00;00;00;00 - 00;00;24;28
Cale
Welcome to Grin + Bare It. A show that uncovers the remarkable stories from one of the most demanding industries in the world — healthcare. From inventors and trailblazers to frontline workers and scientific experts, we explore the biggest challenges faced in healthcare and how these brilliant people have solved them. On today's episode, we're talking about nursing in Australia.

00;00;25;00 - 00;00;54;21
Cale
Nursing is the backbone of our healthcare system, with over 450,000 registered nurses and midwives working tirelessly across the country. As a group, nurses and midwives make up more than half of the total healthcare industry employment. But despite the critical role and obvious size, we still see underpay, burnout and recognition being key challenges the profession faces. Joining us to explore these issues is Sally-Anne Jones of the Australian Nursing and Midwifery Federation.

00;00;54;23 - 00;01;18;24
Cale
Sally has been a powerful advocate for nurses and midwives, championing their rights and working conditions. After 30 years in the field. Sally is also striving to broaden the scope of nurses and midwives, a direction she believes can create better patient care, unburden our healthcare system and offer more pathways for nurses and midwives to do what they love, which is taking care of others.

00;01;18;26 - 00;01;42;16
Cale
In this episode, we discuss the challenges both at the regulatory level but also the public's general understanding of the role of nurses. How nursing and nurses has changed over the past 20 years. And with those changes, what Sally is most excited about? I'm absolutely thrilled to have Sally on the show this week, and a big shout out to all the nurses out there. I cannot overstate how important the work you do is. With that being said, let's jump in. Sally, welcome and thanks for joining me on the show.

00;01;55;26 - 00;01;56;24
Sally-Anne
Thanks for asking me.

00;01;56;27 - 00;02;15;16
Cale
So today we're talking what I would classify as the backbone of our healthcare system is nurses. And I'm really, really excited to have you on and talk about an array of issues. The first question to start one a little bit off the beaten track is, is nursing harder or easier than what it was 20 years ago?

00;02;15;18 - 00;02;51;08
Sally-Anne
It's a challenging question because the context of healthcare has changed in 20 years. So as a profession we've moved forward. Nurses and midwives definitely moved forward a lot in 20 years. And at 20 years ago I was nursing at the bedside. I'm not in a role like that at the moment, so I think it's different. And I think any profession that you asked whether it was teaching nursing and police, they would tell you the same thing. So the basics of what we do is probably very similar. It hasn't changed for hundreds of years. The caring element, the holistic care of humans, but the context in which we practice is very different now.

00;02;51;15 - 00;03;14;04
Cale
Before we get into that sort of systematic impact of nursing, I know you're particularly passionate about it. I'd love to actually start with your background. And you've been an advocate for patients, obviously an advocate for nurses and their ability to impact health and aged care. I'd love to hear about your career. Like why nursing originally? What was that choice and sort of what has propelled you into your current role?

00;03;14;08 - 00;03;55;07
Sally-Anne
Sure. So I guess I joined you today with my president of the Australian Nursing Midwifery Federation hat on. But I actually worked for the Queensland Government. I work for Queensland Health in my paid work, and I began my nursing career actually not as a nurse. I chose to leave school and be a teacher and really loved teaching people, and I wanted to be a high school teacher. And then, you know, as you go through your degree, you do more and more practice. And I realized that it probably wasn't the profession that was going to fill me up and struggled to get a job, actually, and ended up working in a nursing home in the kitchen. And then one day an opportunity came to go and be an assistant in nursing and on the clinical floor, I suppose you'd call it.

00;03;55;29 - 00;04;17;11
Sally-Anne
And I started there, and I did that for quite a few years before I actually decided that nursing was going to be the career for me. And once I'd made that determination, because I lived in regional Queensland, I did have to move to Brisbane to study at university because it was one of those first years where we were transitioning from being profession education in hospital to being at the university.

00;04;17;11 - 00;05;01;20
Sally-Anne
So I did move and loved it. From that first moment I showered that very old person who had this amazing story to tell and the ability to actually help them have a really super day filled my bucket up, and I knew I wanted to do it for the rest of my life. And so from then I graduated and

I've worked in cancer care, and then I've had opportunities to do service improvements in emergency departments. Then I led some emergency departments, and I was fortunate enough to be a nursing director in one of our hospitals in Brisbane during Covid. And I looked after an ED, an ICU, a pediatrics ward and also a maternity unit. So I've learned a lot and I've had huge opportunities to do work in my clinical career. But early on I was encouraged.

00;05;02;03 - 00;05;25;27
Sally-Anne
I was always a member of the union, and I was encouraged to put my name forward in one of the elections to become part of the Leadership Council, and was successful. And I suppose that was my first indication of the impact that the voice of the nurse at the political table can make a real difference to healthcare, not just for the people who you're caring in a patient allocation, but in the whole of Australia.

00;05;25;27 - 00;05;41;14
Sally-Anne
And, and I wanted to do more of that. And then the opportunity came to participate in the federal union as well. So I am the Queensland president of the Queensland Nurses and Midwives Union, which is a branch of the nursing federation nationally. So I have two hats there.

