VOL. 35 ▪ NO. 5 ▪ DECEMBER 2016

tqn

THE QUEENSLAND NURSE

DOMESTIC VIOLENCE LEAVE –

WE'RE LEADING THE WAY

FEATURE

BEHIND THE SCENES AT THE QNU

Union Training Program

FEBRUARY – JUNE 2017

FEB	**Tues 21** QH Rostering - Equity & Work Life Balance **BRISBANE**	**Wed 22** Professional Culpability - Where do I stand? **BRISBANE**	**Thurs 23** Being a QNU Contact in the workplace **BRISBANE**			
MAR	**Tues 7 - Wed 8** QNU Branch Development 1 **BRISBANE**	**Thurs 9** QNU Branch Development 2 **BRISBANE**	**Tues 14** Professional Culpability - Where do I stand? **MACKAY**	**Tues 14** QH Rostering - Equity & Work Life Balance **TOOWOOMBA**	**Wed 15** Creating a safe workplace (WH&S) **TOOWOOMBA**	**Thurs 16** Work Matters - How to play to your strengths & manage your weaknesses **TOOWOOMBA**
Thurs 16 Being a QNU Contact in the workplace **ROCKHAMPTON**	**Wed 22 – Thurs 23** Knowing your entitlements and understanding the Award! **BRISBANE**	**Fri 24** QH Rostering - Equity & Work Life Balance **BRISBANE**	**Wed 29** Professional Culpability - Where do I stand? **SUNSHINE COAST**	**Thurs 30** Creating a safe workplace (WH&S) **SUNSHINE COAST**		
APR	**Tues 4** No excuse for abuse! **BRISBANE**	**Wed 5** Handling grievances in the workplace **BRISBANE**	**Wed 26** Aged Care - Rosters, workloads and consultation **BRISBANE**	**Thurs 27** Aged Care and Private Hospitals - Getting prepared for our next agreement **BRISBANE**		
MAY	**Wed 3** Assertiveness Skills **BRISBANE**	**Thurs 4** QH - Consultative Committees - How to make them work **BRISBANE**	**Tues 9** Assertiveness Skills **CAIRNS**	**Wed 10** No excuse for abuse! **CAIRNS**	**Thurs 11** Creating a safe workplace (WH&S) **CAIRNS**	
Tues 16 - Thurs 18 Workplace Representatives 1 **BRISBANE**	**Tues 23** Conflict Management Skills **BRISBANE**	**Wed 24** QH - BPF for NUMs and MUMs **BRISBANE**	**Wed 24 – Thurs 25** Someone should do something about that! **BRISBANE**	**Tues 30 - Wed 31** Knowing your entitlements & understanding the Award! **TOWNSVILLE**		
JUNE	**Thurs 1** QH Rostering - Equity & Work Life Balance **TOWNSVILLE**	**Tues 13** Work Matters - How to play to your strengths & manage your weaknesses **BRISBANE**	**Wed 14** Aged Care and Private Hospitals - Everything you wanted to know about your agreement but were afraid to ask! **BRISBANE**	**Thurs 15** Aged Care and Private Hospitals - How to raise issues and feel safe **BRISBANE**		
Wed 14 QH - How to make the BPF work for nurses and midwives **GOLD COAST**	**Thurs 15** Creating a safe workplace (WH&S) **GOLD COAST**	**Mon 19 - Fri 23** Health & Safety Representative training for nurses and midwives (Safe Work) **BRISBANE**				

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tqn

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Contents

VOL. 35 ▪ NO. 5 ▪ DECEMBER 2016

23

FEATURE

Behind the scences at the QNU

10

36

40

2016 WHAT A YEAR...

SALLY-ANNE JONES
QNU PRESIDENT

As 2016 draws to a close, it's time to reflect on the year passed.

Although New Year's Eve is the traditional time to do this, I find myself shaking my head at all the things that have happened around the world, wondering how much more can possibly be squeezed into 2016.

It has been a tumultuous year on the geo-political scene. Perhaps there are truly more incidents, or perhaps we are simply becoming more globally connected and therefore more aware of them.

Britain voted to leave the European Union and the term *Brexit* became a part of daily vernacular.

There were terror attacks across the globe with high civilian casualties, including Paris and Brussels.

Major earthquakes and weather events have killed hundreds of people and made tens of thousands homeless—from quakes in New Zealand and Italy, to sinkholes in Japan, floods and fires in the USA, and hurricanes in Haiti.

An election in the United States had the world holding its breath—its consequences are yet to be determined.

The monarch of the second Elizabethan era turned 90.

The XXXI Olympiad was held in Rio with its requisite scandals (green pools and drug bans).

In Australia, the rise of super-cell storms wreaked havoc on our cities but brought welcome rain to drought-stricken rural areas.

And we held a census that made world news and voted in a double dissolution election…it has been a huge year!

It hasn't been a quiet one either for the Australian Nursing and Midwifery Federation.

During this busy year, the ANMF focused its attention on some seminal campaigns, one of which supported the choices of Australians to participate in assisted suicide.

The *Be the Bill* voluntary euthanasia campaign linked with the recent second reading of the Voluntary Euthanasia Bill in the South Australian parliament.

As advocates for choice in health care and decision making, nurses and midwives supported the right for people to determine their end of life.

The ANMF also continued to support the *Never Alone* campaign—supporting the Luke Batty Foundation's work in family and domestic violence.

Working with national, professional and registering bodies such as AHPRA, NMBA and CONMO, the ANMF promoted the interests and plans for our nursing and midwifery workforce, focusing on graduate nurses and midwives.

But the biggest campaign of all was the lead up to the July federal election.

We focused on raising awareness about each political parties' commitments to the health agenda.

And the topic of defending Medicare as we know it was hotly and publicly discussed.

Another principle campaign of the ANMF this year—*Demand Dignity*—focused on care for our elderly, raising awareness and lobbying for improvements in the aged care sector for residents and workers.

In Queensland, the QNU ran a strong campaign during the federal election around penalty rates. The QNU *Year in Review* report tabled at our Annual Conference in July (and available online) outlines the comprehensive work of the QNU over 2016.

And you will of course be aware of the *Ratios Save Lives* campaign that resulted in legislated nurse/midwife-to-patient ratios in the acute care sector.

In 2017 we welcome a new Council. Congratulations to the incoming elected councillors. I look forward to working with you in the coming term.

And to the outgoing councilors—thank you for your support, your diligence and custodianship of the QNU's interests in your term. It has been such a pleasure to work with you all. ■

Sally-Anne

BETH MOHLE
SECRETARY

Standing together against violence

I can't believe 2016 is already coming to an end. It has been another huge year filled with many achievements and I hope over the festive season you take some precious time with loved ones to celebrate all you've achieved in the past year.

At the QNU, our work doesn't end with the year. One particular area of concern for our union is the high level of domestic and family violence that is all too often seen of late.

This is a vitally important issue that we're working hard to address. Our members are on the front line caring for the victims of such violence on a daily basis.

This is a problem that has always been with us, but until recently has rarely been openly spoken about.

More attention has been paid since Rosie Batty was made Australian of the Year in 2015, and used that year to raise community awareness and bring about change following the tragic murder of her son Luke.

Through our federal body, the Australian Nursing and Midwifery Federation, we are a foundation supporter of the *Never Alone* campaign through the Luke Batty Foundation.

Our union has actively campaigned to stop domestic violence for some time—lobbying politicians, making submissions and raising awareness.

We continue to campaign for universal domestic and family violence leave for victims.

On White Ribbon Day (25 November) in 2015, Queensland Premier Annastacia Palaszczuk announced 10 days of domestic and family violence leave for public sector workers.

This was part of the response to the *Not Now, Not Ever* report released earlier that year. This is great news for our public sector members, but we need this leave enshrined as a National Employment Standard for members in the private sector as well.

Now we've joined the *We Won't Wait* campaign that aims to bring about this entitlement for all.

So many other organisations have added their voice to the campaign to end domestic and family violence and support the victims.

For example, to help address the ever increasing demand for support services, QSuper recently announced a sponsorship arrangement with DV Connect that will fund an additional full-time telephone support officer for the next three years.

Responding to over 70,000 calls for help each year, Queensland's DV Connect telephone support service is one of the busiest state-wide crisis lines in Australia.

While DV Connect's core services are funded by government grants, other vital projects rely on one-off donations and personal generosities.

These projects include the Pets in Crisis Program, court assistance, and emergency care packs for women and children.

You can make a donation (big or small) to DV Connect. You could also organise a fundraiser at your workplace—for more information contact Genevieve Siddle on **gsiddle@qnu.org.au** or (07) 3840 1444.

We can make a real difference by working together and with other organisations to raise public awareness and stamp out violence in our community.

The *Never Alone* campaign reminds us what we are working for…

WE WILL STAND WITH THE WOMEN AND CHILDREN AFFECTED BY FAMILY VIOLENCE SO THAT THEY ARE SUPPORTED IN THE COMMUNITY AND HAVE A POWERFUL VOICE IN THE CORRIDORS OF POWER.
STAND WITH US.

Make a difference this festive season—add your voice to this vitally important campaign. ■

Beth

Your say

Take a good look at your *tqn* journal ladies and gents, because this is the last of its kind.

Yes, as of next year, TQN will have a new name, a new look, a new quarterly schedule and some new content to sit alongside all your favourites.

The journal's revamp is part of the QNU's decision to change its name next year to the Queensland Nurses *and Midwives* Union or in short, the QNMU.

The change, which brings us in line with our federal body and other state ANMF branches, was one of the outcomes of our 2016 Annual Conference in July.

The name change obviously means we have to change our logo across every single thing we do, and this opened up a fantastic opportunity for us to refresh the look and feel of our organisation's branding while we were at it.

It also means a name change is needed for our magazine The Queensland Nurse (TQN), because let's face it—TQNM is a bit too clunky.

So after 209 editions and 35 years, this December 2016 edition marks the end of an era for our journal but the start of an exciting new one as of March next year.

So watch this space folks—we'll see you on the other side.

Your QNU Comms team

Happy midwives and mums

We would like to acknowledge and sincerely thank Sandra Eales and the QNU professional team for their support and hard work in actioning the service agreements for private practice midwives in central Queensland HHS.

The women of central Queensland now have another choice of maternity care.

Meredith Lovegrove

On Blue Care EB:

I get very angry when these people are not valued more. Blue Care and the RSL aged care nurses and staff were my family's strength and support in my mother's final years. They go above and beyond what they are paid to do and their care and love for our mother could never be repaid. I would love to see the management take cut backs. I hope you win your campaign.

DS

Sad situation for aged care. Nurses working in community and residential love their work and give their hearts to looking after our frail elderly. ALL nurses need to be recognised and paid decently, our elderly need this service but nurses are leaving in droves because they can find better pay doing something else.

JG

As an aged care worker, yes it is challenging and difficult at times and we do certainly go above and beyond what we should be doing. Our workplace is the resident's home and this should be a safe and happy environment for them and those around them. Good luck to those who work for Blue Care and Wesley Mission.

RR

What they, Blue Care, are currently offering the nursing and care and support staff is nothing short of despicable. Myself and most of the aged care staff continually go above and beyond and even buy and donate goods out of our own money so the residents have activities to do and everything they need and yet we continually get knocked down. ☹

JH

All care workers including nurses do a hard and heavy job and they deserve to be paid a decent wage. We need to respect the work these people do not penalise them for doing a job that most of us could not. Shame on you Blue Care for even thinking about cutting hours and wages.

HMW

On new workplace safety measures:

There is a definite need for higher security in hospitals. There should only be one way in for public, through detectors and security. Too easy for anyone to come in and harm staff or patients. Also security cameras in all areas.

LCD

The package that includes more security, CCTV and personal cameras with specifics for each hospital is a huge recognition to all health employees that personal safety is now being taken seriously. Specific hospitals have unique difficulties that seem to have been identified FINALLY!! Thank you for this genuine effort.

BJ

Having cameras is good, but what rural and remote hospitals need are security guards as at times they are left without any support and at times only a few QPS for the town.

KC

On the same-sex marriage plebiscite:

The plebiscite was going to be wasted funds to tell pollies what they already know the popular opinion is. It's not a setback for same-sex marriage.

WL

Sad how so many are against this heinous waste of money yet the PM doesn't seem to care :(

Put it into health or education. Much better idea.

TH

On changes to paid parental leave:

We need to support those who can least support themselves. Cuts to welfare or parenting payments are not the solution. The government needs to grow a spine and start taxing the large companies that currently pay zero tax. It would raise billions of dollars of revenue and we could finally fund the health and welfare system properly, so that people have the financial backing for self-determination and ongoing health, education and wellbeing. This way, they will be better able to live a fulfilling life.

JEB

On hospital parking fees:

It is ludicrous that nursing staff have to either pay ridiculous fees to park or walk for kilometres in the dark down back streets to cars. They can't take public transport as the shifts finish so late at night. Evening parking and night duty should be free. Morning should only be a few dollars at most for staff.

SPC

Parking is an obvious revenue raiser and ownership should be held by the host hospitals. Generate money back into hospital and offer discounts to patients on a need to need basis.

