Position Statement
Remote Health Workforce Safety and Security

Key Statement

CRANAplus, as the peak representative body for all healthcare professionals living and working in remote communities, understands that remote health workforce safety and security remains a significant issue. We recognize that both community access to vital health services and the sustainability of the workforce are inherently related to staff feeling safe and secure. We believe that increasing the safety and security of the remote health workforce requires urgent attention from government, employers and communities alike.

Background

Remote health practice is a challenging environment. It is often characterized by geographical, social and professional isolation, and delivering services to communities with complex health needs often in cross cultural settings[1]. Studies have consistently demonstrated remote health professionals experience high levels of stress[2]; an increased rate of assault[3,4] and have significant concerns for their safety and wellbeing[5]. A recent survey conducted by CRANAplus with the remote health sector confirmed that safety and security remain a major issue for the workforce.

The tragic murder of Remote Area Nurse, Gayle Woodford, in 2016 prompted state, territory and federal governments and many organizations to examine safety and security legislation, standards, policies and practice. This remains an ongoing process. The South Australian Parliament passed the *Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017*, otherwise known as 'Gayle's Law'. The intent of this law is consistent with CRANAplus' long-held position that remote health practitioners should never 'work alone'. The enactment of the law, however, has been difficult.

Stakeholders, all of whom are supportive of the legislation, found it difficult to agree on the Regulations that set out how the Act is to be applied. The challenge was in striking a balance between introducing reasonable flexibility and conditions to enable the Act to be practical and achievable in every circumstance and every setting, while not undermining the overall intent of improving workplace safety. The Regulations currently in place were eventually passed on 7 November 2019, some four months after the Law was enacted on 1st July 2019. The Regulations are to be reviewed after 12 months. Other states and the Northern Territory have pursued solutions at the policy level.

[1] Lenthall S, Wakerman J, Opie T et al. What stresses remote area nurses? Current knowledge and future action. Australian Journal of Rural Health 2009; 17 (4): 208–213.

[2] Lenthall S, Wakerman J, Dollard M, Dunn S, Knight S, Opie T, Rickard G, MacLeod M. Reducing occupational stress among registered nurses in very remote Australia: A participatory action research approach. Collegian 25 (2018) 181–191.

[3] Opie T, Lenthall S, Dollard M, Wakerman J, MacLeod M, Knight S, Dunn S,& Rickard G. Trends in workplace violence in the remote area nursing workforce. Aust. J. of Advanced Nursing (2010) 27, 18-23.

[4] McCullough K, Lenthall S, Williams AM, & Andrew L. Reducing the risk of violence towards remote area nurses: A violence management toolbox. Aust. J. Rural Health (2012) 20, 329–333.

[5] CRANAplus, Remote Health Workforce Safety and Security Report: Literature review, Consultation and Survey report. CRANAplus, 2017.

CRANAplus Working Safe in Rural and Remote Australia - Workforce Perceptions and Experiences Survey Findings

In March 2020, CRANAplus conducted a survey with a broad sample of the remote health sector. Immediately, there was a substantial response and within 48hrs of the survey opening we had received over 300 responses. Of the 348 responses received, most included lengthy responses to the open-ended questions. This was a clear message that safety and security remains a significant issue for the remote health workforce.

In line with the literature, the survey identified key safety risks to be physical assault; verbal abuse; bullying and harassment; motor vehicle accident; dog bites; stalking and other intimidating/threatening behaviours and sexual harassment[5]. There was a consistent message that respondents are concerned about having to work alone after hours and a need to improve equipment and infrastructure safety standards. This includes more safe and secure staff accommodation and clinic facilities and enhanced communication systems. The need to prioritize safety and challenge the culture that feeling unsafe is 'a part of the job' was also identified.

"being on call by myself is the expected role"

"housing and property are not maintained i.e. Locks/windows are not secure.
Fencing is broken, gates not lockable"

"In my last placement I had a home invasion in the middle of the night.
It still concerns me that this might happen again."

Positive stories from respondents revealed that when improvements had been made such as implementing the second responder role; improved infrastructure (staff accommodation; clinic facility, communication equipment) and investment in community engagement, the workforce had experienced increased feelings of safety.

A key message from the survey was the valued role CRANAplus has to play in continuing to advocate the safety and security needs of the remote workforce.

CRANAplus work to date

In 2016 CRANAplus was funded by the Commonwealth Government to deliver the Remote Area Workforce Safety and Security Project. This resulted in the development of the *Remote Health Workforce Safety & Security Report: literature review, conclusion and survey results* and a series of resources including the *CRANAplus Safety & Security Guidelines for Remote & Isolated Health* and the *Working Safe in Remote Practice* online module.

CRANAplus contributes to all representations, both formal and opportunistic, related to the safety and security of the remote health workforce. Most notably, three formal submissions were made regarding the South Australian legislation along with numerous informal requests for advice from key stakeholders. In 2019, the CRANAplus Board of Directors approved the current Safety and Security Program to support our ongoing work.

Strategies for improving remote health workforce safety and security

The original *CRANAplus Safety & Security Guidelines for Remote & Isolated Health* were developed following extensive consultation with industry, a review of literature and input from a national expert advisory group. In 2020-21 these Guidelines will be reviewed and updated to reflect current best practice.

