



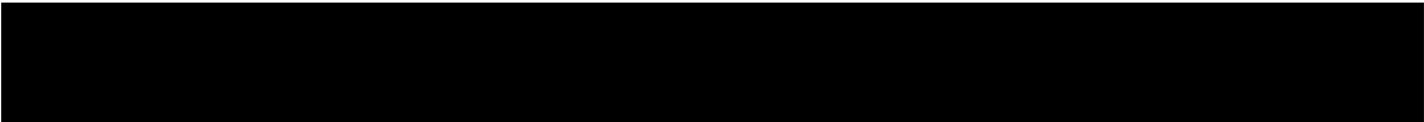
# COMMONWEALTH GOVERNMENT COVID-19 RESPONSE INQUIRY

Submission to an Independent Panel



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# Introduction

There was a profound irony in 2020 being the Year of the Nurse and Midwife. The year that was meant to celebrate and elevate the nursing profession became one of the most difficult and demanding years in history. However, the response to the COVID-19 pandemic showed the world the value of nurses and highlighted the need to invest in and empower them for the future of health. The Australian nursing profession needs to be formally recognised and acknowledged for nursing's vital contribution in managing Australia's acute and complex health care needs during this challenging time.

The COVID-19 pandemic continues to impact the nursing workforce, with many nurses still managing increased workloads and experiencing stress and burnout. The pandemic contributed to a rise in attrition rates among nurses, with many leaving the workforce due to stress, burnout, and early retirement.<sup>1</sup> This has resulted in further increased workloads and inexperienced nurses being promoted to fill gaps, setting up a vicious cycle that impacts the mental health and wellbeing of the remaining nurses.

In line with the terms of reference, this submission draws on national and international literature to reflect on the Commonwealth Government's response to COVID-19. The focus is on the nursing workforce, governance, key health responses, health support for people impacted by COVID-19, and support for the nursing profession.

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<sup>1</sup> McGuinness, S. L., Johnson, J., Eades, O., Cameron, P. A., Forbes, A., Fisher, J., ... & Leder, K. (2022). Mental health outcomes in Australian healthcare and aged-care workers during the second year of the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 19(9), 4951.

# Impacts and the Nursing Response to the COVID-19 Pandemic

## The personal impacts

The COVID-19 pandemic exposed both the vulnerability and resilience of nurses, who were at the forefront of the response, providing care and comfort to patients and families, often at the risk of their own health and safety.<sup>2</sup> Nurses faced unprecedented levels of stress, burnout, fatigue, and grief, as they witnessed the devastating effects of the virus on their patients and colleagues.<sup>3</sup> Some nurses contracted the infection and died, while others suffered from psychological distress and trauma.<sup>4</sup> The pandemic also highlighted the existing challenges and gaps in the nursing workforce, such as shortages, inadequate training, low wages, and poor working conditions.<sup>5</sup>

Whilst the government was restricting the liberty of the community for their own protection, they were expecting nurses to continue to work and risk their own health and wellbeing, as well as that of their families. This was further impacted by constantly changing advice, guided by National Cabinet decisions, within what were often unrealistic time frames. This significantly impacted organisational, professional and personal decision making, increasing nurses' levels of stress. Nurses were often the ones who were expected to enforce changes at short notice that impacted patients and their loved ones. In addition the frequent need to furlough significant numbers of staff due to exposures led to increased pressure on those left to care for patients.

## Infection control and personal protective equipment

The COVID-19 pandemic highlighted the lack of national readiness for a pandemic response in terms of direction, policy and procedures. There was inconsistent advice on infection control measures, which led to confusion in health care settings. This placed significant stress on nurses as they tried to provide appropriate care to their patients while facing rising concerns from the public. There was added pressure and confusion in healthcare services when areas were deemed '*high risk settings*' particularly after local emergency declarations were stood down. Clear definitions, direction, and community awareness may have taken some of the pressure off nursing; better communication between the Commonwealth, State and Territory Governments would have benefited everyone.