00;05;41;14 - 00;06;03;03
Cale
A story from teaching through to a chance moment into nursing. And now sort of obviously head of the federal union, the, like I'm interested in unions, actually. I want to take a detour away because we're going to talk a lot about the role of a nurse. And, you know, sort of how that can have a major impact. What's,what are misconceptions people have about unions generally, you think?

00;06;03;08 - 00;06;29;04
Sally-Anne
I think the best thing to say is that the Australian Nursing and Midwifery Federation is the largest union in this country. We have over 330,000 members. And I think there is a shift in the trade union movement of teachers and nurses, and perhaps some of those other professions where they were smaller and maybe less organised, weren't quite so strong in the past, even though we've achieved some incredible things for our professions.

00;06;29;08 - 00;06;59;15
Sally-Anne
And I think the visual of unions is shifting a little bit, it's interesting. It's from traditionally male based unions, a big part. And so I just think that's that dynamic. I think it's been interesting to watch over the last little while. What I think, my reflections on nursing and midwifery is that we haven't always exercised that organisation of the power of many as strongly or as aggressively as other trade unions have, but we work differently to that.

00;06;59;15 - 00;07;20;18
Sally-Anne
I think our collective voice is stronger at political tables and lobbying than it is about marching in the street. But the power of industrial action was certainly recently seen in the Victorian branch of the ANMF, with the huge success in their recent negotiations. So we don't when we have to, but it's not the way we always work, if you know what I mean.

00;07;20;23 - 00;08;04;12
Cale
Yeah, I find it really, I find it really interesting, the, oh, I say historically unions made a lot of sense, right. Just for getting the basics of a role that safety pay and a lot of it was a function of hard power, which is like, you know, I'm going to enforce my will or this group of people are and it seems like the effectiveness is really changing to soft power, which is, you know, you have that lever if you want to pull, but ultimately you need to do a lot more lobbying. You need to do a lot more to rally behind the scenes to get consistent, incremental change versus these really large step changes in sort of how they work. Do you agree with that, or have you seen the effectiveness of unions change over time?

00;08;04;23 - 00;08;30;04
Sally-Anne
I think so, I can only speak to the unions that I've worked in and, obviously, the, the state union versus the federation of the union. We do different kinds of work in Queensland. It's very much about pay and conditions. there are some professional matters that really relate to the state based health system nationally, the opportunity to work in aged care, disability, primary care is different than it is at the state.

00;08;30;04 - 00;08;53;17
Sally-Anne
So I guess they're still lobbying for the same change. But it is all about promotion of the professions and you never stop with that. So while you're making sure that people are paid well and they're working conditions, keep them safe and the people that they look after is safe, there's also things about building on the reputation of the profession, the capability of the profession, and growing it all of the time.

00;08;53;17 - 00;09;28;05
Sally-Anne
So there's two arms. And then, you know, we also lobby to take care of the environment, and we really we have a strong social charter. So we're we we think about the way that people live and making sure that they live well and not just healthy but safely and in good housing. And so there's lots of things that we do. And the union movement as a whole is collective in those things about making sure that people are paid well and they can feed their families and they have access to healthcare and education and they live well. So we have shared social charter and shared care of the environment in that way.

00;09;28;08 - 00;09;44;03
Cale
It's actually a very good segue into this role of the evolution of nurses and midwives. And so I'm really interested to hear your thoughts on exactly what sort of the role and how you see it needing to change the role of nurses and midwives specifically?

00;09;44;05 - 00;10;49;01
Sally-Anne
Well, I don't think our role will ever really change or we're always going to be doing nursing work and doing midwifery work. I think what we could do is more to participate in providing services and choice to the people that live in Australia. I think that's something that we could do differently. And when you think about our long and proud tradition and history, we've just continued to learn over time. I mean, probably the very first nursing professional that everybody in the world would recognize would be Florence Nightingale. And, you know, there are mixed stories about who she was and how she led people and some of the things that she did. But she did gather information, and she did put some standards into practice in those hospitals. And she did have environment and people's eating. And she became very holistic in the way she taught her nurses to look after soldiers and, and there are some elements of that that we still do today. It was a foundation 200 years ago that we very, you know, we very much sought to meet. So we have to not ignore our history, but we have to capture opportunity as we move forward.

00;10;49;11 - 00;11;26;17
Sally-Anne
And I think what I can observe over years working in the system, when you work in one area for a really long time, you get to know the diseases, pathophysiology, the treatment, the medication really well. And it's not that you would want to replace other members of the multidisciplinary team, but you do become quite skilled in reading the diagnostics and maybe not making the diagnosis, but understanding what that disease process might be doing to that patient in front of you and on top of just giving them their medicine and making sure that you're taking their observations, you're also assessing them holistically.

00;11;26;19 - 00;11;56;11
Sally-Anne
What house do they live in and how many stairs that they got, what responsibilities do they have? What work do they do, and how does this disease process that they're going through impacts their ability to leave a good and healthy and full life. And that's what's different about nursing and midwifery, is we don't just look at the person's broken arm. It's what impact is that broken, which I can put a plaster on and I can give them pain relief. What impact is that broken arm going to have on their life and their family's life, and their ability to live a long and good life? That's the point of difference for nursing.