AG

On Mater Hospital EB:

This hospital will lose people. The mission statement is about valuing the individual. It sadly seems their tireless workers are exempt from that. How disappointing to see a care facility place the dollar sign against patient safety (inclusive of patient-nurse ratio), staff safety and work satisfaction.

No, this is a backward step. Perhaps we are seen as anything but "butt cleaners, showering princesses".

Thank you for continuing to fight the fight.

Name withheld

How to log in to your member account

With the QNU's new website and integrated IT system, the details you need to log in to your member account have now changed.

Instead of entering your membership number, you need to **use the email address you've given us**.

If you are encountering difficulty, it could be that your browser is blocking access. Try signing on with a different browser.

http://bit.ly/2eDJnbZ

Have your say

tqn welcomes letters for publication.

- Letters should be no more than 200 words. Anonymous letters will not be published (we will consider withholding names, but do not accept unsigned letters).
- Photos may be colour or black and white.
- Send all material in the first instance to:

  The Editor,
  The Queensland Nurse,
  GPO Box 1289,
  Brisbane 4001

  or by **email** to
  dsmith@qnu.org.au

tqn also sources *Your Say* comments from the QNU's social media accounts in the public domain.

The views contained in the 'Your say' page do not necessarily reflect the views of the QNU.

For more information and guidance on writing and submitting a letter for inclusion in the 'Your Say' section refer to the QNU's *Letter to the Editor policy* at **www.qnu.org.au/policy-sheets**

/qldnursesunion

Tea room

We sometimes take it for granted that everyone knows their entitlements.

However, for new entrants to the nursing and midwifery workforce it is often difficult to understand the plethora of entitlements and payslips across our profession.

In fact, many nurses and midwives are uncertain about which allowances, loadings and penalties they are entitled to given the diversity of their work and working hours.

The following questions are frequently asked of our QNU Connect call centre.

If you have questions for our *Tea room* column email qnu@qnu.org.au

QNUCONNECT
PH 30993210

What is a work diary and why should I have one?

If there is ever a question of overpayments or accusations made by your employer, you will need to quantify (calculate) a claim for wages and/or entitlements.

Where you believe you have not been paid correctly, quantifying your claim is your responsibility.

Whilst it is an employer's obligation to keep records of your hours worked, it will be difficult to quantify a claim if they have failed to do this.

Similarly, it will also be difficult if any records are lost or are believed to be deficient and you later discover you have not been paid correctly.

To quantify a claim you may need to rely on your own records in full or in part—meaning you should keep a diary.

This involves collating details of days and hours worked, wages, allowances and tax paid, and leave accrued and taken. This allows you to work out just how much you received, how much you should have received and exactly what money or entitlements are owed.

Bank statements are not sufficient as they will only contain the net income received.

If you believe you have not been paid properly and need assistance with how to quantify a claim, contact the QNU.

Should I provide proof of my previous work experience when applying for a new position?

Yes. Most employers require nurses, midwives and AINs (however titled) to provide proof of all previous experience in order for that experience to be recognised in your pay rate. Otherwise you could be paid at the first pay rate/increment for your classification until you produce evidence of your prior experience.

Whilst it may be generally expected that an employer will share records between facilities and workplaces, it is really your responsibility as the employee to ensure your experience and qualifications are recognised by providing proof of previous experience.

Not providing this evidence can be a costly oversight for a new employee.

We advise that, in addition to providing hard copies of proof of experience and qualifications and the employer's forms, you should also send them by email.

At the least you should keep a copy yourself and then—seven days after submitting—seek confirmation (in writing) that they were received.

Accessing leave to attend union training—what are my rights?

Accessing leave to attend union training is an entitlement included in most QNU negotiated certified or enterprise agreements. Check your own agreement for the specific details.

You should submit your leave application to attend union training to your employer as early as possible.

We recommend submitting the application six weeks or more before the training date.

If your application hasn't been approved five weeks before the date of the training, it is essential you raise this issue with your employer and contact the QNU if you experience difficulty.

Some grievance processes can take up to 28 days to resolve, so you shouldn't hesitate to contact the QNU. ■

THE UNION FOR QNU NURSES AND MIDWIVES

OUR RECORD SPEAKS FOR ITSELF...

In the past 3 years we've...

Recovered **$8.75 million** for nurses and midwives.

Negotiated better wages and conditions for nurses and midwives through **82** new enterprise agreements.

Assisted more than **53,500** members through our QNU Connect call centre.

Championed patient safety by securing legislated nurse/midwife-to-patient **RATIOS**

Taken on more than **5500** new legal cases, including workers' compensation and occupational health and safety matters.

Conducted **227** education and training courses across Queensland for **3600** nurses and midwives.

Made **140** submissions on a range of nursing, midwifery and broader health issues.

No other organisation does as much as we do to support, protect and strengthen Queensland's nurses and midwives.

QNU BE PART OF IT

MEMBERSHIP FEES ARE TAX DEDUCTIBLE

www.qnu.org.au 07 3840 1444 or 1800 177 273 (toll free for outside Brisbane)

Queensland nurse takes up top nurse role

Following in the footsteps of Dr Frances Hughes, Shelley Nowlan has stepped into the role of the Chief Nursing and Midwifery Officer to continue the work of championing our professions.

Ms Nowlan grew up in the Lockyer Valley and has practiced nursing since 1987.

She brings a wealth of experience to the table—from working as a nurse in metropolitan, regional and rural and remote areas doing emergency, road and air retrievals, to working in corporate office influencing policy development around cost centre management and advanced practice Nursing.

"I've been blessed in my career," Ms Nowlan said.

"I've been given many primetime opportunities to influence change in both clinical and managerial roles.

"I have as much passion for my job as I do for life."

A nursing voice

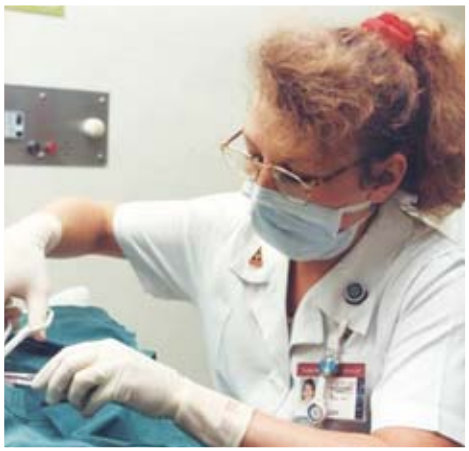
Ms Nowlan said one experience she had as a nurse working at Caloundra Hospital "hit the heart" and spoke to what nursing was all about for her.

"There was a lady working within the canteen and she asked me, 'Do I know you? Your voice sounds familiar'. We couldn't find a common connection, but she contacted me a few weeks later to say she'd remembered me from a roadside retrieval. The woman was significantly injured and she remembered the tone of my voice even though she was unconscious.

"I remember saying to her, 'It's up to you now, just start to heal. We're in our flight to hospital, you just need to look after yourself'. And many years later she still remembered my voice from that traumatic time in her life."

Compassion, rural and remote, and the BPF

Ms Nowlan said compassionate care must remain at the heart of nursing and midwifery—it is, after all, what we do.



"I HAVE AS MUCH PASSION FOR MY JOB AS I DO FOR LIFE."

"We get very busy in our roles, but nurses and midwives have an innate opportunity to connect with our patients and families in a way that not many other professions can.

"I want to ensure that providing compassionate and holistic care is integral to the connection we have with our patients.

"I also want to focus on breathing life back into our rural, remote and regional areas for our nurses and midwives, in regards to valuing their expertise and the work they do."

Ms Nowlan said supporting the process and application of the Business Planning Framework in all settings would also be a focus in her new role.

"We have a viable tool in the BPF – it's a tool that not only calculates the nursing hours per patient per day, but also determines the skill mix and requirements in terms of appropriate qualified nurses and care metrics appropriate to the care context.

"Through the BPF, we're in a profound position to support our chief executives and chief operational officers in regards to how resources can be best allocated across the state to ensure quality safe care."

Nurses and midwives are leaders

Ms Nowlan said the relationship nurses and midwives have with patients and their families is incredibly powerful, and places us in a unique position to lead the way.

"Leadership happens every moment you're providing care," she said.

"It may be leading an escalation of concern, leading a clinical team, or leading a conversation with a patient to ensure their needs are understood.

"Above all we need to take the lead and look after each other.

"The role we deliver is the backbone of our health system. The care we provide to our patients must also be provided to each other."

"We need to ensure we provide safe environments where we can have respectful conversations and where we support each other in delivering care and clinical decision making." ■

Vale Kent Trussell

This edition we bid a sad farewell to QNU friend Kent Trussell who passed away earlier this month after illness.

Mr Trussell has been advertising his home-based resume writing service in TQN for more than 15 years and had a self-confessed soft spot for helping nurses and midwives.

His last advertisement, a thank-you to QNU members, appears on page 42.

Our thoughts are with Mr Trussell's family at this time. ■

Giving students a helping hand...

Congratulations to the following QNU student members, who will each receive book bursaries worth $500:

- Victoria Knipe
- Aleesha Hampson
- Luke Yokota
- Teagan Bechley
- Sarah Portas
- Rhiannon Bates
- Jeanette Eviston
- Michelle Laing

Each year the QNU awards eight undergraduate nursing and midwifery students book bursaries as part of our commitment to supporting our members' careers and growing our professions.

Keep an eye on future journals and *qnews* emails for details about next year's book bursaries. ■

Christmas closure arrangements

QNU arrangements

The QNU offices in Brisbane, Toowoomba, Bundaberg, Rockhampton, Townsville, Cairns, Sunshine Coast and Gold Coast will close from 5.00pm on Friday 23 December and will reopen at the regular starting time of 8.30am on Tuesday 3 January.

During this time members who need emergency advice or assistance should ring the Brisbane office on (07) 3840 1444 or 1800 177 273 (toll free outside Brisbane) and leave a message.

Officials will be on call to deal with emergencies such as dismissals, and they will contact you.

We wish all our members a safe and enjoyable festive season.

Queensland Health closures

At the time of going to print the QNU was still working with Queensland Health to resolve outstanding issues around the Christmas and New Year period public holidays.

Once the issues are resolved we will update QH members via email. ■

2016 Australian Nursing and Midwifery QNU Branch Election

Thank you to all members who took the time to vote in the recent ANMF QNU branch election.

The Australian Electoral Commission formally declared the election result.

Below is the QNU's new leadership team and council:

SECRETARY
Beth Mohle

ASSISTANT SECRETARY
Sandra Eales

PRESIDENT
Sally-Anne Jones

VICE PRESIDENT
Lucynda Maskell

COUNCILLORS
Janet Baillie
Christine Cocks
Karen Cooke
Tammy Copley
Dianne Corbett
Jean Crabb
Maddi Heathfield
Shelley Howe
Leanne Jiggins
Christopher Johnson
Damien Lawson
David Lewis
Simon Mitchell
Fiona Monk
Sue Pitman
Melanie Price
Karen Shepherd
Katy Taggart
Janelle Taylor
Kym Volp
Debbie Watt
Charmaine Wicking

These positions also fill the corresponding office in the QNU.

A copy of the official AEC declaration of results is available from the AEC or the QNU on request.

If you have any questions, please contact the QNU on (07) 3840 1444. ■

DOMESTIC VIOLENCE LEAVE – WE'RE LEADING THE WAY

For many, the Christmas period is a time of relaxation and an opportunity to recharge with friends and family.

But for some it can be a period of uncertainty and fear.

WE WON'T WAIT!
END DOMESTIC VIOLENCE

Imagine spending Christmas on tenterhooks wondering what might happen to you or your family.

Unfortunately, this is the horrific reality for many Queenslanders and their families.

On average there are 180 domestic violence incidents in Queensland each day. The number of reported incidents to Queensland police increased from 58,000 in 2011/12 to 66,000 in 2013/14.

And these statistics only represent those reported.

A recent increase in public awareness—in many cases thanks to media campaigns and the work of dedicated campaigners such as Rosie Batty—is successfully shining a light on this terrible problem.

Current government priorities

Following Dame Quentin Bryce's *Not Now, Not Ever* report, Premier Annastacia Palaszczuk announced the Queensland government would implement all 140 recommendations.

Current actions and priorities include:

- **Changes to criminal law:** Introduce a circumstance of aggravation of domestic and family violence, attached to any criminal offence where domestic violence has occurred. This will increase the maximum penalty, ensuring the seriousness of domestic violence is acknowledged.
- **Education programs:** The government will develop resources to support primary and secondary state schools in promoting respectful relationships, gender equality, reporting fears and concerns safely, and assisting students to identify and respond safely to violence and abuse.
- **Integrated response model:** Trial a model that delivers seamless help for victims, piloted in one urban, one regional and one discrete Indigenous community.
- **Government as a model employer:** Develop training for public sector employees and managers to deal with domestic and family violence, introduce additional paid domestic violence leave, and ensure protection from unfair dismissal for public sector workers who are victims of domestic and family violence.
- **Working together:** Work with local and federal governments and the private sector to urge them to adopt similar policies.
- **Health sector:** Work with the health sector to ensure more widespread best practice among GPs and midwives when dealing with domestic and family violence.
- **National awareness campaign:** $3 million towards a national awareness campaign to reduce violence against women and their children.
- **Information sharing:** Reduce barriers to information sharing between agencies to ensure more effective responses and support for victims.
- **Shelters**: $8 million over two years to establish dedicated 72-hour crisis shelters in Brisbane and Townsville, and a further $11.9 million over four years to operate the shelters. Another two shelters will be built in Roma and Charters Towers.
- **Perpetrator programs:** More widespread availability of perpetrator intervention initiatives.
- **Specialist court:** Trial a specialist Domestic and Family Violence Magistrates Court with a dedicated magistrate in Southport.
- **Legal Support:** $1.1 million to expand the Domestic Violence Duty Lawyer Service to 14 locations through Legal Aid Queensland.

