



Submission to Education, Employment and Small Business Committee

*Workers' Compensation and Rehabilitation and
Other Legislation Amendment Bill 2020*

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submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Education, Employment and Small Business Committee for the opportunity to comment on the Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2020 (the Bill).

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives (RM), nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 64,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

This year 2020 will be dedicated to celebrating the International year of the Nurse and the Midwife, in celebration of the 200th year anniversary of the birth of the founder of contemporary nursing, Florence Nightingale. The World Health Organisation (WHO) nominated Nurses and Midwives for their invaluable contribution to health care and to highlight the need for a strengthened Nursing and Midwifery workforce to achieve Sustainable Development Goals (SDG) and universal health coverage. The QNMU is proud to embrace this opportunity to invest in the Nursing and Midwifery professions, particularly the investment into minimum safe staffing ratios and skill mix across all health sectors.

Nurses and midwives play an important role in the health workforce and can often be the first responders during an emergency event. Such events can expose first responders to an increased risk of mental injury, including Post Traumatic Stress Disorder (PTSD) due to the nature of their work and the frequency of exposure to potentially traumatic events over time.

The QNMU welcomes the recognition of the cumulative impacts that exposure to trauma can have on a first responder's mental health. In our view, the Bill offers the opportunity to acknowledge the vital work that first responders do for our communities and improve their access to workers compensation support.

Reversing the onus of proof for compensation for first responders to presume that PTSD is caused by their employment in the first instance, will also provide greater recognition for mental health injuries in the workplace.

The QNMU expresses resounding support for the Bill but wishes to make some additional recommendations that focus primarily on the nursing and midwifery professions.

Recommendations

The QNMU recommends:

- Review the definition of nurse to allow for a broad interpretation
- Insert Midwife as an eligible profession

The QNMU welcomes the changes put forward by the Bill to improve access for first responders in making workers compensation claims for PTSD. Historically, making a psychological or psychiatric injury claim has been challenging for first responders as the onus has always been on the applicant to provide evidence of their injury. The process of demonstrating work-related harm can exacerbate a first responder's injury or create compounding stress for an applicant (Sayer et al., 2007).

The symptoms associated with PTSD can be difficult to identify and manage due to the nature and pattern of trauma exposure among first responders (Harvey et al., 2015). This makes PTSD more challenging to diagnose, as it is often caused by cumulative traumatic events rather than a single trigger point. Literature also indicates that PTSD commonly coincides with other co-morbidities such as depression, anxiety, alcohol or other substance abuse (Creamer et al., 2001). The QNMU believes that the timely recognition and diagnosis of PTSD is vital to avoid substantial psychological co-morbidities and suffering. In our view, the Bill will encourage greater reporting of psychological injuries in the workplace, which has historically been difficult to capture.

The Bill also provides an opportunity to remove the stigma around experiencing psychological injuries in the workplace by addressing a long-held culture that exposure to trauma is "part of the job". The QNMU promotes the notion of preventing mental harm in the workplace through identifying evidence-based workplace interventions for first responders, in addition to the support the Bill will provide.

The QNMU supports members experiencing psychological injuries. The following case study highlights an example of the impact that psychological injuries can have on a nurse's career and personal outcomes.

Case Study:

An emergency nurse with a history of over 20 years working as a registered nurse across emergency, ICU and education areas, sustained a psychological injury whilst working in the emergency department of a tertiary hospital. The incident involved the assault of the nurse and two security officers by a patient.

The patient kicked the nurse multiple times in the abdomen and chest. The nurse had previously experienced assaults, two years prior, resulting in physical injuries. The nurse attempted to return to work but experienced psychological deterioration such that the nurse was diagnosed with PTSD. The treatment for this injury included various drug and psychological therapies and an inpatient hospital stay. Workers compensation was finalised in 2018 after a medical assessment tribunal determined the nurse had sustained a PTSD permanent impairment of 5%. The final permanent impairment percentage was ameliorated by the nurse's determination and continued employment in a nursing education role outside of the hospital setting.

Current medical opinion is that the nurse will not likely return to a clinical setting due to the impact of the nurses' ongoing psychological injuries. The nurse reported that they continued to be significantly impacted, as the psychological injury has had residual impacts on the nurse's family relationships as well as the nurse's career.

The following excerpt has been taken from correspondence from the nurse to their employer and the QNMU when seeking employment in a non-clinical environment.

"As you can imagine, my life has changed dramatically from this incident. Aside from having a diagnosis of PTSD, I have to take medication (never have had to do this before) for management of my anxiety related to PTSD (Hypervigilance etc).

I remain socially withdrawn and very conscious of safety. I also feel like I have lost a very large chunk of my identity - I am not really a nurse right now and I don't know who I am."

Definition of First Responder

The QNMU supports the inclusion of nurses as first responders under the Act. However, the Bill has failed to acknowledge midwives as an eligible profession. It is the view of the QNMU, that midwives should be captured as an eligible profession, as the nature of midwifery often involves responding to life-threatening or otherwise traumatic events.

Midwives working in rural and remote environments should be included as first responders as they are potentially at risk for psychological injury due to the varying complexity of the midwife's role with increasing geographical remoteness. This is an ongoing stressor that has been identified by rural maternity taskforce site visits.

Research indicates that midwives carry a high psychological burden when witnessing trauma related to birthing. One study has suggested that almost one fifth of midwives met the criteria for PTSD (Leinweber et al., 2017). The health and wellbeing of nurses and midwives impacts quality care and workforce retention (Creedy et al., 2017). As such, we recommend the need for midwives to be included in the presumptive legislation.

Definition of nurse

The QNMU supports the amendment to *schedule 13*, to insert that *nurse* means a person registered under the Health Practitioner Regulation National Law to practice in the nursing profession. We acknowledge that the explanatory notes for the Bill details that eligible employees and first responders have been listed in accordance with evidence that suggests a strong causal connection between those employment areas and PTSD. However, we question the need to prescribe specific areas of nursing that will be captured by *schedule 6A* of the Bill, when other listed professions are not subject to such restrictions. In order to avoid any perverse outcomes and improve fairness for all nurses suffering from PTSD, we suggest that the definition of nurse should be consistent with the National Law and maintain a broad interpretation. This will enable nurses working outside of emergency and trauma care, acute care, critical care and high dependency care to be eligible for presumptive worker's compensation.

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