

NURSES WORKING IN UNION

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INTRODUCTION

Nurses working in union, with their trade union, can effect major change which an individual would be unable to achieve alone. The following literature review demonstrates two major changes, *No Lifting Policy* and *Nurse to Patient Ratios*, which significantly improved the working lives of nurses, by nurses joining together as a collective with their union to achieve improvements to their work life, nursing practice, patient outcomes and work environment. Both changes occurred in the state of Queensland, Australia circa 2000 and 2016 respectively.

CHANGE ONE – “NO LIFTING POLICY BY 2000”

In 1997, the Queensland Nurses Union (QNU) Conference adopted a policy whereby manual lifting of patients be eliminated or minimized wherever possible, by the year 2000. This was called “*No Lifting Policy By 2000*”¹.

This was necessary because in 1996/97, 55% of all compensatable injuries to health workers were sprain/strain injuries²

Causative factors were “lifting, carrying or putting down another person”³ At the time there was no legislation prohibiting nurses from lifting large and awkward weights.

In 1995/96, the “*State of Queensland Muscular Stress Injuries Workers Compensation Data*”⁴ reveals the number of claims accepted were 1776; work days absent amounted to 34,941 days and payments totaled \$4,571,365.

This appalling injury rate and cost needed addressing. The union developed a kit of information for nurses⁵ on implementing a no lifting policy in public and private hospitals and aged care facilities, so nurses:

- understood the concept,
- were empowered to raise the issue in the workplace and set up a working party,
- devised an implementation plan,
- assessed the manual handling needs,
- assessed the system of work and the work environment including storage of equipment and suitability of uniforms,
- developed a policy, training and assessment process and a risk assessment form.

Union members were active in the workplace with union officials. The union was active at government levels and with individual employers to have this policy implemented and legislation strengthened.

¹ “What is a lifting Policy and why do we need it?” 1997, *The Queensland Nurse*, vol. 16, no. 5, pp 8-9.

² “What is a lifting Policy and why do we need it?” 1997, *The Queensland Nurse*, vol. 16, no. 5, pp 8-9.

³ “What is a lifting Policy and why do we need it?” 1997, *The Queensland Nurse*, vol. 16, no. 5, pp 8-9.

⁴ Government Statisticians Office “What is a lifting Policy and why do we need it?” 1997, *The Queensland Nurse* vol. 16, no. 5, pp 8-9.

⁵ “No Lifting Checklist” 1998, *The Queensland Nurse*, vol. 17, no. 1, p 8.

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OUTCOMES

In summary, this change resulted in a significant reduction in workers' compensation costs, reduction in number and cost of claims, reduced staff and patient injuries, improved patient care, cost effective work practices and improved productivity.⁶

One pilot site reported⁷:

1. A decrease in workers' compensation for patient handling claims by 95%,
2. The average cost of claim decreased by 84%,
3. The number of patient handling claims decreased by 70%,
4. The average number of days lost per patient handling claim decreased by 81%.

Changes to lifting, moving and handling of people were incorporated into Queensland (Qld) legislation and legislated codes of practice. The *Work Health and Safety Act 2011*, introduced section 274 - Approved Codes of Practice⁸. This allowed subordinate legislation to encompass *Work Health and Safety (Codes of Practice)* that included codes for “*Manual Tasks Involving the Handling of People Code of Practice 2001*”⁹ and “*Hazardous Manual Tasks Code of Practice 2021*”¹⁰.

These legislative changes and codes of practice remain in force to date, to guide and protect nurses when lifting and performing hazardous manual tasks and handling people while working in Queensland. This was a substantial and beneficial change in nursing practice and patient care. Individual nurses would not be able to introduce such large and significant changes and it is only through nurses operating together as a group and with their union, did these improved safety developments and change to nursing practice become a reality.

CHANGE TWO – “RATIOS SAVE LIVES”

Since 2000, nurses in Qld have formally reported excessive workloads to workload reporting committees or nursing consultative committees, however, very little was done to significantly rectify the situation. Unmanageable nursing workloads increase the risk of adverse outcomes for patients however, with better nurse staffing levels, patients are less likely to die¹¹ or be readmitted, will have a shorter length of stay plus fewer adverse events and increased patient satisfaction¹². This is because with the increase of nurses present, nurses can undertake preventive nursing care, surveillance and identify the early onset of complications or changes

⁶ “The No Lifting Policy in Action” 1997, *The Queensland Nurse*, vol 16, no. 6, p 10.

⁷ “The No Lifting Policy in Action” 1997, *The Queensland Nurse*, vol 16, no. 6, p 10.

⁸ Queensland Government 2011, *Work Health and Safety Act 2011*, Queensland Legislation viewed, 22 Feb 2023, <http://www.legislation.qld.gov.au/view/html/inforce/current/act-2011-018#sec.274>

⁹ Queensland Government Office of Industrial Relations 2002, *Manual Tasks Involving the Handling of People Code of Practice 2001*, Work Health and Safety Queensland viewed 22 Feb 2023 worksafe.qld.gov.au/data/assets/pdf_file/0015/21525/manual-tasks-people-handling-cop-2001.pdf.