Domestic violence leave

The Queensland government has also supported a push from unions, including the QNU, to have family and domestic violence leave as a national employment standard.

A media event was held in mid-November as part of a national day of action to encourage the federal government to step up when it comes to domestic violence leave.

Queensland Council of Unions General Secretary Ros McLennan said the federal government must not ignore the important role of a supportive employer for those affected by family and domestic violence.

"Domestic violence can impact on the workplace and the employment relationship through increased absenteeism due to injury, sickness, stress, court attendance and other factors," Ms McLennan said.

"It can limit a worker's ability to perform effectively, which may result in performance management issues, terminations, and forced resignations."

The Queensland government will debate its industrial relations bill during its last sitting week for the year. If successful, Queensland would be the first jurisdiction to have a legislated right to domestic violence leave.

Supporting DV Connect

In early November, QSuper announced they would provide financial support to DV Connect—Queensland's only state-wide hotline for domestic violence victims.

The money will employ an additional full-time telephone support officer for the next three years.

This extra role will mean up to 4000 more women every year will have their call answered.

And with DV Connect one of the busiest hotlines in the country, this is certainly a vital new resource.

The QNU is also continuing its commitment to play our part in stamping out domestic violence. QNU Council recently endorsed the following resolution:

> *"The QNU Council notes the report provided by the Secretary on the potential for QNU to provide support to DV Connect in collaboration with QSuper. Council endorses the QNU promoting opportunities to support DV Connect and other Domestic Violence Awareness and prevention initiatives to members and QNU staff including the 'One Million Stars to End Violence' initiative."*

Following this, the QNU supported the Queensland Country Women's Association in a push for donations for women's refuges, as well as funds for DV Connect.

While DV Connect's core services are funded by government grants, other vital projects rely on one-off donations and personal generosities.

These projects include the Pets in Crisis Program, court assistance, and emergency care packs for women and children.

You can make a donation (big or small) to DV Connect. You could also organise a fundraiser at your workplace—for more information contact Genevieve Siddle on gsiddle@qnu.org.au or (07) 3840 1444.

To make a tax deductable donation visit

www.dvconnect.org/donate

Readers seeking assistance can call DV Connect on 1800 811 811. ■

Licence to operate competition – winners announced!

Thank you to the private sector members who entered our 'Licence to Operate' competition by sending us a photo of their health facility's licence.

CONGRATULATIONS to our four winners who will each receive a $50 Myer gift card—**Mel Muir, Sue Dunn, Geoff Yee and Belinda Hillsley**.

A facility's licence to operate is an important public document.

Private health facilities are legally required to display its licence information, which includes:

- licensee
- location
- type of facility
- total/type of beds
- clinical services capability framework levels
- any amendments compared to the previous licence to operate.

A licence shows a facility's compliance with the *Private Health Facilities Act 1999*, including compliance contained within the *Clinical Services Capability Framework* (CSCF).

For its part, the CSCF is designed to safeguard patient safety and facilitate clinical risk management in private hospitals by providing a consistent set of minimum patient safety criteria for each clinical service.

The QNU had become aware that some facilities were not displaying their licence in a prominent place, so we asked members to send us a photo from their facility to show they were complying with regulatory requirements.

This competition was just a small but effective way of keeping private health facilities accountable to the legislation that regulates their operation and the public who use their services. ■

New cover for 'catastrophic' work injury

The Queensland Parliament has passed important legislation protecting workers who suffer a catastrophic work injury.

The *Workers Compensation and Rehabilitation (National Injury Insurance Scheme) Amendment Bill* passed in September, and provides injured workers with treatment, care and support for the rest of their life regardless of how the injury occurred.

The Bill also ensures that those injured as a result of negligence retain their common law rights to sue should they wish.

While it is rare for nurses to suffer a 'catastrophic' injury at work, the QNU has assisted members previously who have been badly injured travelling to and from work who are now covered by similar legislation.

The QNU supported the legislation when it was proposed. Of course, we hope it is rarely needed.

Examples of a catastrophic injury may include:

- Serious spinal injury resulting in permanent neurological deficit
- Traumatic brain injury with permanent impairment
- 40% full thickness burns. ■

Celebrating women through Emma Miller

Congratulations to Cathy Rose for being the QNU recipient of a 2016 Emma Miller Award.

The Queensland Council of Unions hosted the annual awards night in October to celebrate the achievements of female union members.

Cathy Rose—a Registered Nurse at John Flynn Private Hospital—is a strong union activist in her workplace, working as an EB Rep, branch delegate, and a member of the QNU Policy Committee.

She dedicates hours of her time to attending branch meetings, being a support person in meetings for her colleagues, and walking around her facility ensuring her fellow nurses are up to speed on workplace issues and campaigns.

"I feel privileged to be the recipient of this award," Cathy said.

"All the people I've met through the QNU are examples of why our union exists, and it's a great honour for me to be able to work with these people and my colleagues to put my union and nursing values into practice."

Cathy's strong activism makes her an approachable contact in the workplace. Nursing colleagues frequently seek her advice and support. She particularly aims to educate new members on professional and industrial issues that affect them.

She's also been a key activist in EB campaigns, taking on a delegate role at her previous workplace, Cairns Private Hospital, and again more recently during the current Ramsay negotiations.

The annual awards are held in honour of Emma Miller—a strong advocate for women's and workers' rights in Queensland in the 1800s.

A Brisbane seamstress and suffragette, Emma Miller is best known for her work in forming the first women's union in Brisbane in 1890. ■

Cathy Rose (middle) celebrated her Emma Miller award with QNU Assistant Secretary Sandra Eales (left) and QNU Councillor Phillip Jackson (right).

Standing united against Blue Care/WMB

Thousands of Queensland aged care workers have overwhelmingly voted against Blue Care/WMB's ruthless proposal to reduce their wages and conditions.

The proposal would have cut overtime, created below award pay and introduced split shifts of as little as an hour each shift.

In rejecting the proposal, aged care workers sent a strong message that they will stand up against management's attack on their pay, conditions and delivery of care.

Aged care workers come together

Since voting down the proposed agreement, QNU has continued campaigning for a fairer deal for our aged care workers.

We recently held an event on the Gold Coast attended by aged care workers and their friends and families, who came together in protest of management's treatment of staff.

It was an opportunity for Blue Care/WMB members to speak directly with QNU Secretary Beth Mohle to share their concerns about the proposal and how it might affect them.

A voice for nurses and carers

QNU recently asked management to show good faith in seeking to improve its relationship with staff by offering a non-EB wage increase.

However, Blue Care/WMB promptly rejected this request.

In response, QNU Secretary Beth Mohle and United Voice Secretary Gary Bullock wrote an open letter to management, asking them to return to the bargaining table with an offer that respects and values its staff and the hard work they do every day.

"Aged care is about caring for our most elderly and vulnerable citizens," Beth said.

"But at the end of the day, dedication doesn't pay the bills.

"Nurses, carers and support staff deserve fair working conditions and wages that reflect the work they do."

Negotiations recommencing

At the time of going to print, negotiations between Blue Care/WMB and the QNU were about to resume.

We—along with the broader Queensland community—will continue to support our aged care members to achieve a decent outcome that respects the work our nurses and carers do. ■

A snippet from the open letter written by QNU Secretary Beth Mohle and United Voice Secretary Gary Bullock to UnitingCare.

Read the full letter on our website:

http://bit.ly/2fH2CSA

Dear UnitingCare,

We write on behalf of our aged care nurses, carers and support staff working for Blue Care and Wesley Mission Brisbane—both employers affiliated with UnitingCare Queensland.

UnitingCare Queensland's corporate values include 'compassion', 'respect' and 'justice'. Nurses, carers and support staff fulfil these values every day through the care they provide. But they also expect UnitingCare Queensland to extend these values to their own staff. They expect management to support them, and this includes receiving adequate wages and conditions that enable them to do their job to the best of their ability.

Some of the members that attended our recent event on the Gold Coast.

Mater NUMs/MUMs – a win for all

It's been a long road to finalising a new Mater agreement. We've finally been presented with a proposed agreement, and along the way overcome at least one of the significant hurdles.

In a win for Mater NUMs and MUMs—as well as all Mater nurses and midwives—Mater management has backed down on their push to exclude NUMs and MUMs from collective enterprise bargaining.

The proposal to move NUMs and MUMs onto individual contracts was always about weakening their conditions. It was also about weakening the nursing career structure which would have resulted in negative outcomes for all nurses and midwives.

It would have resulted in NUMs and MUMs being forced to individually negotiate their own contracts.

Mater unwilling to listen

The QNU argued from the very beginning that it simply wasn't acceptable to exclude NUMs and MUMs from collective bargaining.

Put simply, NUMs and MUMs and their nursing and midwifery colleagues didn't want the integrity of their career structure put in jeopardy.

Despite informing the Mater of members' concerns over 12 months ago, Mater continuously chose to ignore this feedback.

The QNU, with the endorsement of NUMs and MUMs, made an application for a scope order to force Mater to take notice of members' concerns. Members dedicated a lot of their own time and effort providing evidence to support their case.

With Mater's evidence due to be submitted in the Fair Work Commission, Mater made a last-minute offer for a separate enterprise agreement just to cover NUMs and MUMs.

This followed 18 months of insisting they combine the existing public and private agreements onto one agreement. Absurdly, they were suddenly willing to have two again!

NUMs and MUMs reject proposal

Naturally, NUMs and MUMs rejected this proposal.

Why would they not be part of the same agreement covering their fellow nurses and midwives and have the same terms and conditions as those they work side-by-side with?

NUMs and MUMs didn't want to be separated from those they take pride in leading.

What's more, why would the nurses and midwives who act in their positions be on a different agreement? It didn't make sense.

Seeking backpay

Due to the Mater's repeated stalling during negotiations, the QNU has written to Mater's CEO on numerous occasions calling for management to implement an administrative wage increase and provide backpay.

It is Mater's unreasonable determination to hold onto their unfair proposals that has caused such lengthy delays to the finalisation of an agreement. Nurses and midwives should not be the ones to suffer financially.

Unfortunately, management kept refusing QNU's request.

Proposal out for ballot

The length of these negotiations has been unprecedented due to Mater's unreasonable desire to reduce existing conditions and exclude NUMs and MUMs from the agreement.

While Mater unfortunately hasn't moved on many issues, we have been able to preserve some of what they intended to take away, including access to long service leave after seven years.

At the time of going to print, Mater nurses and midwives were voting on the proposed agreement. ■

Cooling the air at Atherton

It's long overdue—but nurses and midwives at Atherton Hospital will finally be working in air conditioning.

It seems incredible that any hospital or health facility would fail to have air conditioning in this hot state, but that was exactly the case for workers at Atherton and their patients, who frequently experienced heatwave temperatures at work.

QNU members and staff had been lobbying for air con for years, and as far as they were concerned, installing extra water coolers simply wasn't going to cut it.

So late last year an Atherton nurse, who was both a QNU member and workplace health and safety delegate, issued the hospital with a Provisional Improvement Notice.

The hospital successfully appealed, but the decision was then promptly challenged by the QNU.

Eventually a workplace health and safety improvement notice was issued, and a deal for cool new air cons was signed off.

Air con is currently being installed in all areas of the hospital, including medical, surgical, maternity and kitchen areas.

The work should be completed by January.

So congratulations to QNU nurses and midwives for taking a stand and securing a win for everyone who uses this facility—patients, staff and visitors alike.

Common sense prevailed in the end! ■

Checking your pay slips can pay off

In another example of nurses getting what they're due, members have successfully recovered a large amount of missing long service leave (LSL) entitlements.

Following a QNU newsletter advising members to check payslips for potential errors, five members from Opal Aged Care facilities raised concerns that their LSL accruals didn't seem correct.

The QNU investigated the issue and found that the way the company was accruing LSL entitlements around continuous service was incorrect.

What's more, the company had incorrectly entered the commencement dates for service into their new pay system.

We notified management and worked with Opal to clarify how LSL should be accrued according to the correct legislative entitlement.

After several months of persistence from the QNU, management agreed to re-credit members a total of 1680 hours of LSL.

That's equivalent to about $38,300 in future leave accrual or 44 weeks of long service leave.

