horses known as casual nurses!

- 5 Anonymous Dec 6th

Dear Lara, I do hope that when it is your turn to be admitted with chest pain, you will find me allocated to care for you. I will do it willingly, professionally and with a smile. The problem is that I may not have the support, or team to care for you. Unfortunately you will have to wait an extended period of time to get from your ambulance, and I am quite sure wait patiently in DEM, but without enough staff, I can't imagine how things might up. Look actually the job uncertainty, has led me to think that Woolies might have greater job security, and at least I won't get sued for stuffing up, through lack of resources to provide safe care, yours anon

- 6 Anonymous Dec 7th

The budget cuts mean that I will not have any employment after January 14th 2012. I am a guard nurse at the present on a short term contract that is not being renewed. I want to work

but unfortunately I do not count in this Government's plans.
name supplied

- 7 Anonymous Dec 7th

I am a Registered Nurse and Midwife at the Royal Hobart Hospital. I am not alone in wondering how so much money can be spent on building a new facility when the jobs of nurses, doctors, allied health clinicians and ancillary staff are being felled daily. I also wonder how many lives will be lost due to the closure of beds and cutting of clinical services.

The current climate is deeply demoralising to all workers who have the threat of unemployment or severe underemployment hanging over their heads like the sword of Damocles. Staff in the Roster Office have been under orders not to fill any staffing shortfalls until the day of the shift. Some units have been granted dispensation to this draconian rule. For others, however, there is minor chaos daily. The roster office opens at 0630, and nurses on the morning shift are being called between 0630 and 0700 to start work by 0800. This is the new policy even when the staffing gaps are identified the evening before. Needless to say, casual staff are very stressed waiting for calls and having to organise their lives around the uncertainty of working hours. It also causes unnecessary disruption on the wards, with charge nurses having to spend far more time and energy chasing the authorisation to replace staff and not knowing if they will have enough nurses to cover the needs of the unit. Casual and part time staff, who are integral to the overall nursing numbers on many wards, are only being given 6 hour shifts instead of 8. The consequence of this is that fulltime staff on 8 hour shifts are expected to cover times of inadequate nurse-patient ratios at the beginning and end of shift. This increases their stress and workload to the point that it is unsafe for patients, not to mention the cumulative effect on the health and wellbeing of staff. Handovers are rushed and incomplete, meaning critical clinical information is not imparted, which will inevitably lead to medication errors, miscommunication of test results and lack of clarity about patient care plans. All it takes is for one patient to have an acute episode, such as a haemorrhage or heart attack, during a period of understaffing, and patients will die unnecessarily. Any inquest would certainly find that lack of staffing would be implicit in the outcome.

I returned to Tasmania a year ago to help my family through an acute crisis when my mother was killed in a car accident, my sister was badly injured, and my elderly father very unable to cope with the loss. I left senior midwifery roles in education and research in Melbourne to return to Hobart, my family needed me. I was perfectly satisfied to return to "the trenches" on the wards, and to leave the hustle-bustle of big city life in favour of all the beauty of Tasmania and the simpler lifestyle. My family is the better for this move too. However, if I were 22, unattached, and finishing up a Transition to Nursing program at the Royal, I would be on the first plane to the mainland or overseas to seek more secure employment elsewhere. I know many nurses and doctors who are contemplating just such a move. If they leave en masse, the Royal may save money in the short term, but the skills shortage from the Brain Drain will be devastating to the Tasmanian health sector in the future.

We need more clinical staff, not job cuts. We certainly don't need more bureaucrats. The Royal is the tertiary referral centre for the entire state. With closures in the North West and proposed bed closures at LGH, which other hospital is going to be able to receive patients? Will the State Government decide to send them to Melbourne by helicopter? Will people be made to wait for elective surgery until they are too frail to survive it? In my area, Women's and Children's Services, babies keep arriving and kids keep getting sick and having accidents. We are seeing increasingly complex situations of high risk social service and mental health

requirements. Our referral paths are being slashed, too, which can only be detrimental to the health of our future.