00;11;56;17 - 00;12;06;15
Cale

And so maybe to dig a little bit deeper when you talk about the scope, what are the sort of changes in scope that you would like to see practically?

00;12;06;20 - 00;12;48;13
Sally-Anne
I think the scope of practice for nurses and midwives evolves all of the time. We are in a time in Australia, and I think evolution of the scope of practice of nurses and midwives — it's been facilitated by some changes that are being made by the federal government and ongoing changes that are made in each of the states, as well. The current health minister, federal health minister and his team are looking at a scope of practice review across Australia for all health professions to try and release their capacity to ensure that Australians, no matter where they live, have access to good quality healthcare. So we have enablers like that. We do sit in a rut a little bit and push against the glass ceiling in tiny increments.

00;12;48;28 - 00;13;13;29
Sally-Anne
But this opportunity to review scope of practice, to go out to every clinician in Australia to provide input if they want to, to say, what could you do differently to deliver healthcare to Australia's Australians that is more cost efficient, has greater outcomes, makes it more accessible and affordable? We've all been able to have an input into that, and I think that that is going to really help us break through some of those barriers that we've had in the past.

00;13;14;02 - 00;13;50;12
Sally-Anne
They've also released some of the legislation that allows access to advanced nurse practitioners and indoor midwives to some of their MBS and PBS items, and in doing that, it makes healthcare affordable, because it means that, you know, the people who see those nurses and midwives don't have to pay a gap. So I think we're in a time of huge change. But I would also argue that since the time of Florence Nightingale, we've consistently been in a time of change because it is this evolution all of the time and we never stop and we win. And I think the end game is not to replace any other health professional. I think we need everybody. There's just not enough of anybody.

00;13;50;28 - 00;14;14;01
Sally-Anne
But there are things that nurses and midwives can do independently, autonomously to care for some groups of patients in all parts of our community, to allow those other health professionals to step up more into their highest scope and do what they do best. So it's not about substitution or replacement. It's about empowering to work alongside because the work is greater.

00;14;14;04 - 00;14;29;07
Cale
I've got so many questions in the back of that, Sally. The, having that say that consultation in front of you, someone who's asking you the question, what would you do differently? Like,

what's your answer to that? What are the three things that you would immediately come to mind? Or we should, we should do this differently.

00;14;29;10 - 00;14;59;11
Sally-Anne
For the profession as a whole. Identify the legislative barriers. So what's what's in the law nationally and in the state that's holding us back? Because sometimes it's historical legislation that needs to change, and hasn't caught up with that practice, that's one thing. The second thing is probably a national campaign of some kind to educate the public and every health professional, including nurses and midwives, exactly what we see every practice of a nurse and midwife is because there are a lot of misconceptions.

00;14;59;11 - 00;15;29;10
Sally-Anne
There's lots of perceptions about safety and outcomes and quality that simply aren't true. There's lots of perceptions about that — you know, education standards and our registration standards, which are unknown and not true. You know, when you go to see a nurse practitioner, not only are they qualified at master's level, which is higher than some of the junior doctors who just come out of school, which is fair enough because they've been experienced and they've got a lot more clinical time under their belt and their qualification.

00;15;29;14 - 00;16;08;06
Sally-Anne
They have indemnity insurance in the same way that every other health professional does. So if they make a decision that's not correct for the patient, they are equally accountable. As a medical officer is. And lots of people don't know that. So number two is this campaign to say not a substitution. But this is the level of qualification. This is the guarantee of safety and quality. And we have the same protections with indemnity etc., that are expected of other professions. And we've got a registration standard and all those things. So I'd like that in order to offset that perception about perhaps there being, you know, not good enough or not meeting the same standard that's expected of us in other professions. So that would be one thing.

00;16;08;12 - 00;16;26;06
Sally-Anne
And the third thing of all is really to do some promotion about how wonderful nursing and midwifery is to be a nurse or a midwife. I think during Covid it was really challenging because of course we saw all those stories on TV about, you know, the poor nurses with their heads in their hands and pressure injuries on their face from masks.

00;16;26;06 - 00;16;45;12
Sally-Anne
And we saw doctors with the same and, you know, physios and allied health colleagues as well. But the nursing story was a big one. And I think what was challenging is anyone who was even considering and all of a sudden, during this extraordinary period of time, decided that that

probably wasn't a career that they wanted to do because it just looked a little bit too hard and too ugly.

00;16;45;12 - 00;17;06;25
Sally-Anne
But there are so many beautiful things about nursing that make you as a human being, feel incredibly filled up as a human being. And as altruistic as that sound, the reality of, you know, being on the frontline, clinical in an emergency department on a busy day. It doesn't feel like that. But when you get in your car and you go home, you're thinking of all the patients who you made a difference for.