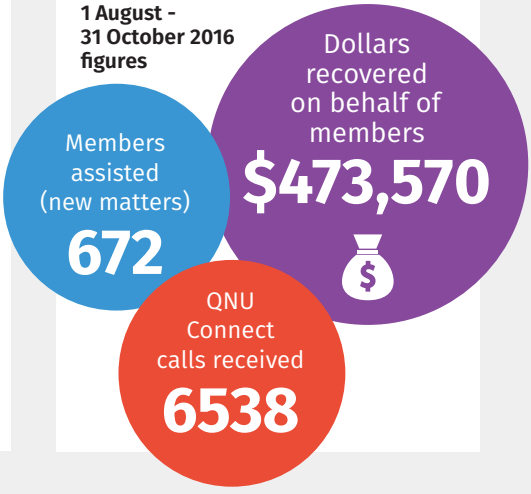
It just goes to show—it pays to check your QNU emails and your payslips! ■

How can we help?

The QNU assists hundreds of nurses and midwives every week.

Our expert team—consisting of Organising, Servicing, Industrial, Occupational Health and Safety, Professional and QNU Connect staff—is here to help you when you have a workplace issue or need advice.

1 August - 31 October 2016 figures



Nurses campaign to resolve workplace violence

Nurses, midwives and carers should never have to face violence in the workplace.

But until recently, that's exactly what nurses and carers at an aged care facility in Cairns were exposed to on a daily basis.

Resident violence and disorder were escalating, and in one month alone there were as many as eight incidents.

Staff were injured, police were called, and security was employed, but without addressing systematic problems at the facility, things were never going to change.

Enough is enough

The tide began to turn when QNU officials met with Cairns and Hinterlands HHS management and secured a commitment to reassess the model of care already in place.

The Delirium CNC began working with the Gerontologist to assess the suitability of all future residents to the facility. Put simply, if a resident is assessed as unsuitable, they won't be admitted.

A focus group of staff and management also came together to develop and research strategies to address concerns.

Facilitated by the Director of Nursing, aged care staff received training that included participating in mock scenarios.

The training was designed to address individual residents' behaviours. Staff also received training from a mental health nurse in early intervention to de-escalate potential aggression.

Management also reviewed their current model of care in the Alzheimer's unit, including altering the timetabling of various therapy activities to better suit individual residents' needs.

Significant improvement

Thankfully, there has been a significant reduction in the number of occupational violence incidents since these changes were implemented.

Information gleaned from PRIMES, workplace incident forms, the use of PRN medication, reports on staff burnout, and workload forms indicates there were no incidents of violence in June, and only one in July (which was successfully handled by staff).

With an increased focus on reflective practice, staff say there is now better communication and consultation on how they should handle specific situations, including early intervention into behavioural changes.

Importantly, staff and management have developed individual care plans that include specific information relevant to each resident, such as monitoring for pain.

The care plans also consider the residents' psychological and physical needs, recognising that what works for one resident may not work for another.

And perhaps most importantly, staff now feel more positive and confident working with their residents.

By having access to the right support—both from management and the QNU—nurses can conduct their work in what is now a far safer environment. ■

Cuts to paid parental leave still on the table

Aussie parents are once again faced with uncertainty and worry as the federal government reignited plans to scale back paid parental leave from 1 January 2017.

But following opposition from crucial crossbench senators, it seems the revised scheme is unlikely to start in January next year as initially proposed, and may be pushed back to later in 2017.

While this is a relief for many expectant mothers—who would have lost almost $12,000 in paid parental leave payments—expecting and would-be parents are once again faced with uncertainty over how much leave they will be able to access.

What would these cuts mean?

Under the current scheme, new parents may access both employer and government paid parental leave schemes.

The new proposal will prevent new parents from receiving the full 18 weeks of government-funded leave if they already receive leave from their own employer.

According to media reports, under the changes about 76,000 parents would have their government payments reduced, while a further 3160 would lose access to the scheme altogether.

Importantly, scaling back the scheme will reduce opportunities for women to spend appropriate time with their newborns, and affect their re-entry into the workforce.

QNU Assistant Secretary Sandra Eales said parents relied on a strong paid parental leave scheme to support them through the crucial early period of their child's growth.

"Mothers need to be spending time bonding with their newborn children, not be forced to return to work early and miss valuable time with their child," said Sandra. ■

Add your voice ...

STOP THE CUTS

The QNU has and will continue to campaign for a strong paid parental leave scheme that gives appropriate recognition to child-rearing, rightly supports parents, and assists with a healthy transition back to work.

You can help by signing a petition to stop these cuts and support a strong paid parental leave scheme that is fair to parents and their children.

http://bit.ly/2fxuM3i

Time together.
Time to grow.

Anti-vaccination comments will be investigated

The NMBA has publicly announced it will take regulatory action on nurses or midwives who promote anti-vaccination statements to patients or the public.

This stance is in response to a number of Registered Nurses, Enrolled Nurses and midwives who have promoted anti-vaccination statements to patients and the public via social media.

Dr Lynette Cusack, chair of the NMBA, has stated that, without exception, the NMBA expects all RNs, ENs and midwives to use the best available evidence in making practice decisions. This includes providing information to the public about public health issues.

Current evidence indicates that preventative measures such as vaccination are a clinically effective public health procedure for certain viral and microbial diseases.

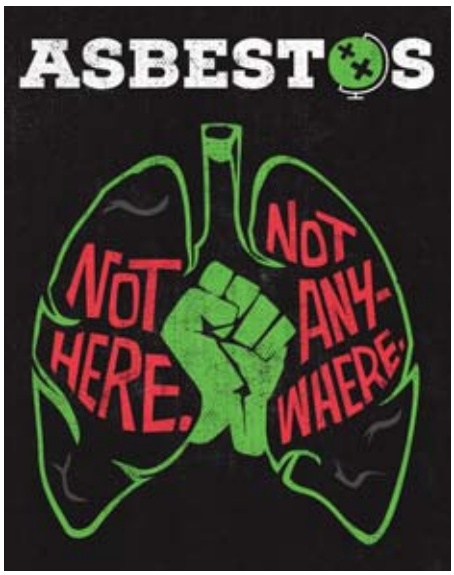
Nurses and midwives should be aware that when a concern is raised with the NMBA and AHPRA, they will review every allegation to determine whether regulatory action is required.

If you're the subject of a complaint to the Health Ombudsman or AHPRA then you should immediately seek QNU support and advice by calling QNU Connect on 3099 3210 or outside Brisbane on 1800 177 273.

Useful information:

- NMBA's social media policy: http://bit.ly/2eDJnbZ
- NMBA's statement regarding anti-vaccination promoters: http://bit.ly/2fqxNzW
- NMBA's position statement on nurses, midwives and vaccination: http://bit.ly/2dqGpqC ■

ASBESTOS
USE ON THE RISE



Union Aid Abroad-APHEDA has joined unions and activist groups from across South East Asia to nut out a co-ordinated regional strategy to ban asbestos.

APHEDA Executive Officer Kate Lee, QNU member Amanda Richards from Asbestos Related Disease Support Society, and ANMF Victoria Branch representative Jacqui Kriz were among the delegates at the annual South East Asian Ban Asbestos Conference held in Jakarta last month, working on ways to reel in the growing asbestos market.

By the end of the conference, delegates had outlined a number of "fightback measures" which included mobilising medical teams to educate doctors and screen workers for asbestos-related health issues, forming legal teams to seek justice for asbestos victims and expanding awareness campaigns to link workers, NGOs, the public and unions.

Asbestos imports, like roofing sheets, have risen significantly in SE Asia over the past few years as unscrupulous corporate lobbyists have used glossy advertising and fake science to convince governments to buy toxic asbestos products.

Conference delegates said lobbyists were selling asbestos as a "safe" product, ignoring almost 50 years of reliable science from all around the world, instead favouring one discredited scientific research paper from India.

These tactics have already seen a 15% increase in asbestos imports to Indonesia, with similar increases expected for Cambodia, Vietnam and Laos over the next couple of years.

During the conference union leaders and anti-asbestos activists painted a frightening picture of how poorer countries were the most aggressively targeted because they sought low prices, often had looser safety regulations and workers had little awareness of the health risks.

...LOBBYISTS WERE SELLING ASBESTOS AS A "SAFE" PRODUCT...

Union Aid Abroad APHEDA is already working regionally to help stamp out the use and production of the product with its '*Asbestos. Not Here. Not Anywhere*' campaign.

Visit apheda.org.au/our-work/asbestos/ to find out more about the campaign. ■

Union members dig deep for cyclone rebuilds

Cyclone ravaged communities in Vanuatu and Fiji are getting back on their feet thanks in part to the generosity of QNU members.

QNU nurses and midwives were among thousands of unionists who supported Union Aid Abroad-APHEDA's fundraising campaigns which raised $176,000 to support the two island nations.

On 13 March 2015, the most powerful cyclone to hit the Southern Pacific landed in Vanuatu, killing 11 people and damaging or destroying more than 200,000 homes.

The cyclone wrecked food supplies and productive sectors including agriculture, livestock, fisheries, forestry and biosecurity.

A year later on 20 February 2016, Cyclone Winston struck Fiji.

With wind speeds of up to 325kpm, Winston was the worst storm ever to hit Fiji.

This time, 44 people were killed and more than 50,000 were left homeless. In some areas up to 95% of homes were destroyed.

But money raised through the Australian union movement has since been used to help rebuild worker's homes and re-establish livelihoods.

In Vanuatu, Union Aid Abroad-APHEDA worked with the Vanuatu Council of Trade Unions to provide roof sheeting for homes around Port Vila.

They also partnered with the Farmer Support Association to help spice farmers re-establish cash crops decimated by the cyclone.

So far 14 farmers have rebuilt their vanilla plantations and a further 27 are expected to be up and running again soon.

Other farmers supported by our donations decided to use funds to rebuild their homes and household gardens before looking at cash crops.

In Fiji, APHEDA donations were used to pay for labour during reconstruction.

Paying labourers' wages not only ensured workers earned a living wage during reconstruction and supported people who'd lost their homes, it also injected funds into the Fijian economy and raised awareness of the union movement. ■

Aged care takes national stage

The future of the aged care workforce and the challenge of attracting and retaining aged care staff was the focus of a national Senate Inquiry last month.

On behalf of about 30,000 members in the aged care sector, Australian Nursing and Midwifery Federation (ANMF) Federal Secretary Lee Thomas addressed the Inquiry, calling for greater federal government funding and the implementation of mandated minimum staffing levels and skills mix requirements for RNs, ENs and AINs/PCs in aged care.

"Australia's increasing aged population will continue to present us with a number of challenges—perhaps most critically the need to provide a skilled aged care workforce," Lee told the Inquiry.

"Sadly, we are currently falling far short of achieving this,"

"RNs, ENs, AINs and PCs each play an important role in the effective functioning of an aged care facility, but the mix has to be right."

Lee said the mix in Australia today was far from right.

"Although the *Aged Care Act 1997* indicates the numbers of care staff required to safely carry out assessed care needs, it provides no parameters on the skills mix of workers required based on the needs and care requirements of residents," Lee said.

National and international research and evidence clearly demonstrates that inadequate levels of qualified nursing staff leads to an increase in negative outcomes for those in their care, resulting in increased costs.

"In an acute setting, the implementation of safe mandated minimum staffing has been shown to prevent adverse incidents and outcomes, reduce mortality and prevent readmissions, thereby cutting health care costs.

"So why is this not being applied in the aged care sector?"

Calling for change

The ANMF is calling for a mandated/legislated requirement for 24-hour RN cover for all high care residents in aged care facilities.

"We also believe all AINs and PCs must be licensed and subject to regulation, and they must meet a minimum standard of qualification," Lee said.

"The lack of mandated minimum staffing levels and skills mix has led to a 'race to the bottom' in many aged care facilities."

She said this trend had put downward pressure on the wages of RNs and ENs in the sector, making it difficult to attract skilled nursing staff.

"Aged care workers earn up to 16% less than those working in the public sector, where, on the whole, staffing and skills mix are more tightly governed."

"The only way to correct this is if significant efforts are made to close the wages gap between those working in aged care and public hospital health workers."

Lee also addressed the issue of regulation with the Senate Inquiry.

"Unlike nurses, personal care workers are not required to work in accordance with any professional standards, they do not have minimum education requirements, do not have to maintain regular professional development or need to have professional indemnity insurance," she said.

"And as there is no national registering or licencing system in place for care workers, families or employers cannot check to ensure the worker is appropriate to be looking after their loved one."

"What is needed is an evidenced-based staffing methodology that takes into account nursing and personal care tasks that reflects the level of care required by residents." ■

RATIOS ROLL OUT CONTINUES

"Patients are getting a higher standard of care because of ratios. For example, little things that were missed before, such as teeth cleaning, shaving a 90-year-old man and talking more to patients, can now be done. We have more time to do things for patients at a steadier pace rather than rushing around."

It's always great to hear a comment like this, and even better to know it's a direct result of the hard work of nurses and midwives to bed down legislated ratios.

That's not to say it's all been smooth sailing. We know there are still some areas that are experiencing issues with ratios implementation. We're working closely with management to ensure they become compliant.

For example, up until recently Caboolture Hospital was including team leaders in the patient load on a late shift when, prior to legislated ratios being implemented, they didn't have a patient load.

Members raised their concern at their local Nursing and Midwifery Consultative Forum (NMCF).

When the issue still wasn't addressed, the QNU, on behalf of members, escalated to the hospital's Director of Nursing and Nursing Director.