¹⁰ Queensland Government Work Health and Safety Queensland 2021, *Hazardous Manual Tasks Code of Practice 2021 - Work Health and Safety Queensland* viewed 22 Feb 2023, worksafe.qld.gov.au/data/assets/pdf_file/0020/72632/hazardous-manual-tasks-cop-2021.pdf

¹¹ Aiken LH, Sloane DM, Bruyneel L, et al. 2014 “Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study”, *Lancet* 2014; vol 383: pp1824–30.

¹² Matthew D McHugh, Linda H Aiken, Douglas M Sloane, Carol Windsor, Clint Douglas, Patsy Yates 2021, “Effects of nurse-to-patient ratio legislation on nurse staffing, readmissions and length of stay: a prospective study in a panel of hospitals”, *Lancet*, vol. 397, no. 10288, pp 1905-1913.

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in the patient's condition and intervene before the situation is irretrievable. With ratios and manageable workloads, nurses have the time to do this, which improves patient outcomes and saves money.

QUEENSLAND RATIOS

The Queensland Nurses and Midwives Union (QNMU) and members proposed health policy on ratios to political parties and lobbied candidates to sign pledges during the election campaign. Upon election, the Labor government implemented this policy for state government hospitals and state government residential aged care facilities (RACF) after lobbying by the union and members. The government passed legislation for nurse to patient ratios in 2016.

NURSES' ACTIONS

Nurses joined in several actions to raise awareness of workloads, the impact on patient safety and the necessity for nurse to patient ratios. Nurses:

1. Used the Business Planning Framework contained in the industrial award (an unlegislated tool at the time) to calculate notional nurse to patient ratios and reported workloads using the existing workloads grievance form¹³,
2. Signed up and trained to be patient safety advocates to highlight to the public the role nurses play in safety standards¹⁴,
3. Accessed the "Ratio Saves Lives" website for information for nurses and the public¹⁵,
4. Attended a training course on how to lobby MP's and crossbench MP 's¹⁶,
5. Promoted advertisements, such as "How many nurses on this ward?" appearing on TV, social media and billboards¹⁷,
6. Spoke out to patients, families and friends¹⁸,
7. Wore "Ratio Saves Lives" T-shirts¹⁹,
8. Assisted their union with Workplace Blitzes²⁰,
9. Observed a sitting of the Qld parliament which introduced the ratio Bill for its first reading²¹,
10. Contributed with their union and made submissions to a parliamentary inquiry²²,
11. Spoke to the parliamentary committee at hearings to give support to the ratios legislation and why it was needed²³,
12. Rallied at Labor Day March²⁴ promoting ratios,
13. Worked with QNMU visiting hospitals discussing ratios²⁵,

¹³ "How Far Away are Ratios?" 2015, *The Queensland Nurse*, vol. 34, no. 3, pp 26-27.

¹⁴ "How Far Away are Ratios?" 2015, *The Queensland Nurse*, vol. 34, no. 3, pp 26-27.

¹⁵ "How Far Away are Ratios?" 2015, *The Queensland Nurse*, vol. 34, no. 3, pp 26-27.

¹⁶ "The Road to Ratios" 2015, *The Queensland Nurse*, vol. 34, no. 4, p 15.

¹⁷ "The Road to Ratios" 2015, *The Queensland Nurse*, vol. 34, no. 4, pp 26-29.

¹⁸ "The Road to Ratios" 2015, *The Queensland Nurse*, vol. 34, no. 4, pp 26-29.

¹⁹ "QNU Toowoomba Hospital Branch Conference" 2015, *The Queensland Nurse*, vol. 34, no. 6, p 7.

²⁰ "Talking About Your Workplace Issues" 2015, *The Queensland Nurse*, vol. 34, no. 6, p 10.

²¹ "Ratios on Track" 2015, *The Queensland Nurse*, vol. 34, no. 6, pp 18-21.

²² "Entering Critical Phase of Ratios campaign" 2016, *The Queensland Nurse*, vol. 35, no. 1, pp 22-23.

²³ "Politicians Hear From Nurses and Midwives" 2016, *The Queensland Nurse*, vol. 35, no. 2, pp 22-23.

²⁴ "Celebrating Labour Day in May" 2016, *The Queensland Nurse*, vol. 35, no. 2, p 13.

²⁵ "Politicians Hear From Nurses and Midwives" 2016, *The Queensland Nurse*, vol. 35, no. 2, pp 22-23.

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14. Attended Parliament when the Bill to legislate nurse to patient ratios passed into the law on 12 May 2016. QLD was the fourth jurisdiction in the world to gain legislated minimum ratios²⁶,
15. Assisted to bed down compliance with Ratios - nurses asked to know ward ratio, report exceeded ratios and submit workload forms²⁷,
16. Participated in University of Pennsylvania and Qld University of Technology research to evaluate effectiveness of ratios with a baseline survey, pre implementation of ratios and a one and two year follow up survey, post implementation of ratios²⁸. This is the first study in the world to apply such a research method. Over 27,000 Queensland nurses participated in the surveys over three years, as well as patients. This research is now considered to be the gold standard.