The document covers seven safety and security priority areas and outlines actions that clinicians, employers, service providers, communities and other stakeholders can implement to establish and maintain safe and effective operating systems in remote and isolated health services (refer Figure 1). They include:

- Remote and isolated health practitioners should **always be accompanied** after hours or when possibly at risk.
- **Identifying hazards and managing risks** through a proactive schedule of monitoring, evaluation and workplace audits to highlight and respond to hazards and risks.
- Education to professionally and personally prepare clinicians for remote and isolated practice including improved **orientation and education** in areas of cultural safety, de-escalation and risk management.
- Promoting a **culture of collaboration with community** in the development of orientation programs, safety plans and addressing remote health practitioner safety within the community.
- Supporting **staff resilience and fatigue management**. Fatigue can be minimized through workload management, supportive supervision, timely use of leave, and prioritizing self-care. This also includes building capacity of clinicians and managers to understand and report vicarious trauma, PTSD and bullying and harassment.
- Creating a **stable workforce**. Maintain a regular and reliable workforce while also working to reduce and manage staff turnover to promote safe, quality and reliable remote service provision
- Improving **communication and connectivity** through reliable, accessible and effective communication systems.
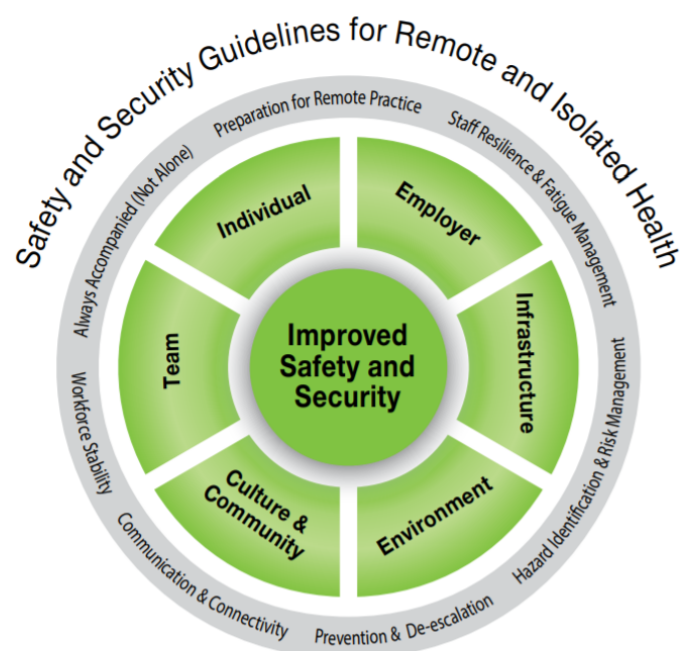

Figure 1: *Safety and Security Guidelines for Remote and Isolated Health diagram*

CRANAplus acknowledges

- All Australians, regardless of where they live, are entitled to access safe and timely health care, including emergency care
- Feeling safe at work is a basic human right, the remote workforce should be empowered and protected
- Feeling safe and secure is essential to the sustainability of the remote health workforce
- Increasing the safety and security of the remote health workforce requires urgent attention from government, employers and communities alike.

CRANAplus recommends

- State, territory and federal governments acknowledge the ongoing significant safety and security concerns of the remote workforce.
- State, territory and federal governments prioritize remote health workforce safety and security by:
    - ➢ Bringing remote health workforce safety issues to the forefront of government and public attention and challenging the culture that feeling unsafe is 'a part of the job'
    - ➢ Reviewing legislation and insisting on policy and/or procedures to ensure remote and isolated health practitioners are always accompanied after hours or when possibly at risk
    - ➢ Investing in effective systems for identifying hazards and managing risks through a proactive schedule of monitoring, evaluation and workplace audits to highlight and respond to hazards and risks
    - ➢ Investing in education to professionally and personally prepare clinicians for remote and isolated practice including improved orientation and education in areas of cultural safety, de-escalation and risk management
    - ➢ Investing in creating a stable workforce, by maintaining a regular and reliable workforce while also working to reduce and manage staff turnover to promote safe, quality and reliable remote service provision
    - ➢ Investing in and supporting the Aboriginal and Torres Strait Islander health workforce
    - ➢ Investing in improving communication and connectivity
    - ➢ Investing in supporting staff resilience and fatigue management, through effective workload management, supportive supervision, timely use of leave, and prioritizing self-care. This also includes building capacity of clinicians and managers to understand and report vicarious trauma, PTSD and bullying and harassment
    - ➢ Promoting a culture of collaboration with community in the development of orientation programs, safety plans and addressing remote health practitioner safety within the community
    - ➢ Investing in research to further our understanding of the effectiveness of these strategies for improving remote health workforce safety and security.

CRANAplus resolves to

- Continue advocating on behalf of the remote health workforce their significant safety and security concerns and needs
- Continue engaging state, territory and federal governments to prioritize remote health workforce safety and security by lobbying for the above recommendations
- Continue to support the safety and security of the remote health workforce by promoting the utilization of the suite of CRANAplus Safety and Security Resources

- Continue to support the mental health of the rural and remote workforce including the impact of vicarious trauma, PTSD and workplace bullying and harassment through the Bush Support Services 24/7 helpline and associated Bush Support Service resources
- Continue to recognize and promote health services that prioritise authentic community orientations to new staff, including introductions to community leaders and Elders.

- Collaborate with organisations, including Aboriginal and Torres Strait Islander organisations, to collectively ensure that remote workforce safety and security is meaningfully pursued.

Resources

CRANAplus Safety and Security Resources can be accessed via the CRANAplus website