A significant challenge for health care workers was access to adequate personal protective equipment (PPE) to prevent infection and transmission. Some of the key issues that nurses faced were: inconsistent and unclear guidance on the appropriate use of PPE for different settings and

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<sup>2</sup> Davidson, A. (2023). [COVID-19 and How It's Changed Nursing: A Two Year Reflection](#). NurseJournal Oct 10, 2023

<sup>3</sup> Chan, G. K., Bitton, J. R., Allgeyer, R. L., Elliott, D., Hudson, L. R., & Burwell, P. M. (2021). [The impact of COVID-19 on the nursing workforce: a national overview](#). *Online Journal of Issues in Nursing*, 26(2), 1-17.

<sup>4</sup> Ibid.

<sup>5</sup> Fernandez, R., Lord, H., Halcomb, E., Moxham, L., Middleton, R., Alananzeh, I., & Ellwood, L. (2020). Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International journal of nursing studies*, 111, 103637.

scenarios;<sup>6</sup> shortages and delays in the supply and distribution of PPE, especially masks;<sup>7</sup> lack of training and support on how to safely don and doff PPE;<sup>8</sup> increased workload and stress due to the high demand and complexity of care for COVID-19 patients;<sup>9</sup> fear of contracting and spreading the virus to their families and communities.<sup>10</sup> These issues had significant impacts on the physical and mental health and well-being of nurses. The Nursing and Midwifery Board of Australia recognised these challenges and provided guidance and support for nurses and midwives during the pandemic.<sup>11</sup> They also advocated for the implementation of clinical supervision and infection control training for nurses and midwives.

## Aged Care

The COVID-19 pandemic posed many challenges for nurses who worked in aged care facilities. Key challenges included: protecting the health and well-being of the elderly residents, who were more vulnerable to severe complications and death from the virus;<sup>12</sup> maintaining adequate staffing levels, as many nurses contracted the virus or had to self-isolate due to exposure;<sup>13</sup> coping with the emotional and physical stress of working in high-risk and demanding environments;<sup>14</sup> providing compassionate and ethical care to residents who were isolated from their families and loved ones, especially those with dementia or other cognitive impairments.<sup>15</sup> These challenges were heightened by the disconnect between the Commonwealth Government and State and Territory Government health services.

[REDACTED]. As the Commonwealth were unable to respond effectively, local health services were called on to assist. This put more pressure on an already over stretched workforce. The situation was not helped by the confusion around 'highly recommended' approaches for aged care facilities following the stand down of emergency actions which were in contrast to the expectations of the Aged Care Quality and Safety Commission. Greater preparedness and closer collaboration and a consistent approach between Commonwealth and State and Territory Governments is required in future events.

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<sup>6</sup> Desborough, J., Dykgraaf, S. H., Rankin, D., & Kidd, M. (2020). The importance of consistent advice during a pandemic: 'An analysis of Australian advice regarding personal protective equipment in healthcare settings during COVID-19'. *Australian Journal of General Practice*, 49(6), 369-372.

<sup>7</sup> Safe Work Australia (2022). [Accommodation Services > PPE](#)

<sup>8</sup> Department of Health and Aged Care (2022). [Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19](#)

<sup>9</sup> Desborough, J., Dykgraaf, S. H., Rankin, D., & Kidd, M. (2020). The importance of consistent advice during a pandemic: 'An analysis of Australian advice regarding personal protective equipment in healthcare settings during COVID-19'. *Australian Journal of General Practice*, 49(6), 369-372.

<sup>10</sup> Nursing and Midwifery Board Ahpra (2023). [COVID-19 guidance for nurses and midwives](#)

<sup>11</sup> Ibid.

<sup>12</sup> HealthTimes (2023). [Aged Care in Australia: Challenges and Opportunities in the Wake of COVID-19](#)

<sup>13</sup> Rathnayake, S., Dasanayake, D., Maithreepala, S. D., Ekanayake, R., & Basnayake, P. L. (2021). Nurses' perspectives of taking care of patients with Coronavirus disease 2019: A phenomenological study. *Plos one*, 16(9), e0257064.