00;17;07;00 - 00;18;00;27
Sally-Anne
And that sounds very Pollyanna, but it's still true. And if you ask ward nurses who sit in the middle of the night for two minutes, even while they're taking someone's all with the patient, and I don't mean sitting on the bed, but just being with them and just comforting them, them with their fear. Because, you know, the dark night at 2:00 in the morning when you've got pain or you're afraid of what the outcome of your operation's going to be, or you know that you're on a trajectory to perhaps dying that kind nurse in the middle of the night, just spending that time and making you feel human and safe again is unlike any other kind of job in the whole history of the universe. And it will be the same for a midwife who shares that special moment when a woman gives birth and that midwife has been through that process with that woman. There is this intimate relationship there that you form in moment, stays with you for that moment, and then you take it away with you for the rest of your life.

00;18;00;27 - 00;18;21;27
Sally-Anne
So there is something really magical about nursing and midwifery, and I don't want to make it seem more witchy, but there's a feeling about it, and it's really hard to convey when you also have the balance of being highly trained scientifically and held to account from a registration and professional stand perspective. But there is something really nice about caring for people.

00;18;21;29 - 00;18;52;11
Cale
Yeah. So this, this evolution, I'm really interested in the, if we get all the stakeholders to sort of agree in some way, shape or form that there's a, there's a next frontier of how we provide health care. What are the biggest outcomes you see of that? It may be at the patient level. It may be social, it may be economic, it may be all of the above. It may be rural versus, you know, sort of metro based care. Do you think there's real sort of obvious improvements that could be made if we, if we get the configuration right?

00;18;52;17 - 00;19;12;08
Sally-Anne

Definitely. I think if you think about all the waitlists that are talked about in the media from time to time about people needing surgery or endoscopes, etc., now you're never going to have a nurse or a midwife who's scrubbed up to their eyeballs doing open heart surgery. I mean, I'd love to see it one day, but that's not the bet.

00;19;12;08 - 00;19;30;18
Sally-Anne
That's not what we want to do. But there are nurse practitioners who are doing endoscopy now, and there is a massive waitlist for people with endoscopy. Now that that is a procedure that you do to find cancer, take out polyps before it grows into a cancer. And it's for early treatment of some kinds of little cancers and things.

00;19;30;18 - 00;19;52;25
Sally-Anne
So why wouldn't you want to train a workforce to get that wait list down when they are willing? Educate— educationally prepared and able and capable of doing that? The economic cost of maybe spending some money in growing that workforce is that you're not going to have people in hospitals, in and out of hospitals having bigger surgeries for bowel cancer.

00;19;52;27 - 00;20;14;21
Sally-Anne
So sometimes a little bit upfront investment has really long term great outcomes. And the quality of that intervention is exactly the same as you would expect from a medical officer, because you would be trained the same. You would be held to the same standard. And it is also about rural and remote. So it's about access, really access to care in a timely manner, in the right place at the right time.

00;20;14;24 - 00;20;35;12
Sally-Anne
So for rural and remote communities, the nurse is often someone from the community who lives in the community and loves being there and is going to stay. Not always, but quite often that's the case. We need that little nurse in that little place to be able to do everything that he or she can to care for that community in the best way possible.

00;20;35;14 - 00;20;53;07
Sally-Anne
And there are some mechanisms that they, that support them doing that. And that doesn't necessarily mean they're going to be doing open heart surgery, but they're going to be able to do things. How did the optimal scope of practice to enable them to do as much as possible before that person has to leave their home? So, yeah, I think there's efficiencies.

00;20;53;07 - 00;21;05;24
Sally-Anne

There's things about good patient outcomes in a timely manner. It's about professional satisfaction, and it's also about the economic impact. Because if you don't have a waitlist where people are getting sicker, surely that's got to be better.

00;21;05;27 - 00;21;23;08
Cale
Yeah. I mean, what are the biggest roadblocks then to achieving this? Because it seems very obvious the benefit of unlocking more people, more qualified people in healthcare, particularly on the preventative side. What do you think is the biggest couple of roadblocks to actually getting there?

00;21;23;13 - 00;21;44;01
Sally-Anne
Well, they probably fall under two categories really. One is structural barriers. And that legislation that set policies and procedures. And I think once those things are identified, they take a long time to unpick because you have to write new legislation. It's got to go through the process, but it can be done. So I think it's identifying the barriers in that space first and then working out how you're going to address them.

00;21;44;01 - 00;22;12;27
Sally-Anne
The second column of things I think you could put under custom practice, things we've always done and culture as in multicultural but culture inside organisations. And that's a lot about understanding other people in the system, understanding what it is that nurses and midwives can do, not being threatened by nurses and midwives coming into the space because it's not to replace and it's not to substitute and it's not to duplicate effort.

00;22;12;27 - 00;22;44;20
Sally-Anne
It's really to support some groups of patients in some circumstances to get access to care where they need it. So I think this, it all begins with that education piece. And then understanding that this isn't a competition and there is enough work in the Australian healthcare system in any of the sectors for everybody who's currently in the health system and we know with a population that's growing in in numbers, but also living longer with chronic diseases, we're going to need all kinds of health professionals working in this way.

00;22;44;23 - 00;23;05;14
Sally-Anne
When we look at other countries like the United States and the UK, where their nurse is able to do a lot more in their healthcare system, they still have the same challenges with custom and practice and culture and also with legislation. But there's a lot more acceptance by other professions of nurses and midwives in really stepping up in this space.