As a result, management have agreed the team leaders will not be included in the ratio from 21 November—a great win, and a show of how we can work with management to ensure they are compliant with the new legislation.

Remember, this was never going to be an easy fix. We've made great progress across the state in such a short period of time, but there's still a way to go—including getting ratios in the private and aged care sectors.

Study examining ratios impact

A team from the University of Pennsylvania and the Queensland University of Technology are currently conducting research to evaluate the effectiveness of the new ratios legislation.

Dr Matthew McHugh, who is leading the UP research team, said the goal is to determine whether the new ratios legislation is leading to better staffing, improved patient outcomes, and better conditions for nursing practice.

"Nurses at the hospital bedside are the most important source of information on the impact of the ratios," Dr McHugh said.

"The baseline survey has been completed and the researchers report that the response from Queensland nurses has been one of the best they have ever had using similar methods in over 30 countries across more than two decades."

However, Dr McHugh said his team would need a similar response next year in the follow-up survey, which will complete the research.

"If you weren't able to respond to the first survey, you can still participate in the follow-up survey.

"This is an important opportunity to evaluate this landmark policy and identify actionable strategies to continue to improve working conditions and the quality and safety of care for your patients."

Dr McHugh and Professor Linda Aiken will be speaking in Brisbane in December about the progress of their research. Our next journal will include a detailed update. ■

Dr Matthew McHugh from the University of Pennsylvania recently spoke about ratios at the 2016 QNU Annual Conference.

OTHER UPDATES:

- QNU is distributing a 'Know Your Ratio' poster—make sure it's displayed in your ward/unit/area and you fill it in each shift. Talk to your Local Organiser for details.
- New resources for Queensland Health members available. Find them on the QNU website at www.qnu.org.au/WorkloadResources:
  - Ratios Implementation Handbook
  - Business Planning Framework 2016

RATIOS SAVE LIVES

Decision on penalty rates draws near

It is likely we will soon have a decision on the fate of Australia's penalty rates, with a Fair Work Commission decision on the issue now expected in December or early 2017.

Late last year the Productivity Commission handed down its final report on penalty rates, which recommended a two-tiered system where hospitality and retail workers would have their penalty rates reduced.

As if targeting low paid hospitality workers wasn't bad enough, if the recommendations are implemented we know it will be only a matter of time before penalty rate cuts are extended to frontline workers such as nurses and midwives who rely on penalty rates to pay the bills.

The decision on penalty rate reform has been delayed for months and the federal government has consistently refused to rule out adopting the Productivity Commission's recommendation.

Head of the Fair Work Commission Iain Ross recently floated a proposal for a 'loaded rate'.

This proposal would see penalty rates abolished and replaced with a slightly higher hourly rate of pay regardless of when you work.

This destroys the concept of higher rates of pay for working unsociable hours.

We believe this poorly-designed 'one size fits all' concept could remove penalty rates by stealth and leave hundreds of thousands of weekend and shift workers worse off.

From the very beginning, the QNU has worked closely with other unions to protect penalty rates for all Australian workers.

QNU Secretary Beth Mohle said the impact of such a decision would be felt by all Australian workers.

"Nurses and midwives sacrifice important time with their families in order to earn a living," Beth said.

"It's unconscionable to think they will be repaid by having their wages cut.

"The holiday period is a particularly busy time of year for nurses and midwives, with many working overtime and on days that others enjoy as public holidays. They can't afford and don't deserve to have their wages cut."

In Queensland alone, cutting the wages of 400,000 retail and hospitality workers would rip an estimated $1.2 billion annually from the state's economy.

That impact is reflected across the country, especially in regional and rural areas, according to research from the McKell Institute.

We'll continue to engage with the community to ensure we maintain the conditions we've worked so hard to achieve. Decent wages and conditions are central to this vision.

For the latest activities and updates, or to join the campaign, visit **www.saveourweekend.org.au.** ■

BEHIND THE SCENES AT THE QNU

As the union for nurses and midwives in Queensland, we exist to support you in your professional life and beyond.

Thousands of nurses and midwives connect with the QNU every year to achieve positive outcomes in their workplace—whether through enterprise bargaining, participating in local branch meetings, or even attending our Annual Conference.

There is plenty of work that goes on at the QNU and we want to give you a look behind the scenes!

You may have already seen a few of our videos on Facebook featuring our busy QNU Connect call centre, or caught a glimpse at what our Private Organisers do.

Whether it's our expert industrial advocates negotiating your next agreement, or even our library for all things research, we're here to champion and support the interests of nurses and midwives across Queensland.

Here's a peek at some of the teams you might have had contact with over the years...

QNU CONNECT

Our QNU Connect call centre is often the first point of contact for many members seeking information or assistance in resolving an issue in the workplace.

QNU Connect staff are all nurses or midwives with extensive experience and backgrounds in midwifery, mental health, aged care, education, paediatrics, surgical and cardiac nursing.

Last year, the team handled an impressive **22,910 inbound calls**, providing members with information, advice and assistance on a range of professional, industrial and other employment and workplace issues.

It's a busy office, but our expert team always aim to provide a timely response to all member calls.

QNU Connect is open from Monday to Friday 8am to 5pm.

Call (07) 3099 3210 or 1800 177 273 (toll free outside of Brisbane).

Some members of our fabulous QNU Connect team: (left to right) Diane, Karyn, Terri, Daniel and Beris

PROFESSIONAL

QNU's Professional Officers are always busy working with members to advance and develop professional practice.

We provide information and support on issues relating to nursing and midwifery codes and standards of practice.

Our Professional Officers work at a high strategic level, advocating for nurses and midwives on issues that ultimately strengthen the standard of your day-to-day work.

By advocating for nurses and midwives on committees, working parties, educational forums and other groups, we empower you to achieve your professional objectives of providing safe quality care.

We also work to progress education, research and training, and contribute to policy development at all levels by negotiating issues with government and employers.

We also make submissions on professional issues to governments, regulatory bodies, commissions and other decision makers.

Recently our Professional Officers have made significant progress on ratios and the BPF, contributed to the creation of a new career and classification structure in the public sector, and are developing strategies to address issues in midwifery.

We're also developing a plan around putting aged care staffing and workloads on the political agenda, which will ramp up next year.

ORGANISING

Apart from your local Workplace Representative or delegates, perhaps the most face-to-face contact you are likely to have with your union is through your Local Organiser.

QNU Local Organisers act as a conduit between you and the QNU. In other words, if you're experiencing any issues in your workplace and need to call on the union to help you, one of your first points of contact should be your Organiser.

Organisers regularly visit workplaces to meet with nurses and midwives and to discuss any professional or industrial concerns you might have.

They can represent members and help resolve disputes either individually or collectively.

They also help members organise and participate in enterprise bargaining negotiations.

Remember, a campaign to get a fair deal for nurses and midwives are due is only as strong as member activism.

Organisers are there to assist and unite members.

QNU aged care organiser Susan Lines (right) speaks face-to-face with members regularly.

INDUSTRIAL SUPPORT

Negotiating new agreements is fundamental to what we do as a union.

The QNU is **the** organisation that sits at the bargaining table, negotiating better wages and conditions for you.

We know the rights, entitlements and conditions of nurses and midwives because we helped write them.

Workplaces with agreements negotiated by unions generally have better pay and conditions for their employees.

For example, Queensland Health nurses and midwives get paid on average **13.5% more** than what is set in the Award.

And in 2015/16, the QNU successfully negotiated **34 new agreements** across the public, private and aged care sectors with an average 2.5% wage increase (in some cases up to 5%).

Through your Organiser, our Industrial Officers may also assist you with other workplace matters such as wage rates, leave entitlements, dismissals, hours and rostering, occupational health and safety, grievances, changes and redundancies.

MEMBERSHIP

While QNU members can self-manage a good deal of their membership matters via the My Stuff tab in the Members section of our website, it's our membership team who do all the work to support that portal. They are on hand when you need a little extra help with things like fees, payments or PII.

Our membership team are there with you from the moment you join and will help ensure you have the appropriate coverage for the different stages of your career and enjoy the perks of membership along the way.

TRAINING

Training is a fundamental mechanism to helping members address issues in the workplace and gain the confidence to become an activist.

Our dedicated education unit offers a range of training courses right across Queensland for our members on a number of topics.

Last year, we conducted **over 100 days of training across 11 locations** including Brisbane, Bundaberg, Cairns, Gatton, Gold Coast, Hervey Bay, Mackay, Rockhampton, Sunshine Coast, Toowoomba and Townsville.

The QNU can assist members with accessing paid education leave and organising travel and accommodation.

Our training courses are **offered to members at no additional cost**, and are a great way for health professionals across the state to meet and network with each other.

Find out more about our training courses online at
www.qnu.org.au/education

Helena, the QNU's Lead Education Officer, assisting a member at a training course in Bundaberg.

SERVICING AND LEGAL

Our servicing and legal team offer support for members on a range of matters.

Every year we assist thousands of members with employment matters, AHPRA, NMBA and Office of the Health Ombudsman matters, Work Cover claims, and civil and coronial inquiries.

As a financial member, you can access legal assistance from experts who specialise in professional registration, conduct and discipline law.

You can also receive representation for matters such as disciplinary action, termination, discrimination, grievances, wage claims, or contract reviews.

What's more, if you've suffered an injury at work we may be able to help you apply for workers' compensation.

To apply for representation, simply complete a *Request for Representation* form at
www.qnu.org.au

Tracey from our servicing and legal team assists members on a range of matters.

LIBRARY

The QNU library was set up to provide additional resources to assist you in your profession.

The library stocks an extensive collection of books, journals and periodicals, covering a range of topics from health to industrial relations.

In particular, it's a valuable resource for nursing students, who often require access to professional research material for assignments.

Our dedicated librarians are always on hand to help point you in the right direction if you're after a particular book or article.

Don't forget—members can always drop by our library located at our head office at 106 Victoria Street in West End to browse through our collection or contact us by phone through QNU Connect.

Pat our friendly libarian is always happy to help members visiting our library.

WORKPLACE HEALTH AND SAFETY

Ensuring our members have a safe work environment is paramount to what we do as a union.

At the QNU, our dedicated Occupational Health and Safety Officer represents nurses and midwives at a local, state and national level on various boards and committees promoting health and safety in workplaces across Queensland.

We are engaged in key issues such as occupational violence, and have recently set up an Occupational Violence Taskforce Group to help combat the increasing amount of violence toward health professionals in the workplace.

Should you suffer an injury or illness while at work, we're on hand to offer support, advice and representation.

COMMUNICATIONS

The QNU Communications team is responsible for producing material that supports the work of the union, and keeps you up to speed with important issues and activities related to your work and your profession.

As well as producing this journal (TQN), the Comms team works closely with QNU colleagues across the state to develop a wide variety of material that supports everything from EB campaigns and industrial action to training, workload management, patient safety advocacy and wage claims.

They also produce a range of **free CPD resources**—such as the annual Health and Safety Handbook, the Nurses and the Law book, online case studies, and journal articles.

The Comms team also looks after the QNU website (www.qnu.org.au) and our social media portfolio.

You can follow us on:

- Facebook (www.facebook.com/qldnursesunion)
- Twitter (@qldnursesunion)
- LinkedIn (www.linkedin.com/company/6470583)
- Instagram (@qldnursesunion)

Visit our Facebook and YouTube pages to view our videos for a behind the scenes look at the QNU!

facebook.com/qldnursesunion

youtube.com/qldnursesunion

The role of nurses and midwives in medication administration

Every day, nurses and midwives administer medication. It is important to consider this responsibility carefully each time you undertake this important task.

The QNU became aware of an incident recently where a nurse was involved in dispensing a medication on a doctor's orders, but the patient was allergic to the requested drug.

This reinforces the need to constantly enquire and never be complacent.

Remember your 'Rs'

There are a number of 'Rs' of drug administration to remember, including: right person, right drug, right dose, right route, right time, right documentation, and right to refuse.

However, there are many other concurrent responsibilities.

These other responsibilities are described in the National Safety and Quality Health Service Standards (NSQHSS), Medication Safety Standard (the Standard).

The aim of the Standard is to ensure safety and quality medication management systems are in place at each health service organisation.

First and foremost, it's important for nurses and midwives to recognise the rights of the patient or resident.

Each person should be informed about the medication being administered, the name of the medication, its purpose, action, and potential side effects.

Each person has the right to refuse medication, regardless of the consequences of that action.

Your responsibilities

As a nurse or midwife, you must have sufficient education and training to administer medication. What's more, you must have sufficient understanding of the physiology of the human body, pharmacology, law and regulation of drug administration.

A legal medication order is also required.

Charts should either be written in the prescriber's handwriting or the patient label should be signed by the prescriber to acknowledge the details contained on it are correct.

Nurses and midwives will recognise that the drug name (generic), dose, route of administration and time of administration must be included in legible handwriting. Only approved abbreviations can be used.

Needless to say a full signature and legible name handwritten along with the date prescribed must also be on the order.

Nurses and midwives are required to check these details and should not administer a drug without **all** the legal requirements of the medication order being fulfilled.

Checking allergies

Next you should confirm with the person if they have any allergies.