<sup>14</sup> Denny-Brown, N., Stone, D., Hays, B., & Gallagher, D. (2020). COVID-19 intensifies nursing home workforce challenges. *US Department of Health and Human Services Assistant Secretary for Planning and Evaluation Behavioral Health, Disability, and Aging Policy*.

## Undergraduate nursing programs

The COVID-19 pandemic had a significant impact on undergraduate nursing clinical placements in Australia. Many placements were paused or cancelled due to public health restrictions and safety concerns.<sup>16</sup> Students reported feeling stressed, uncertainty, and faced delays in their graduation and career plans.<sup>17</sup> Students had to adapt to online learning, rescheduled placements, and frequently changing guidelines.<sup>18</sup> Importantly, students missed out on valuable learning opportunities and experiences in rural and remote settings.<sup>19</sup> This interruption to their education has impacted their confidence and transition to practice. These challenges highlight the need for more support, flexibility, and innovation in nursing education and practice during and after a pandemic.

## Innovation and support

Despite the hardships and losses, nurses demonstrated remarkable courage, compassion, and innovation during the pandemic. Nurses adapted to new ways of working, such as telehealth, digital health, and mobile clinics, to reach and serve more people in need.<sup>20</sup> Nurses also advocated for better policies and practices to protect themselves and their patients, such as infection prevention and control, personal protective equipment, and vaccination.<sup>21</sup> Nurses also supported each other and their communities, sharing their knowledge, skills, and experiences, and offering emotional and social support.<sup>22</sup> The circumstances of the pandemic and the impact on the nursing workforce over time has highlighted the need for ongoing support for nurses, such as clinical supervision. The Commonwealth Government is encouraged to support this by investing in a nationally consistent framework that provides all nurses with accessible and free clinical supervision.

As the COVID-19 pandemic progressed, it was imperative that attention shifted focus from the immediate effects of COVID-19 to the broader, long-term impacts on the workforce. Nurses demonstrated significant resilience and professionalism during the pandemic response. Healthcare organisations instigated new initiatives, altered models of care delivery, and changes to practice during the pandemic to address the increased volume, demand, acuity, and complexity of patients requiring care.

## Nurse led models of care

Nurse-led clinics played a significant role in providing healthcare during the COVID-19 pandemic. A prime example was the mass vaccination centres, such as the AIS Arena in Canberra and Sydney Olympic Park on Fig Tree Drive in Sydney. These large-scale sites delivered COVID-19 vaccines to a

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<sup>16</sup> Ibid.

<sup>17</sup> Jessup, B., Bourke, L., Sheepway, L., Baillie, J., Heaney, S., Hoang, H., Obamiro, K., Podubinski, T., Brand, A., Rasiyah, R., Jatrana, S., Knight, S., Farthing, A., and Kitschbaum, M. (2023). [The Ongoing Impact of the COVID-19 Pandemic on Student Placements facilitated by University Departments of Rural Health](#)

<sup>18</sup> Ibid.

<sup>20</sup> Pearce, K., (2020). COVID-19 Ushers in Decades of Change for Nursing Profession. Hub, John Hopkins University

<sup>21</sup> Davidson, A. (2023). [COVID-19 and How It's Changed Nursing: A Two Year Reflection](#). NurseJournal Oct 10, 2023