00;23;05;18 - 00;23;30;11

Sally-Anne
And there are nurse-led clinics, urgent care centres, a full midwifery-led model of care in the community where there are no doctors engaged, engaged in that service at all. But they are linked to medical officers who work in primary care or in hospitals. So everybody just works. Understanding that we want everyone to work to their full scope. I would love to see us get there and I think that we will.

00;23;30;11 - 00;23;50;01
Cale
Interesting. Look what has driven that difference, because I'd imagine the maturity of sort of, the nursing generally, healthcare structurally is kind of similar, particularly to the US. Obviously there's a public and private it's a, it's a really big difference. But do you know the reasons why? I think the UK and the US have deviated into that kind of model faster.

00;23;50;05 - 00;24;34;15
Sally-Anne
I think they've got different drivers actually, that the United Kingdom, I believe, because it's one health system. You don't have a state health system and a national health system. It's one that makes it easier for people to work across sectors. So I believe my understanding is that if you live in one particular suburb, you kind of get allocated your GP and your local hospitals are your local hospitals. and the services that reach into the community connect really strongly with all of the organisations. Primary care in a state based hospital system is a completely different healthcare system, and it's funded differently. So I think that's probably one of the enablers is one healthcare system. And everybody works to that one healthcare system. That's a good thing in the United States.

00;24;34;15 - 00;25;02;00
Sally-Anne
I think that private practice has driven a lot of their outcomes and successes and failures, but in a it's their enabler, actually. So if you, an organisation who is setting up privately, you want every health professional who costs this works the hardest, has the most throughput to be working for you, and that has enabled nurses and midwives to be able to enter into that space as equals with other health professionals.

00;25;02;03 - 00;25;20;10
Cale
Yeah, interesting. It's really interesting that like the public private system in Australia, which we're very, very, very fortunate to have, I think we've got a great healthcare system there. Yeah. That having one or the other actually lends itself to an acceleration sort of of the role of nurses in that, which is super interesting. A couple of quick fire questions for you.

00;25;20;12 - 00;25;36;14
Cale

This, this section is about misconceptions that people have around nurses and midwives. I'm going to list off a couple of different folks, and I would love to hear if you think there is a misconception, what do you think is the biggest misconception that the general public has about nurses?

00;25;36;18 - 00;26;03;07
Sally-Anne
Well, a couple of things actually. So when you ask it, like when you ask a population, there's polls on all the time about who's the most trusted profession and nurses and midwives [are] often right at the top. And that hasn't changed at all. So the perception of us being good people and providing good work is high, but the perception of us in higher clinical positions, like nurse practitioners, is that we're just like junior doctors.

00;26;03;07 -00;27;07;09
Sally-Anne
And that isn't the case because we offer something different, we offer a choice. It's a different way of working. It's different training. But the skill levels are similar. You know, doctors do different things. That's what they're there for, that we need them too. So I think the perception around, if you ask people who are over a certain age, people who are elderly, they probably think that nurses, you know, and we've got a bit slack because we're not wearing those uniforms that we used to, and we're still caring people and we're still lovely, but perhaps they don't get the professional growth that has occurred in the profession in the last, you know, decades, really, and many decades. And then young people, I think the vision of us is very much around the Covid experience and maybe more on the rush, rush, do clinical things and less on the caring side. So I think it really depends on your target audience. And that is why I do think that that campaign on what it is to be a nurse in the modern age is really important because there is the caring side, the human, and keeping it safe. But there's also that highly skilled and ever growing skilled workforce.

00;27;07;11 - 00;27;15;17
Cale
The second part is what are the misconceptions of those who work in healthcare with nurses? And it may be the same answer.

00;27;15;18 - 00;27;39;29
Sally-Anne
No, no no. There are growing pockets of multidisciplinary teams who fully appreciate what a nurse or a midwife working to their optimal scope looks and feels like, and they are evolving their practice to be inclusive and really understanding. There is still a role for the bedside nurse. There's still a role for nursing students, there's still a role for enrolled nurses.

00;27;39;29 - 00;28;05;16
Sally-Anne

So not everybody wants to be a nurse practitioner. But I think the misconceptions are around that. Perhaps we're there to do other people's work and that we are unable to think and understand for ourselves. And that's, that's a misconception. I think that's held by some until I get to work with, you know, really highly educated and intelligent nurses and midwives who do want to change the world just a little bit.

00;28;05;16 - 00;28;21;07
Sally-Anne
And then they get that feeling of, oh, hang on, this is a different way of working, and I really like it. So I think we've still got a lot of our history to bust out of. And I don't know whether that's an Australian thing or if it's a global thing. But, you know, the days of the white uniform with the veil.

00;28;21;10 - 00;28;43;00
Sally-Anne
And while I love that as part of our history, it isn't like that anymore. We are profession who can stand on their own two feet. We've learned lots of good things about how to be great health professionals in a system that needs us, and we're continuing to learn. So I think, yeah, maybe the history needs to go. That's the misconception and perception is we're still doing that olden day nursing.