The case highlighted above illustrates that where there is any confusion around allergies and medical orders the nurse or midwife must question what has been ordered.

It's important to recognise the array of chemical, generic and brand names of drugs and to ensure you are clear on what the patient is telling you and what the doctor has written.

Finally, your role continues after the drug is administered to ensure the response to the drug is monitored and any adverse reactions or allergies are recorded and dealt with.

Therefore, you're not 'just' the administrator. There is a significant set of skills applied to ensure the process is safe.

The public relies on your advocacy and the assurance that medication administration occurs within the regulatory and legal framework.

It's incumbent on all nurses and midwives to ensure compliance with these frameworks. ■

CASE STUDY

Asserting yourself in the workplace

An assertive communication style involves making sure others are aware of your needs, wants and opinions in such a way that others' needs, wants and opinions are respected.

Many people confuse assertiveness with aggression. However, assertiveness is not about your opinions or needs being the most important.

Instead, people with an assertive communication style are able to ask for help, express their opinions, and openly disagree with other people while using a respectful manner.

Being assertive is a communication skill. Good communication skills are fundamental to maintaining good emotional wellbeing, and help develop our mental flexibility.

In turn, this allows us to be better problem solvers, resolve conflicts and build good relationships.

Types of communication styles

Broadly speaking there are three different communication styles.

In addition to an assertive style, there are also passive and aggressive communication styles.

People who use a **passive style** put the needs of others before their own needs, no matter the cost.

Passive communicators let others get their own way, put others' needs first, and rarely express their own opinions.

People who consistently use a passive communication style are usually well-liked by others but ultimately create a platform for poor emotional wellbeing due to neglecting their own needs.

People who use an **aggressive style** put the needs of themselves before the needs of others.

Aggressive communicators forget or ignore the needs, wants and opinions of others and therefore make choices that often disregard the wishes of others.

Aggressive communicators often get what they want, but they generally have poor relationships and are not well-liked by others.

Assertiveness is key

The three communication styles—assertive, passive and aggressive—exist on a continuum. Most people use all three styles depending on the situation or who they are talking to.

However, we should aim to use the assertive style most often.

Assertive communication is an essential skill as it helps us maintain healthy interpersonal boundaries.

Interpersonal boundaries refer to the 'boundaries' of what we will and won't do for others.

While we often don't think about them, being clear from the outset and maintaining our interpersonal boundaries is essential for good emotional wellbeing.

Healthy boundaries include:

- being able to say no or altering a request without feeling guilty
- holding other people responsible for their thoughts, feelings and actions
- speaking and treating others respectfully
- expecting these behaviours in return.

Using assertive communication helps us maintain healthy boundaries because it allows us to communicate our needs, wants and opinions to others in a respectful way.

Guiding principles for communicating using healthy boundaries

1. Acknowledge other people's side of the issue—re-state or anticipate their opinions, their concerns or how they might see things. For example, you might say, "I understand you have a lot of issues you're trying to balance when doing the roster." This is important because it demonstrates you are respecting their perspective and trying to be reasonable. We only listen to people when we know they are reasonable and willing to see things from our perspective as well.
2. Explain the issue from your perspective clearly but without blaming the other person. State your opinion, concerns and how you see things. For example, you might say, "I'd like to discuss the roster but I'm worried my concerns might be taken personally. Can I talk to you about this now or would another time be better?"
3. Suggest possible solutions and negotiate. This is where it is important to communicate exactly what you need and on what you are willing to negotiate. It is good to offer suggestions and be as accommodating and reasonable as you can but also make clear what your needs, wants and opinions are. For example, you might say, "The new enterprise

agreement requires us to use the Best Practice Rostering principles in our workplace and create a roster template for the unit. I am really happy to work with some other nurses/midwives to do that so that the rostering process is easier for us all."

Important elements of assertive communication

- **Avoid blame:** Whenever someone is blamed for something they almost always become defensive and stop listening. If you want to be heard then always avoid blame – one way of doing this is to avoid saying the word 'you'.
- **Avoid generalisations:** we all sometimes overgeneralise but it can be very unhelpful and can often turn a disagreement into an argument. Try to avoid using words like 'always', 'should' and 'never' when describing someone's behaviour.
- **Stay on the topic.** Sometimes when we are in the heat of a discussion we will bring up another situation or behaviour that is also frustrating us. Raising another issue usually does not help to solve the current problem.
- **Stay calm and don't get defensive:** we all have a tendency to become defensive when we receive criticism or feedback. Focusing on speaking at a normal volume and speed can help us remain calm during these discussions.

If you have a passive style and are not used to being assertive, you might find the idea of speaking assertively quite challenging.

Alternatively, if you have an aggressive style you might be questioning how to avoid this style in difficult situations.

These thoughts are important—changing our communication style requires us to reflect on how we communicate with ▶

CASE STUDY

ASSERTIVE COMMUNICATION IS AN ESSENTIAL SKILL AS IT HELPS US MAINTAIN HEALTHY INTERPERSONAL BOUNDARIES.

others and how we create changes in the way we communicate.

Our style of communication can be viewed as a habit and, like all habits, it can be difficult to know how or where to start.

It is also common to feel concerned about doing things differently, especially if we are dealing with a lot or are struggling with poor emotional wellbeing.

Assertiveness for nurses and midwives

According to Poroch and McIntosh (1995), the strongest barriers for nurses developing assertive behaviour is a belief that assertiveness is closely associated with uncaring behaviour.

This is an important myth to unpack and debunk.

True caring behaviour requires nurses and midwives to be assertive in order to keep themselves and their patients or residents safe.

A study carried out by Timmins and McCabe (2005) found that, in certain situations, nurses and midwives were indeed assertive.

According to the study, they always or usually allowed colleagues to express their opinions and frequently complimented others.

Sixty per cent also reported saying 'no' to colleagues where appropriate. Just over half reported making requests either usually or always, but less than half reported expressing disagreements with the opinions of others.

Many also reported saying 'no' to managers where appropriate, but over 40% reported sometimes or never doing so.

The number of nurses and midwives who reported giving constructive criticism to colleagues or managers was also low.

So while many nurses and midwives acted assertively in certain situations, they often held back in their workplace for fear of upsetting the equilibrium or interpersonal relationships with disrupting managers and colleagues.

Importance of ongoing education

Previous studies also highlight the need to encourage professional confidence and growth through assertiveness training, observing the positive effects of education on assertiveness skills (Burnard, 1992).

In order to create a strong and safe culture for patients and nurses and midwives to practice in, adopting and practicing assertive communication skills across the board must be part of every nurse and midwife's working life.

Incremental exposure is a strategy people find helpful for slowly increasing their ability to become more assertive—or for tackling all sorts of everyday issues, for that matter (Prof Titov N & Dr Dear B, 2015).

There are three broad steps to incremental exposure when working on your assertiveness skills:

1. Think of lots of situations where you can be assertive. Think of as many things as possible, ranging from the very easy to very hard. The more things you can list, the better! Rank these situations from easiest to hardest. Try to think about how you can make being assertive easier in these situations. This might be by finding some key phrases that will be the beginning of your response and then practising them aloud, or by taking time to respond to a request so that you can prepare your response or replying to a request by email.
2. Pick an easy situation to start with. If something is too hard to begin with then start lower on your list. Practise being more assertive in those situations until it becomes easier to do so and then move up to something that is slightly more difficult. Keep working through the situations on your list.
3. By gradually moving up to more difficult situations, we learn how to cope with more difficult situations while building confidence and competence in learning to communicate assertively.

Practise, practise, practise!

The ability to communicate assertively is a skill that can be learned, just like any other skill.

But like all skills it does require practise, including in situations you might currently think as too difficult.

There are great resources available to help you and many are free, including online, books and ebooks from libraries.

The QNU also offers a training course on *Assertive Communication* and many other assertiveness courses are available in the community too.

It may feel a bit awkward being more assertive at first, but it becomes much easier with time. The benefits for you, your patients and your profession are worth it. ■

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Reflective exercise for case study next page

CASE STUDY

Reflective exercise:

Asserting yourself in the workplace

Completing this reflective exercise will contribute to your Continuing Professional Development (CPD) hours.

The Nursing and Midwifery Board of Australia requires all nurses and midwives to complete a minimum of 20 hours CPD per registration year for each respective profession for which the individual holds current registration.

For example, an individual who is a Registered Nurse and a midwife must complete 40 hours of CPD.

Please refer to www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx for full details.

Effective learning is not simply reading a journal article—it requires you to reflect on your readings and integrate new information where it is relevant to improve your practice.

It should include:

- looking for learning points/objectives within the content on which you reflect
- considering how you might apply these in other situations to enhance your performance
- changing or modifying your practice in response to the learning undertaken. ■

The Nursing and Midwifery Board of Australia (NMBA) states that continuing professional development includes activities that develop your personal as well as professional qualities. Reading and reflecting upon this article on assertive communication can assist you in both your private life and in the professional arena.

In daily professional practice nurses and midwives are required to be assertive to ensure their safety and the safety of patients and residents in their care. Reflecting on our own communication style and how we feel when we are communicating at work is something that can be really helpful for every nurse and midwife.

Questions

1. What are the specific behaviours associated with assertive communication?
2. What are the behaviours associated with passive and aggressive communication styles?
3. What historically have been some of the common barriers to nurses and midwives using an assertive communication style at work?
4. Why is developing your emotional wellbeing, healthy boundaries and an assertive communication style fundamental to good nursing and midwifery practice?
5. What are some principles for creating healthy boundaries?

6. If assertive communication is simply a skill set, what steps could I take to be more assertive at work?
7. In what situations do I want to be more assertive? (List five)
8. What are some strategies for communicating more assertively in each of the five situations? ■

To meet the NMBA CPD standard it is important that you can produce a record of CPD hours, if requested to do so, by the board on audit.

The time spent reading this article, reviewing the referenced material and then reflecting upon how to incorporate the information into your practice will contribute to your CPD hours.

Please keep a record of time spent doing each activity in your CPD record. ■

THE FOLLOWING IS AN EXAMPLE ONLY OF A RECORD OF CPD HOURS
(based on the ANMF continuing education packages):

Date	Source or provider details	Identified learning needs	Action Plan	Type of activity	Description of topic/s covered during activity and outcome	Reflection on activity and specification to practice	No./Title/ Description of evidence provided	CPD hours
01-09-2016	TQN Journal	Increase knowledge re Delegation & Supervision	Read article and answer reflective questions	Self-directed	Criteria and resources relevant to delegation and required levels of supervision. Increased knowledge re delegation and supervision of EN/AIN.	Answered reflective exercise questions. Read relevant NMBA codes & guidelines. Translated knowledge into practice and discussed with colleagues.	Journal article with reflective exercise questions.	2.5 hrs

Fatigue management—whose obligation is it?

The QNU was recently contacted by a member who experienced 'micro sleeps' while driving home after working numerous 12 hour night duty shifts in a row.

Micro sleeps are short sleep episodes that can be as brief as a few seconds—just enough time to veer off the road.

Recognising this as potentially dangerous to both herself and the public, the member reported it to her Nurse Unit Manager and requested she be rostered on eight hour nights.

What does the law say?

The *Work Health and Safety Act 2011* section 28 requires a worker to take reasonable care for their own health and safety and that of others.

In this instance, by notifying her manager and seeking a reasonable compromise the nurse met her obligations.

A recent decision in the Fair Work Commission confirmed the requirement for workers to report signs of fatigue, particularly when there are serious safety implementations.

What does your manager have to do?

A NUM/MUM must act on concerns raised by nurses or midwives.

Whilst the ultimate responsibility for health and safety lies with very senior executive managers, those in management positions are still accountable for managing health and safety risks within their control.

Your employer is obliged to minimise the risk so far as is reasonably practicable.

NUMs and MUMs have a significant influence on rosters, which are a primary mechanism to manage the effects of shift work, including fatigue levels.

Were a NUM or MUM to do nothing and there was a tragic accident arising from the issue raised with them, they could be disciplined by their employer.

In circumstances where your immediate manager refuses to take action, please contact QNU Connect on 3099 3210 or 1800 177 273 (toll free) for further advice. ■

QNU members join efforts to solve occupation violence problems

The Occupational Violence Implementation Steering Committee has been meeting regularly to implement the recommendations of the *Occupational Violence in Hospital and Health Services Preventable Taskforce – May report.*

The committee, whose focus is to address workplace violence in Queensland HHSs, was set up in response to the Taskforce's report and draws together the state government, health stakeholders, unions and emergency services.

Since it was unveiled to the public in September various working parties within the committee have been tackling the report recommendations.

The QNU is represented on many of these working parties, including those focused on:

- clinical practices
- work environment in QH facilities
- daily reporting and IT
- Queensland Health and HHS policies
- education and training
- partnerships
- rural and remote health.

Some of the areas identified as requiring significant attention include management of patients with delirium and dementia, the interaction with outsourced security services, IT system reporting constraints, and availability of appropriate occupational violence training.

Focus extends to private and aged care

The QNU will look to transfer occupational violence interventions across to private and aged care workplaces.

As part of this secondary focus the QNU recently wrote to Workplace Health and Safety Queensland around instances of occupational violence in private and aged care facilities.