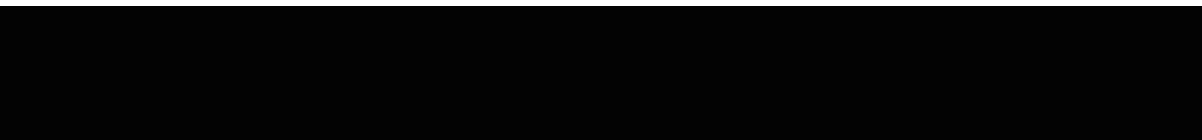
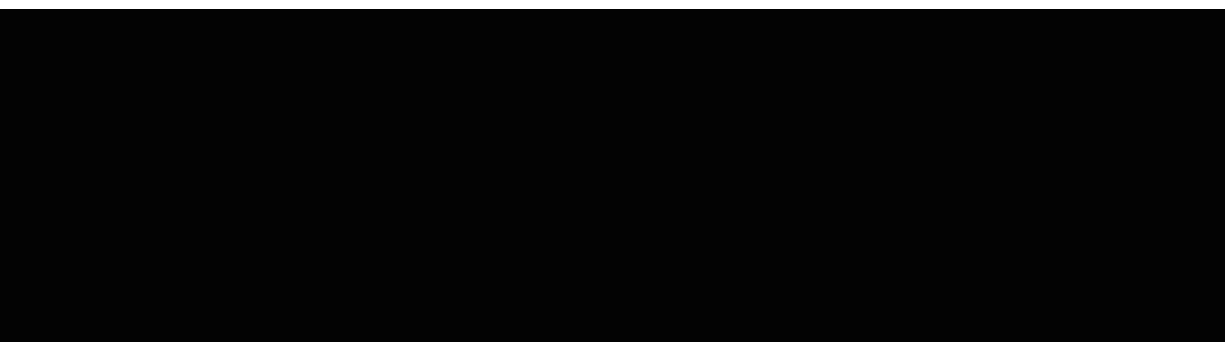
<sup>22</sup> Munro CL, Hope AA. Empowering Nurses in 2020, the Year of the Nurse. Am J Crit Care. 2020 May 1;29(3):165-167. doi: 10.4037/ajcc2020234. PMID: 32355976

high number of people in a short time.<sup>23</sup> Similarly, nurse-led respiratory clinics provided assessment and testing for people with respiratory symptoms, such as fever, cough, sore throat, or shortness of breath. The vaccination centres helped to reduce the pressure on hospitals and general practices and prevent the spread of COVID-19 in the community.<sup>24</sup> Some of these clinics were led by nurse practitioners, who prescribed medications and ordered investigations.

In response to the COVID-19 pandemic, Aboriginal and Torres Strait Islander health services played a vital role in ensuring access and equity to health care for Indigenous Australians.<sup>25</sup> These services provided culturally appropriate and holistic care to Indigenous Australians. The health services were often nurse-led clinics that addressed acute care needs and specific health priorities for their communities, such as chronic disease management, maternal and child health, mental health, and social and emotional well-being.<sup>26</sup>

These examples highlight the benefit of having nurse-led clinics in all jurisdictions as they are flexible and adaptable to the needs of the community, as demonstrated during the pandemic.

## Support During the COVID-19 Pandemic



### Refresher program

In March 2020, the Australian Government provided funding for registered nurses to undertake the 'Refresher Program' [redacted].<sup>27</sup> As the pandemic was unfolding, it became evident that there could be an unprecedented demand on the health care system and workforce. These registered nurses could become part of a national 'surge



<sup>24</sup> RACGP (n.d.). [Independent nurse-led clinics in primary care](#) – position statement

<sup>25</sup> Follent, D., Paulson, C., Orcher, P., O'Neill, B., Lee, D., Briscoe, K., & Dimopoulos-Bick, T. L. (2021). The indirect impacts of COVID-19 on Aboriginal communities across New South Wales. *The Medical Journal of Australia*, 214(5), 199.