00;28;43;05 - 00;29;30;25
Cale
It's actually a very good segue because one consistent theme in speaking to a bunch of nurses over the course of us, for the decade, for me, is often there's actually a disconnect between the people who are managing my work as a nurse or midwife and then actually understanding how it practically works. And this may be, it may be more applicable to private practice. But yeah, a working example may be just not staffing appropriately. And so you end up with these downstream effects of burnout, obviously poor patient or worse patient care. And ultimately, sort of churn. Do you have any thoughts on how to bridge the gap between sort of business operations or a healthcare operation and just the common sense of sort of managing nurses, optimising for patient care, and making good decisions around that?

00;29;30;27 - 00;29;49;28
Sally-Anne
Yes, because it is a tricky balance, like nurses don't have the time, I guess, to spend sitting talking to people for a long time. So that moment that you have with that patient, you're gathering as much information as possible and trying to make it, you know, warm and and feel safe and caring for that person during that time.

00;29;50;00 - 00;30;12;15
Sally-Anne
So the pace of our work has definitely changed. People who come to hospital now no longer stay there for three weeks to recover, unless it's a very major thing that they've come to hospital

with. So the turnover is rapid and you see lots of patients for short periods of time and they're sicker. And we know more about disease and intervention and there's more medications.

00;30;12;15 - 00;30;42;08
Sally-Anne
So there's more work to do in that short space of time that you're with that patient. So making sure that you've got the right number of nurses is really important. Not only for delivering good, safe care, but also for taking care of the workforce. And we've been fortunate in this country that a couple of our states have legislated nurse to patient ratios, and that means that the nurse only gets a set number of patients and that just set it for the whole unit.

00;30;42;08 - 00;31;03;22
Sally-Anne
But of course, that patient may have, well, a patient to be able to take one more so that someone who's got a heavier patient can take one less. But the legislation of ratios is an important thing that we have done in this country, and not many other countries had legislated them, which means it's against the law not to have those nurses and nurse to patient ratio.

00;31;03;25 - 00;31;28;16
Sally-Anne
So that's an important way to at least guarantee that you're going to have a good number of patients to look after. But for very unwell patients, it's a lot of work. And, you know, once upon a time those kinds of patients might have died. And so we weren't looking after them to help them recover and live. So I think this is that question you asked early on about context.

00;31;28;16 - 00;31;53;18
Sally-Anne
The context of our work has really changed. But workload, work, life balance, shift work, all of those things are the kinds of things that the Nurses and Midwives Union looks at all of the time to try and improve those working conditions, to enable nurses to love coming to work, to stay, coming to work and to work for as long as possible and enjoy it because of course, we want to give to the community.

00;31;53;18 - 00;32;03;17
Sally-Anne
So that's where the industrial part of the way that we work is an, it's an important thing to lobby for, and we continue to lobby for that all of the time.

00;32;03;21 - 00;32;31;15
Cale
Yeah. As you said out loud, it seems like a real challenge in that it's become increasingly more efficient. Obviously, the quality from a clinical perspective is better just because, you know, there's more information, there's more treatment, there's all these things. But it does come with the cost of some of the intangibles you talked about, which is like why people enter into the

profession in the first place, which is we have these moments which make us feel really rewarded for the job.

00;32;31;15 - 00;32;52;08
Cale
We do, which are not financial, basically. And so it's a really, really tricky balance there. Another bit of feedback that I received prior to jumping on to the show was, and this came from more experienced nurses. So people who have had 15 to 20 years plus, they, they comment on new nurses and midwives coming into the profession, is that they are incredibly knowledgeable.

00;32;52;12 - 00;33;12;23
Cale
But because the way in which we train nurses now is different, like a lot of it is just by uni, they are potentially less confident in, you know, a hospital setting and less willing, maybe a little unfair, but to do the tactile work necessary in the profession. And so there's a difference to diagnosis and the information as opposed to the bedside manner.

00;33;12;28 - 00;33;25;03
Cale
My first question is, do you agree with that assessment? And the second part is, if you could stand on the different to, maybe of a new nurse entering the profession in the last, you know, two, ten, 20, 30 years ago?

00;33;25;08 - 00;33;52;10
Sally-Anne
Good point. I agree, and I disagree in the first statement. I think the context of nursing has absolutely changed in 20 years is in my career lifetime. Next year is my 30th anniversary of being a nurse, and even in that 30 years, nursing has changed a lot in not what we do as such, not the craft, but the tools and the knowledge has definitely changed and the pace of work has definitely changed.

00;33;52;14 - 00;34;15;15
Sally-Anne
I think the nurses who have been in the system longer than that do look back with a little bit of sadness about the technological and clinical changes that have occurred because, you know, I remember my mum was a nurse and I guess she encouraged me first not to do nursing based on her experiences, but we reflect back on it's a history which makes up who we are.

00;34;15;15 - 00;34;34;22
Sally-Anne
But now I'm in my very early nightshift where you put all the patients to bed. You do your 10:00 peel round and your ops round, and then unless you got up to do your hourly round to just go check, everyone was okay and then you do also they'd ring a buzzer. It was quiet on night shift and so night shift was your time.