The department confirmed that occupational violence is not confined to public hospitals and is certainly common in aged care.

Specifically, their responses indicated there were 381 occupational violence claims in aged care from 1 July 2014 to 30 April, and 170 serious claims.

The QNU believes the work of the committee's Clinical Practices Working Group in developing principles around managing occupational violence for these types of patients is critical in providing direction for the private and aged care sectors. ■

NCREN – Summary of our experiences

PROFESSOR WENDY CHABOYER, DIRECTOR

On 1 November 2010 the first ever National Centre of Research Excellence in Nursing (NCREN) was awarded $2.5 million by the National Health and Medical Research Council (NHMRC). Griffith University provided an additional $1 million in support for this five-year program, which focuses on nurse-led interventions for hospitalised patients.

Two primary aims of Centres of Research Excellence are to undertake research and knowledge translation activities that improve patient outcomes and build research capacity in young or emerging researchers.

Additional funding is required to achieve these aims and NCREN has been particularly successful in this regard.

Our Chief Investigators have been awarded a total of $19.8 million in grant funding including $14.5 million in NHMRC and Australian Research Council grants, $3.3 million from other funding bodies, $1.1 million in industry funding, and $726,000 in research fellowships.

This funding has led to significant programs of research in the areas of intravascular devices, pressure injury prevention, wound dressings, and in various interventions to improve patient recovery and symptom management.

In addition to our primary research, NCREN has undertaken numerous evidence reviews to support future research and practice improvements.

For example, we have completed 13 Cochrane Reviews and have another 10 underway. As part of our knowledge translation activities, we have produced and distributed Cochrane Review summaries that are freely available on our website and in hard copy. We have also undertaken a number of other activities to promote the uptake of our research evidence into practice.

In terms of 'training' the next generation of nurse researchers, we have offered two PhD and five top-up PhD scholarships as well as four Masters scholarships.

We have supervised a further 19 PhD students to completion in the areas of skin integrity and nursing interventions.

We also continue to supervise numerous research students including those undertaking PhDs.

The mentorship we have provided to our early and mid-career researchers is evident in their successes.

Positions funded by the CRE have resulted in professorial positions for our two senior Research Fellows. Our part-time research assistants have also been successful, with one completing a Masters with Honours and two others a PhD during their employment with NCREN.

WHILE OUR NHMRC FUNDING HAS FINISHED, WE ARE CERTAINLY NOT 'SHUTTING UP SHOP'.

So what's next?

While our NHMRC funding has finished, we are certainly not 'shutting up shop'.

We are now in a transition phase where we are providing leadership to the two core groups in the newly formed Menzies Health Institute Queensland (Alliance for Vascular Access Teaching and Research, and Healthcare Effectiveness and Translation).

We will continue to undertake high quality nursing research, disseminate our research findings, and contribute to the development and mentorship of the next generation of nursing researchers.

We thank all the nurses and other health professionals who have supported us in our work. Special thanks to our three partners, the Gold Coast University, Princess Alexandra and Royal Brisbane and Women's Hospitals. Finally, we acknowledge the Queensland Nurses' Union for their ongoing support over the past six years. ■

NCREN Chief Investigators (L to R)
Standing: **Professors Leanne Aitken, Joan Webster, Paul Scuffham, Claire Rickard**
Sitting: **Professors Marianne Wallis, Wendy Chaboyer, Marie Cooke**
Missing Professors: **Dame Nicky Cullum, Diane Doran, and Lukman Thalib**

A step forward for midwives

Workloads and clinical autonomy were hot topics of discussion when midwives from across Queensland met at the QNU recently to tackle issues affecting their profession.

Midwives gathered at the QNU Brisbane office for a one-day seminar.

Gathering in Brisbane for a one-day seminar, midwives engaged in frank and open discussion about the increasing distress and difficulties they faced.

QNU Assistant Secretary Sandra Eales said workloads, skill mix, lack of clinical autonomy and poor workforce retention were some of the main concerns.

"This seminar was integral in exploring the issues highlighted in the 'Check in on midwifery' survey," Sandra said.

"Midwives had the opportunity to workshop the four key areas identified (in the survey) and the message was loud and clear—midwives need to have safe staffing levels to ensure a good practice environment."

A safe practice environment was also identified as one of the key issues in midwifery workforce retention.

During the seminar, midwives discussed solutions for many of their current professional issues and were canvassed about notional ratios and the requirements for safe workloads.

A number of members noted that 'the basics'—care for women, care for each other, kindness and reciprocity—were being challenged in workplace environments that felt out of control and at times unsafe.

Members agreed that many midwives had "lost their hearts and voices" and that "organisations' needs rather than women" increasingly dominated their working lives.

But they could see that networking opportunities, sharing ideas and information and taking useful strategies back to their midwifery units was the start of a solution-focused approach to making positive changes.

"Being a midwife is a powerful role and a privilege," Sandra said.

"We play an important role in helping shape the future of this professional workforce and this is the first step in helping to improve midwifery services across Queensland."

Key issues highlighted by midwives included:

- workloads, staffing levels and skill mix
- lack of clinical autonomy
- poor workforce retention
- not enough clarity on how midwifery and nursing career classification structures will be separated
- no midwifery representation above a Midwifery Unit Manager level—very few executive members identified as midwives and those who did were often not current in midwifery matters
- structural issues, poorly linked data systems, poor structure of antenatal clinics and funding barriers.

Potential solutions workshopped by midwives included:

- regular local forums as a strategy for further networking.
- debriefing women at six weeks, with a consultant and midwife, as an opportunity for women to discuss their care and enhance trust in midwifery services.
- displaying in high profile positions images of the maternity team to provide a visual reflection to women of who is involved in their care.
- an audit of all electronic records systems within the state and how they inter-relate to each to explore whether straightforward links are available to extract data.
- involving the media in showcasing the midwifery service to the community, engendering support and understanding. ■

SANDRA EALES
ASSISTANT SECRETARY

An institutional commitment to quality care

A good work environment has an institutional culture that values and respects professional nursing and midwifery as a force for quality patient outcomes.

International research has shown hospitals with better work environments and higher nurse-assessed safety ratings are less likely to have nurse burnout, job dissatisfaction and reports of poor quality patient care (You, Aitken et al 2013).

Likewise, hospitals with better nursing environments and above average staffing levels are also associated with better value (lower mortality with similar costs) compared to hospitals without nursing environment recognition and with below average staffing, especially for higher-risk patients (Silber et al 2016).

A shift in priorities

As nurses and midwives, we know there are always competing priorities between managing the budget and the safety of services.

Various cyclical changes or apparently singular events in the system will elevate one priority over the other.

Over recent years in Queensland we have seen a shift from the post Bundaberg patient safety reforms with a focus on clinical governance and patient safety, to what sometimes appears to be an almost exclusive focus on budget and medical activity targets.

At our recent QNU Toowoomba branch conference on safe practice, Queensland Office of the State Coroner Acting Magistrate Ainslie Kirkegaard talked about her recent experience in reviewing deaths in hospitals.

She spoke of noticing fewer RCAs conducted and available for review. This reinforces the shift which we were anecdotally aware of from our members.

The decentralisation of Queensland Health during 2011/2012 has been a significant change which has had a negative impact on the nursing and midwifery workforce, practice environments, and the services nurses and midwives provide.

Growing demand for services, funding drivers and new models of care alongside continuing budget pressures, exacerbated by the move to HHSs, has in some areas led to impoverished nursing and midwifery resources which are being stretched to do more with less.

Since moving to HHS governance, budget and medical activity measures appear to be the main drivers in the system.

But what are the key performance indicators for the CEs and boards which speak to nursing and midwifery concerns around quality and safety?

What we measure is important or becomes important when reported.

Prioritising patient care

The Palaszczuk government has made a commitment, through legislating nurse-to-patient ratios and public reporting, to redraw accountability around safe staffing, and focus on patient safety and quality outcomes.

However more work is needed.

In reviewing service profiles in some areas, we have observed fewer details about outcomes available from investment in nursing and midwifery and continual trimming of those budgets, perhaps to contribute to medical overtime or other organisational costs.

The QNU is well aware of the disconnect felt by nurses and midwives in some areas between the work they do and the focus of their organisation.

We have formally requested a state-wide audit of the BPF to ensure nursing and midwifery services are appropriately resourced to enable safe practice. ■

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THE QNU IS WELL AWARE OF THE DISCONNECT FELT BY NURSES AND MIDWIVES IN SOME AREAS BETWEEN THE WORK THEY DO AND THE FOCUS OF THEIR ORGANISATION.

Celebrating half a

Being a nurse for 50 years may seem like a long way off for some of us—but that's the milestone QNU member Diane Small celebrated in November this year.

What started out as "just a job" when she was 17 years old, soon turned into a life-long professional passion, and over those years, Diane—a Registered Nurse—has witnessed, and experienced first-hand, a myriad of changes.

Her five decade nursing history includes working in a nursing home, training and practicing as a midwife, and working in a hospital in emergency, theatre and Nurse Unit Manager positions.

In 1995 Diane moved from New South Wales to Mackay, Queensland, where she has worked for the past 21 years at Andergrove Medical Centre.

"I was very young when I started nursing. I was sheltered and a bit naive, I grew up on a dairy farm," she said.

"Coming into nursing I really didn't know what to expect. I thought I'd just be holding people's hands, wiping brows and be there for reassurance.

"But from then until now, it's changed dramatically."

Changing with the times

With nursing changing so rapidly, Diane said she's still learning new things about her profession 50 years on.

"When I first did my training we were really just hand maidens," she said.

"We used to do all sorts of mundane tasks which today would be considered non-nursing duties, such as wash and carbolise the beds, make the patients their morning, afternoon tea and supper and deliver them ourselves, and spend hours cleaning pan rooms.

"We also did pressure area care on every patient every four hours, whether they were ambulant or not.

"And of course a lot of the medical equipment is disposable now, but we used to re-use syringes and needles, or if they got a barb in them we'd sharpen them and re-use them. We even used to roll cotton balls and wash and roll bandages."

Diane didn't attend university, but instead trained in a hospital and learned on the job.

"We wore a striped dress with a bib, apron and a cap. We strived, studied and worked hard for years so we could wear a white dress and veil and have the privilege of being called 'sister'."

Growing and evolving

"Nursing has evolved so much," said Diane, reflecting on the past 50 years.

"Coming into nursing I really didn't know what to expect. I thought I'd just be holding people's hands, wiping brows and be there for reassurance."

century of nursing

"Now we're regarded as a profession. I would never have thought that nurses would be permitted to work so independently of doctors and do such things as write scripts, order drugs, initiate primary care and vaccinate.

"They can specialise in their own field, whereas we used to be general nurses who did a bit of everything."

The key to longevity

While Diane doesn't think there's one single element to nursing that has kept her working in the profession for so long, she said it was the human side of the job she's enjoyed most.

"You build relationships through the people you meet. I loved living in the nurses' home when we lived together as a group … some lifelong friendships were made there.

"We always had a study partner and someone to talk to who was going through the same experience. It was a way of debriefing and de-stressing, although we didn't know it was a term then."

Diane said her experience of working in General Practice for the past two decades is different to working in a hospital.

"We establish longstanding relationships with our patients," she said.

"Now we're regarded as a profession. I would never have thought that nurses would be permitted to work so independently of doctors..."

"I've been there 20 years now so all the kids that I used to look after bring in their own kids for immunisations and such, so that's lovely to see.

"I've also always loved chatting to the elderly patients about their life experiences."

And advice for future nurses and midwives?

"From my experience, most people who come into nursing do genuinely want to make a difference and help people," Diane said.

"I think one of the greatest qualities nurses can have is observation, organisation and good communication skills.

"Remember you're only human … you will see the best and worst of patients. You will laugh and cry with them, share their happiness and feel their sadness. You will make mistakes and learn from them.

"It's not going to be easy but it will be worth it and you will be well rewarded. Continue to educate yourself, take care of yourself and be proud to be a nurse." ■

THE RISE OF NASTINESS

There used to be a time, before Facebook and September 11, when Aussies were widely liked.

We were the easy-going folk from that inoffensive little country down under whose key claims to fame were the Bee Gees, Neighbours and the black box flight recorder.

The international view of our "lucky country" lifestyle was one of sunburn and barbecues, an outdoorsy water loving population which virtually guaranteed we punched above our weight in Olympic swimming.

It was, of course, a far cry from the truth—especially if you were indigenous, poor, foreign or gay.

Objectionable beliefs like racism, sexism and homophobia were commonplace, but they were rarely paraded as desirable or aspirational.

But Australia 20 odd years later is a different animal.

Today these beliefs are battlelines. They are ideological placemarkers and deliberate party positions that win votes and influence political processes.

Our political leaders respond to child rape allegations in our offshore detention centres with a shrug of the shoulders.

They allow ultra-conservatives who tell devastating lies about sexuality to drive the agenda on same sex marriage; and they will fiddle with legislation to give bigots a louder voice.

And nowhere does this meaner, less compassionate Australia loom larger than our current conversations around migrants.

There are numerous social research surveys conducted over the last decade which highlight Australia's diminishing tolerance and compassion for migrants, particularly refugees and Muslims.