<sup>26</sup> *Ibid.*

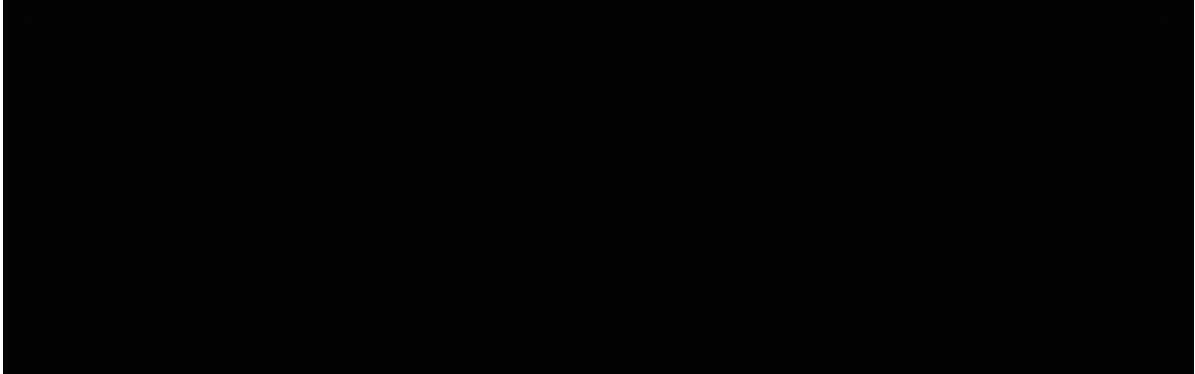


<sup>29</sup> Hunt, G. (2020). [Boost to nursing greatly strengthens our response to pandemic](#) – Media Release 7 December 2020



*workforce*' and allow the deployment of existing nurses to more intensive and critical care areas if and as required. The initial funding was for 1000 scholarships, which was increased to 3000 scholarships as the course was oversubscribed within 24 hours. The online delivery mode enabled enrolment from all states and territories. (Enrolment numbers available on request).

## Immunisation program

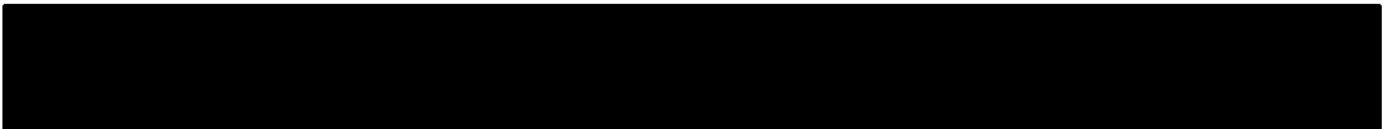
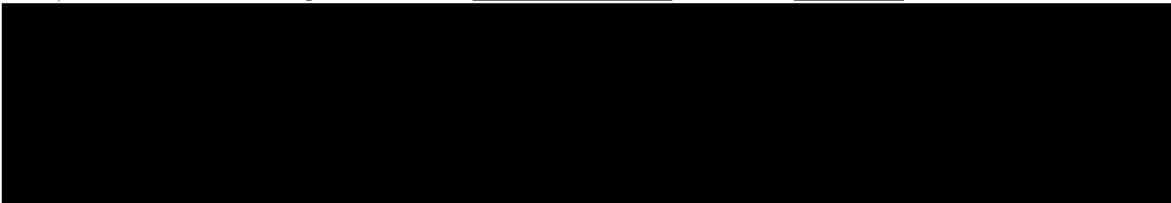


## Recommendations

COVID-19 impacted all care settings. It is now vital for governments and peak professional nursing organisations to collaboratively identify strategies and further enhancements to support nurses in

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<sup>30</sup> Department of Health and Aged Care (2023). [COVID-19 vaccination training and resources](#)





the currently stretched and overburdened healthcare system. Health and aged care require sustainable whole-of-system transition, retention, and support frameworks to sustain the healthcare workforce. Based on this submission, key recommendations are:

- Invest in a National Clinical Supervision Framework that provides all nurses with accessible and free clinical supervision.
- Investigate nurse-led models of care and consider rolling out nationally.
- Review current clinical placement models to sustain the existing workforce and meet evolving demands of the future workforce.
- Prioritise preparedness, connection and collaboration between Commonwealth and State Governments in response to unexpected health events / pandemics.
- Ensure proportionate nursing representation on key advisory boards and expert committees charged with responding to unexpected health events / pandemics and the resultant effect on workforce sustainability, care models, service delivery, and treatment modalities for the future.