I love Tasmania, and I care deeply about the importance of state funded healthcare being universally available. In all the years I have been nursing, I have never been short of work. To the contrary, I have always been accustomed to working extra shifts and overtime. I have always been happy to help my colleagues and give patients the best care that I can – both in terms of clinical expertise and being a kind and caring presence to patients and their families when they need it. However, I cannot survive financially on the dramatic cut in my working hours. Far worse than my personal economic circumstances, though, is the stripping of the respect afforded my profession by politicians and bureaucrats. I take pride in my work. I am good at what I do, I am experienced, I love working with patients, have cordial working relationships with my colleagues, and I have always enjoyed being part of something so important in people's lives. In the space of a few months, I have gone from being viewed by the hospital as a valued member of the team to being an expense to be culled. I am now called last minute, placing additional pressure on my family. My permanent colleagues are stressed for the lack of hands on deck. My colleagues whose fixed term contracts are due to expire soon are considering their futures grimly. And still the patients keep coming, and we keep trying valiantly to attend to them as we have always done. We are all wondering where the severe new measures will stop. And many of us are wondering whether it is worthwhile staying in the Tasmanian public health sector at all when we are becoming so undervalued.

We need immediate action to prevent further degradation of our health sector. Otherwise, it seems almost inevitable that our brand new hospital will have no-one left to staff it.

- 8 Anonymous Dec 7th

I recieved in the mail today a letter from the Health Service and the office of the state service Commiinssioner today what a waste of my time and engery it was to get all of that paper work together and go over it time after time and to make sure i had everything that was asked of me only to be told i dont meet the ciretia for this work i love and was caring enough to choose me for all of these years (30) plus. Yes thats right it looks like I wil loose my job to so do I Now throw my arms in the air and say thats alright I will go peacefully and take a very early retirment? My story is this I moved here three and half years ago from NSW and did not think a Health sytem could be anyworse then there. So we packed up the husband and my aging mother and moved to a beatuiful part of Australia and we thought this is it we home safe and everything around us, so now do I claim the careers pension for my aging mother that i have never claimed before and maybe i should claim a careers pension for my invilid husband from vetran affairs and get them back dated and just sit around and do nothing for the rest of my life, no I now there's is no way i could ever do that but then again maybe i might have to really think about that part for a little while.

I would just like to say I really love my job otherwise i doubt very much wheather i could of begin doing this work, love and devotion for all these years any way enogh rambling on I would love to thank all the girls and guys at lgh for the support and welcoming they gave to me 15mths ago they will be treasured in my heart and mind forever come what may, a caring and and commited group of people i have been blessed to know and work with Tassie this will be your loss if people and I mean all Tasmanians dont stand up now you will be the losses here as this hospital gets torn apart and hopefully my Local members who have been siiting the the fence and whom we have not heard from, really its votes trust me WE WILL REMEMBER

name supplied

- 9 Anonymous Dec 7th

I am saddened by the widespread effect of the current cutbacks. I am a casual employee in the dhhs of 11 years – I have found this the easiest way to manage work with 3 children, as returning to the state 12 years ago no one would offer set days to enable me to organise childcare etc, another issue with a profession that works around the clock. Up until recently I have been filling a gap in the roster of 1-2 nights per week and filling in for sick leave where possible in between. As from mid december my services are no longer required as my hours are to be given to the permanent employees due to a reduction of hours in the roster (i.e. one less nurse per day). I am hoping that I will be able to continue as a casual, however the reality is the casual pool is becoming saturated with others who have lost their hours and positions and I wonder just how much work will be available with reduced beds, and January is a renowned time for being quiet with ward closures etc.

It seems a great shame that others, like myself with 20-odd years of experience will be potentially forced from the profession due to these cutbacks. Morale is low, I particularly feel for the graduates who are leaving university with great expectations and enthusiasm who are finding it increasingly hard to begin their careers as there is little option available. Many of these may choose, or are forced, to work interstate or change their career path before it has even began. Our patients numbers never reduce, only the bed numbers it seems and our ability to manage them with less and less resources is being truly tested. I love my job but I need to work somewhere and if it means that I need to find income elsewhere another nurse will be lost. I wonder in the future, in improved economic times whether we will be rewarded for the current situation we find ourselves in by having workable nurse to patient ratios to provide what we would determine good holistic care to the our patients. We seem to always make do under tough circumstances...our reward today is thanks, but there's the door!