One of the more recent surveys, the Essential Poll, suggested that given a yes/no choice, as many as 49% of Australians would support a ban on Muslim immigration including 34% of Greens voters.

Meanwhile the latest Mapping Social Cohesion survey by the Scanlon Foundation suggests nearly half of all ethnic Australians have experienced racism and only 31 percent of recent arrivals believe Australians can be trusted.

And if that's not clear enough, friendly, caring hospitable Australians were the top reason new arrivals found Australia appealing 15 years ago. When Scanlon asked the same question two years ago it was dead last (3%), even lower than the weather on 9%.

Our reputation for friendliness and the "fair go" is looking decidedly shaky.

A TOXIC ENVIRONMENT

While Australia has never had an altogether comfortable relationship with immigration over the years, the social environment this time around is quite different.

WE'VE LEARNED TO WIELD SOCIAL MEDIA LIKE A WEAPON.

In the past decade we've seen an explosion of new technologies and communications practices that have shrunk the world we live in.

We have the internet and social media, a 24-hour news cycle, reality TV, phone cameras, live streaming, Facetime and a swag of other developments that certainly make it easier to connect, but also make it easier to judge, spread hate, whip up fear, bully and berate like never before.

We've learned to wield social media like a weapon.

In the competition for clicks and likes, we say things online we'd never say in person, we troll, we use filters and hide behind avatars as we share provocative stories to offend and inflame. And we don't bother to check facts. We've long stopped caring about truth, evidence and science. We've become so anti-intellectual, we trust reality celebrities over experts, and if the facts no longer fit our argument, we claim conspiracy.

This new phenomenon, where emotion and blind faith trump evidence and objective fact even has a name—"post truth"—the *Oxford Dictionary's* 2016 word of the year.

We've made idols and celebrities out of the mean and manipulative, and we soak up reality TV that gives us licence to judge and ridicule without consequence from the comfort of our armchairs.

In short, being nasty has been normalised.

HATE MAKES FOR UNHEALTHY COMMUNITIES

But here's the thing.

Perpetuating divisiveness and hate isn't just anti-social, it's a public health issue.

There is a mountain of evidence based research which addresses the physiological and psychological impact of undesirable behaviour such as bullying, discrimination and hate.

Mental Health in Multicultural Australia (MHIMA) notes that people who are exposed to racism and discrimination have higher levels of psychological distress, psychosis, depression and other mental health disorders.

"This is not only the case for those who experience direct interpersonal discrimination, but also relates to those who perceive that their group is the target of discrimination," MHIMA says.

In 1999, researchers Herek, Gillis, and Cogan noted that victims of violent hate crimes suffered from more psychological distress than victims of other comparable violent crimes—at every level from anxiety all the way through to PTSD and self-harm.

Balboni, Garcia, and Gu (2001) took the research further and noted that this often leads to broad health problems such as severe headaches, gastrointestinal problems, and insomnia and a raft of associated social problems such as an inability to work or maintain healthy relationships, substance abuse and violent behaviour.

What's more, people who feel discriminated against often withdraw from the very support networks that can help them, which means they fail to access counsellors, clinics and medical care.

But it's not just victims who suffer. There are also implications for those who peddle aggression and hate.

A 2014 study in *European Heart Journal* by the Harvard School of Public Health warns that angry episodes can lead to heart attacks and strokes.

According to researchers, in the two hours immediately after an outburst, risk of heart attack increases nearly fivefold and risk of stroke increases more than threefold.

Research also shows that even a five-minute episode of rage can impair your body's immune system for up to six hours.

But you don't have to burst a blood vessel to have antisocial behaviour put your health at risk.

The American Psychological Association published research in its *Journal of Counselling Psychology* this month which identified significant links between sexist behaviour and mental health issues such as depression and substance abuse. It was no small study either, it analysed the results of more than 70 US-based studies involving more than 19,000 men over 11 years.

BE BETTER

As nurses and midwives, caring and compassion are at the heart of all we do. They are the essential values that help us build safe, healthy communities.

The spread of hate and intolerance goes against everything we stand for.

We have a responsibility as health professionals, as members of civil society and as members of a collective organisation that values fairness and equity, to stand against divisiveness and discrimination, and to advocate for a society where all people are treated with respect, dignity, fairness and compassion.

First and foremost this means checking our own behaviour and *honestly* interrogating our biases.

And then of course it means we need to find our voices against hate, lest our silence, indifference or complacency be mistaken for endorsement. ■

THE SPREAD OF HATE AND INTOLERANCE, GOES AGAINST EVERYTHING WE STAND FOR.

10 TIPS FOR A KINDER SOCIETY

1	Get active: Silence allows hate to breed.
2	Support victims.
3	Avoid spreading inflammatory stories, memes or posts.
4	Check facts: Is it really true? Check hoax checkers and credible research.
5	Speak up in ways that encourage unity and draw attention away from hate.
6	Support and organise positive community building activities.
7	Repair acts of hate-fuelled vandalism.
8	Teach tolerance and compassion to your children.
9	Keep an eye on your own behaviour and biases.
10	**Be kind. A little kindness goes a long way.**

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THE HIDDEN TIME TAKERS

BY COLIN WELLS, RN

I am an RN of just five years' experience. In that short time I have never ceased to be amazed at the amount of work we are required to do in a shift.

To my dismay I have found that management do not appear to give us much recognition for this work.

One particular example of this is in a Public Hospital ward, where time management software TREND is used to allocate the number of staff on a shift.

Many times after we have worked exceedingly hard on a shift while understaffed, TREND may still indicate that you are in fact overstaffed! Where has all that time gone?

This prompted me to sit down recently and write a list of all the things we do that I think TREND does not give us enough points for or no credit at all. I posted it on the notice board of our ward and most of my fellow nurses appreciate its content.

This helped them realise that, to some extent, they are not to blame for a bad shift that appears to occur far too often these days.

It is my hope that this list may give TQN readers a bit of comfort and perhaps a smile, in the recognition that together, we at least know we work a lot harder than we are given credit for.

Are you a victim of the following hidden time takers?

1. Many of your patients may require two to three, or four-hourly PRN DD's and/or injectable meds.
2. Some may also have many regular DD's.
3. A number of your patients may not be incontinent but require frequent toileting, are stand tx's, romedic, FASF, or pan (obese), and have IDC and/or IVT connected. This may require two staff members and/or wardie regularly.
4. Time required to locate staff for checks or patient IDs as in the points above, AND you had difficulty finding the 'DD keys'.
5. You may have had an anxious buzzer, frequent patients and/or family!
6. There has been a MET/PET call on your shift.
7. Time to find bedside and main charts (Monday mornings especially!).
8. You have chemotherapy on your shift and/or your partner in the pod is chemotherapy trained and is required to spend time in another pod.
9. You had Pre Op work and/or Contrast/Bowel prep to push.
10. The physiotherapist or wound-care nurse requires help and/or PRN for a patient.
11. The doctor has inspected and left open a difficult Dx that you just did and, on handover, the next shift has discovered his/her unannounced stat order!
12. Been chasing the pharmacist, doctor or other nurse for medicine errors, availability, or medicine given or to give.
13. Someone has gone 'hyper'/'hypo' in blood glucose or BP.
14. You or your partner may have had to go to ED or another ward to pick up a patient.
15. You have had a number of discharges and admissions.
16. Trip to pharmacy for DD's and/or 'patients own' and then writing them into the cupboard.
17. You drew the short straw at the start and end of a shift and had to do DD book checks on the DD cupboards TWICE!
18. Some of your patients may require a full feed.
19. You had a lot of difficult dressings and they may also be required on patients who are obese, in pain, immobile and/or may be in isolation due to contagion or protection.
20. You may have had to do a PICC Dx and/or Porta-cath access/de-access or had IVC resite problems.
21. You or your partner may have had to accompany a patient with IVT/IVAB etc to CT or Xray.
22. You had an in-service course on your shift.
23. You have had bed moves to other rooms on your shift.
24. Your partner has the now common, short shift and you are left by yourself with plenty of things to do (including Trend) and there is no one to help, due to other pods being too busy. AND you still have to do the handover!

Claim your lost super—before the tax office does!

There's billions of super dollars in lost or forgotten accounts.

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Current legislation means your super account must be transferred to the Australian Tax Office if:

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Plus, the more super accounts you have, the more fees you're likely to be paying. Multiple fees could also be eroding your retirement savings. And, you're losing the chance to earn future compound interest (interest earned on interest) on any fees saved, which helps grow your super over time. So, locating and rolling over — or consolidating — your super into one account makes sense and it could mean more money to retire on.

Get reunited with your super

HESTA's online super finder tool helps you locate any super accounts in your name using your tax file number (because it's unique to you). It's a quick, four-step online process.

If you find lost super

Consider the benefits (like insurance) of each of your funds to work out which fund suits your needs best.

To roll all your accounts into HESTA, simply download a pre-populated rollover form (one for each of your old funds) at **hesta.com.au/rollover**

After signing the completed form, just send it to your old funds for processing (they may ask for certified proof of identity) and we'll let you know when it arrives at HESTA.

To find out if you have lost super, go to **hesta.com.au/superfinder**

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Calendar

JANUARY

International Conference on Impact of Global Issues on Women
9-12 January 2017
Manipal University, India
http://conference.manipal.edu/ic2017

FEBRUARY

QNU Union Training
21 February 2017 – **QH Rostering - Equity & Work Life Balance** (Brisbane)
22 February 2017 – **Professional Culpability - Where do I stand?** (Brisbane)
23 February 2017 – **Being a QNU Contact in the Workplace** (Brisbane)
www.qnu.org.au/education

MARCH

QNU Union Training
7-8 March 2017 – **QNU Branch Development 1** (Brisbane)
9 March 2017 – **QNU Branch Development 2** (Brisbane
14 March 2017 – **Professional Culpability - Where do I stand?** (Mackay)
14 March 2017 – **QH Rostering - Equity & Work Life Balance** (Toowoomba)
15 March 2017 – **Creating a safe workplace (WH&S)** (Toowoomba)
16 March 2017 – **Work Matters - How to play to your strengths & manage your weaknesses** (Toowoomba)
16 March 2017 – **Being a QNU Contact in the Workplace** (Rockhampton)
22 March 2017 – **Knowing your entitlements and understanding the Award!** (Brisbane)
24 March 2017 – **QH Rostering - Equity & Work Life Balance** (Brisbane)
29 March 2017 – **Professional Culpability - Where do I stand?** (Sunshine Coast)
30 March 2017 – **Creating a safe workplace (WH&S)** (Sunshine Coast)
www.qnu.org.au/education

41st National Australian Association of Stomal Therapy Nurses Conference
Into the sunshine: Storytelling in stomal therapy
12-15 March, Brisbane
http://stomaltherapyconference.com

6th eMedication Management Conference
14-15 March 2017, Sydney
www.informa.com.au/conferences/health-care-conference/electronic-medication-management

Building Children's Nursing for Africa Conference
Pillars of Practice
28-30 March 2017, The River Club, Observatory, Cape Town, South Africa
www.buildingchildrensnursing.co.za

APRIL

QNU Union Training
4 April 2017 – **No excuse for abuse!** (Brisbane)
5 April 2017 – **Handline grievances in the workplace** (Brisbane)
www.qnu.org.au/education

15th World Congress on Public Health
Voices - Vision - Action
3-7 April 2017, Melbourne
www.wcph2017.com

QNU Union Training
26 April 2017 – **Aged Care - Rosters, workloads and consultation** (Brisbane)
27 March 2017 – **Aged Care and Private Hospitals - Getting prepared for our next agreement** (Brisbane)
www.qnu.org.au/education

14th National Rural Health Conference
26-29 April 2017, Cairns
www.ruralhealth.org.au/14nrhc

MAY

QNU Union Training
3 May 2017 – **Assertiveness Skills** (Brisbane)
4 May 2017 – **QH - Consultative Committees - How to make them work** (Brisbane)
9 May 2017 – **Assertiveness Skills** (Cairns)
10 May 2017 – **No excuse for abuse!** (Cairns)
11 May 2017 – **Creating a safe workplace (WH&S)** (Cairns)
16-18 May 2017 – **Workplace Representatives 1** (Brisbane)
23 May 2017 – **Conflict Management Skills** (Brisbane)
24 May 2017 – **QH - BPF for NUMs and MUMs** (Brisbane)
24-25 May 2017 – **Someone should do something about that!** (Brisbane)
30-31 May 2017 – **Knowing your entitlements & understanding the Award!** (Townsville)
www.qnu.org.au/education

International Council of Nurses (ICN) Congress
27 May-1 June, Barcelona, Spain
www.icn.ch

If you would like to see your conference or reunion on this page, let us know by emailing your details to tqn@qnu.org.au

Thank you to the Queensland Nurses' and all Unions who work for you, your colleagues in emergency services, indeed 'the union'.

I would truly like to assist you, however I no longer do Résumés, etc. Yes, health is the primary reason.

In my coming to this decision, you — our invaluable Nurses — have given me the utmost confidence that when and if I need your exceptional skills again, you will be there, working tirelessly and selflessly, and with the dedication of your compassion and care to the betterment of others. Thank you.

I wish you all the best with your career and your profession.

Kent Trussell, Spring 2016

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