00;34;34;22 - 00;35;01;04
Sally-Anne
Even though it was a dreadful time to be awake, to take a breath and actually, you know, read some of your articles and get on top of your assignments if you had them. That isn't what night shift in hospitals is like anymore. It's incredibly busy and aged care homes are exactly the same. People are sicker, they don't sleep at night, they are still in pain, and we've got to condense our therapeutic interaction with them into such a short period of time to get them ready to go home.

00;35;01;04 - 00;35;26;13
Sally-Anne
And they still know. They still may not be quite well, like leaping out of their skin, but they'll be well enough to go home and do the rest of their recovery, probably in their own bed sleeping better anyway, to be honest. So night shift is really different, and I completely understand what those nurses who've been in the system a long time look back with some sadness about how things have changed so much, because the relentlessness of the pace of work is a real thing.

00;35;26;14 - 00;35;48;21
Sally-Anne
I think what we could do better to prepare new nurses and midwives coming into the system is to be honest about the pace of work and to say the things that we're going to do to try and help you is give you good rostering, give you some work life balance, give you variety in your work. So once upon a time, a nurse would pick a clinical area to work in because they loved it and then stay there their whole career.

00;35;48;25 - 00;36;12;02
Sally-Anne
I guess my observations, as we have a new generations of nurses coming through and my own kids are in their 20s now, is they are seeking stimulation and interest and ever growing curiosity about the world. People are going to be there for 20 years in one clinical place. They're just not. So it's up to us now to provide them with that curiosity, that ability to learn all the time and move around.

00;36;12;08 - 00;36;31;17
Sally-Anne
And there are some human beings, just by their nature, who are attracted to the technical side of intensive care nursing or emergency nursing. They are attracted to that and they love it. But others, we put them in those environments and they don't thrive. So we need to find the right spot for them. And it may be in aged care.

00;36;31;18 - 00;36;53;24
Sally-Anne
It's always seen as a lesser part of the profession, but in fact it's very satisfactory to care for people who have lived for 100 years. I've got lots of things to tell you about, and to have that

moment in time with them. That's a bit longer than the moment in time. You've got someone in hospital to talk to them and, you know, have that therapeutic human interaction and make a difference not just for yourself but for them.

00;36;53;29 - 00;37;18;11
Sally-Anne
So we've got some work as a profession to do about how to make that pace of work seem attractive. And we can do that by helping lobby for good pay and working conditions to offset the things that aren't so great about it. But, you know, you can still talk to a nurse after a busy shift, no matter where ED ask you, even during Covid, sometimes the staff would say, we've been so crazy busy.

00;37;18;13 - 00;37;31;08
Sally-Anne
I didn't really get to eat my lunch, but I've had a really great shift and it was the team that made it feel good, and the patients were so grateful. So, you know, we all get back to the whole thing about what brings us to work every day. And, and it is about that.

00;37;31;11 - 00;37;54;20
Cale
It's important that we have people listening that have application. And so I'm going to throw up a few different types of folks in and around the profession. And I would love a snippet of advice from you, Sally, for these particular people, the first kind of person listening is someone entering or considering entering nursing or midwifery as a profession.

00;37;54;23 - 00;37;57;12
Cale
What would be your singular piece of advice for those people?

00;37;57;15 - 00;38;29;17
Sally-Anne
Be patient with yourself as you enter it, because the amount of knowledge in the first little bit is overwhelming. Ask lots of questions and dive in. Absolutely. Dive in. So often during practice, for example, students have the opportunity to take a patient load, but they often observe because they either feel intimidated by the environment. But you know, the best time to practise your craft is you've got people around you, supporting you, jumping into, say to the nurse, I need you to stand there and just be my buddy and let me do.

00;38;29;18 - 00;38;50;29
Sally-Anne
And if I falter, jump in. But yes, what if I was saying to somebody who was just starting out but signed up in the beginning uni next year, be patient. The university part is really important to give you a foundation not only in your clinical stuff, but in the synthesis of information and how you pull all those threads of information together into good patient care.

00;38;51;01 - 00;38;57;01
Sally-Anne
That takes time and patience, and it doesn't always mean you get your hands on your patients fast enough. So be patient.

00;38;57;06 - 00;39;08;22
Cale
The second person listening potentially, is a nurse or midwife who's burnt out and weighing up their options of what to do professionally. What would be your piece of advice for that person?

00;39;08;28 - 00;39;37;13
Sally-Anne
It would depend on where they were in their life phase. If they were only a few years out and, you know, maybe hadn't settled or started their family or anything yet, it's encouraged them to go bush, maybe change their practice environment, the wonderful things that belonging to a community and being such an important person in that community. And I regret that I didn't have the experience to go and do that, because I do think that it just gives people some refreshment of their passion about their profession.

00;39;37;17 - 00;40;01;09
Sally-Anne
But you can also work to a higher scope of practice in some of those communities, too, because there are less health professionals in the space. And so you have to step up and fill it, which is really fulfilling. And if they were already settled in their career, been working for a long time and they were genuinely just burnt out, sometimes in, with my own team, I've asked them if they want to take a bit of a break, like a longer holiday, or do they want to learn something new?

00;40;01;13 - 00;40;18;22
Sally-Anne
Or we talk about the kinds of courses that they might be able to do to learn something different, but sometimes it is just about speaking with that person, about finding themselves again and reminding them about the things they loved about the profession in the first place, and acknowledging at the same time that the pace of work has changed.

00;40;18;22 - 00;40;26;09
Sally-Anne
And it's perfectly okay to fall out of love with your work from time to time. We just got to find a spark again. That's all, that takes good leadership.

00;40;26;14 - 00;40;39;23
Cale

And the third group of people is legislators, regulators, stakeholders, decision makers. All of those people who are involved in that, that scope that you've kind of outlined on the show. What would be a single piece of advice to those folks?

00;40;39;26 - 00;41;02;25
Sally-Anne
No single procession owns healthcare. And that may have been our tradition in the past, but nurses and midwives have a lot to offer at the policy level. We have great ideas, we have innovations. We don't want to cut corners, and our goal is the same as theirs, which is to deliver affordable, accessible healthcare to every single Australian, no matter where they live.

00;41;02;27 - 00;41;22;27
Sally-Anne
So if we come to you with an idea, it may sound expensive because just by sheer numbers, nurses and midwives are many more. So when you're buying that work, you have to buy a lot of it, but it will give you great outcomes. And when you've bought that work, that workforce is not going to move. They're going to stay where they are.

00;41;22;27 - 00;41;40;03
Sally-Anne
So it's worth the investment upfront. So don't leave it off the table, because if you're not at the table, you're on the menu. And you know, when we come to you with ideas, please don't just think about how much it's going to cost because of the volume of people. Think about the impact that it will have on the greater community.

00;41;40;05 - 00;41;44;18
Cale
Well said. Hey. Switching gears, what gets you excited about your work?

00;41;44;23 - 00;42;19;22
Sally-Anne
From the very first day I shared with that this little guy, okay, I was to shave him because I'd never shaved anyone and we hadn't had teeth for 40 years, so it took a long time. That still makes me excited. I just want other people to love nursing as much as I have loved it. It has given me so much, and if I can just inspire one person to stay or one more person to join up, and then not just do the clinical work, but also become part of that fabric that changes the nation, and that is about being part of your union, because that's the collective voice that actually changes the system in a

00;42;19;22 - 00;42;25;14
Sally-Anne
way that a single person cannot. So the joy of being with the patient, and then the joy of actually changing the system.

00;42;25;20 - 00;42;43;15
Cale
Beautiful. Final question for you, Sally. The show is called Grin + Bare It. And the reason it's called Grin + Bare It is because it's often the advice given to people when they're facing adversity, which is kind of just get on with it. What's your single piece of advice to people who are facing a seemingly insurmountable challenge?

00;42;43;19 - 00;43;03;02
Sally-Anne
I don't know if you've ever heard of it, but, some guys of San Francisco, we're in a fish market and they just had this really great philosophy.called fish philosophy, you can look it up. It has stayed with me from the moment I heard about that right through my whole career. And there's four pillars in that. And this helped me grin and bear even some of the most difficult days.

00;43;03;05 - 00;43;21;10
Sally-Anne
The first one is make their day. Make somebody's day. That's the purpose. Make their day. Have fun. Which is absolutely true. The biggest one of all is choosing your attitude. When I get up in the morning and I put my feet in my slippers, I get to decide whether I'm going to have a good day or a really bad day.

00;43;21;11 - 00;43;37;17
Sally-Anne
That's my decision. So choosing my attitude for the day is what helps me grin and bare it. And there are some days that are really tough. They've been pretty tough, but at the end of the day, with those other things, you know, I'm a servant of the people. That's my job. Make their day, have fun at work. Choose your attitude.

00;43;37;23 - 00;43;44;20
Sally-Anne
And this one. Other than slipping my mind, I'm crossing myself about it because I do think about these things all of the time.

00;43;44;23 - 00;43;54;29
Cale
Now you are living like a fish, which have a memory of every 30s and so might might, maybe that's what you've done. Maybe that. Maybe that’s the living, you’ve even embodied the fish now.

00;43;55;10 - 00;44;12;12
Cale
Thank you so much again. There are so many amazing nuggets within that. It's a really important role you play. Your enthusiasm for the profession is infectious. I have to say, Sally, and wishing you well and on all your endeavours.

00;44;12;16 - 00;44;21;25
Sally-Anne
Thank you so much. Thanks for having me and have a great day, listeners. Bye

00;44;21;28 - 00;44;51;29
Cale
Thank you so much for listening to this week's episode. Hope you enjoyed it. As always, I would love your feedback, questions or any suggestions that you have to someone that I should be speaking to next as our guest. You can find me on LinkedIn, or you can find the Grin + Bare It podcast on TikTok and Instagram. Now the best way to support this show, if you did like it, is leave your feedback, subscribe wherever you get your podcasts, or simply share it with your friends and colleagues.

00;44;52;01 - 00;45;01;25
Cale
Thank you so much again. See you next time on Grin + Bare It.