OUTCOMES

The Qld experience revealed:

1. An additional 167 full time nurses were needed²⁹,
2. Without Ratios, the research predicted 145 more deaths, 255 more readmissions, 29,222 additional hospital days³⁰,
3. Direct cost benefit to the Qld health system over the study period was about \$70 Million (AUD)³¹,
4. The savings were twice the cost of the additional nursing staff³²,
5. Legislated ratios in Qld saw a workload reduction in 1-2 patients, per nurse, on day shift and 1-3 patients, per nurse, on night shift³³,
6. Each patient added to a nurse's workload increases odds of death by 12%, increases length of stay by 2%, increases odds of nurse burnout by 19% and increases odds of poor-quality care by 32%³⁴,
7. Ratios are a "feasible instrument to improve nurse staffing, produce better patient outcomes, and yield a good return on investment."³⁵,
8. Ratios not only save lives, but they also save money as well.

Phase one of nurse to patient ratios commenced in Queensland after the Legislation was passed. The roll out commenced into a majority of acute medical and surgical wards and two psychiatric wards. Phase two implementation was extended into all state government, acute adult mental health units and state government operated RACFs. Phase three continues to be refined and applied across other specialties such as midwifery, private hospitals and private

²⁶ "History Made! Ratios Become Reality" 2016, *The Queensland Nurse*, vol. 35, no. 3, p 26-27.

²⁷ "The Task of Bedding Down Ratios Begins" 2016, *The Queensland Nurse*, vol. 35, no. 4, p 24-25.

²⁸ "Ratios Roll Out Continues" 2016, *The Queensland Nurse*, vol 35, no. 5, p 21-22.

²⁹ Matthew D McHugh, Linda H Aiken, Douglas M Sloane, Carol Windsor, Clint Douglas, Patsy Yates 2021, "Effects of nurse-to-patient ratio legislation on nurse staffing, readmissions and length of stay: a prospective study in a panel of hospitals", *Lancet*, vol. 397, no. 10288, pp 1905-1913.

³⁰ Matthew D McHugh, Linda H Aiken, Douglas M Sloane, Carol Windsor, Clint Douglas, Patsy Yates 2021, "Effects of nurse-to-patient ratio legislation on nurse staffing, readmissions and length of stay: a prospective study in a panel of hospitals", *Lancet*, vol. 397, no. 10288, pp 1905-1913.

³¹ "Queensland ratios save lives and money", 2021, *The Lamp*, June/July, p 10-11.

³² "Minimum Staffing Ratios Save Lives, Reduce Costs" 2021, *Nursing* July p 21.

³³ "Ratios are Saving Lives in Qld", 2019, *Inscope*, Spring, pp 14-17.

³⁴ "Ratios are Saving Lives in Qld", 2019, *Inscope*, Spring, pp 14-17.

³⁵ Matthew D McHugh, Linda H Aiken, Douglas M Sloane, Carol Windsor, Clint Douglas, Patsy Yates 2021, "Effects of nurse-to-patient ratio legislation on nurse staffing, readmissions and length of stay: a prospective study in a panel of hospitals", *Lancet*, vol. 397, no. 10288, pp 1905-1913.

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RACFs. This later stage of refinement incorporates “*The Six Standards required to achieve a Positive Practice Environment*”³⁶.

Nurse to patient ratios is a significant and beneficial change to nursing practice and patient care. This was achieved by nurses working with their union, as an individual would not be able to achieve a legislative change on this large scale by themselves, with a flow on to all state government owned hospitals and RACFs. Nurse to patient ratios demonstrate they avoid deaths, prevent extended hospital stays and readmissions. The workload reduction for nurses can reduce nurse burnout and diminish poor quality care. While it is necessary to employ more nurses to have appropriate ratios (and this costs money), the savings made by using ratios and preventing poor patient outcomes is double the amount of employing additional nurses. This investment in any view is difficult to ignore and makes economic sense as well as a beneficial change to nursing practice. Ratios do indeed save money and save lives.

DISCUSSION

Both changes are enormous with significant and noteworthy benefits for nursing practice, nurses and patients. It would be impossible to make these large scale, complex changes as an individual, as the cost alone would be prohibitive. However, nurses working as a collective network with their union, with shared values, a common goal and joint actions can achieve substantial, large-scale change and achieve the group goal. Nurses collectively advocating for nurse safety and patient safety make a difference to the broader community through improved quality of care and wellbeing of nurses and patients by delivering collective good with ongoing benefits.

Nurses working together with their union can effect major workplace changes to improve the working lives of nurses, as well as providing better outcomes for patient care. Therefore, nurses must join and be active in their nursing union to continue to improve nurses’ work conditions, advance clinical practice and progress patient outcomes.

³⁶ Queensland Nurses and Midwives Union 2020 *Positive Practice Environment Standards for Nursing and Midwifery* Brisbane: QNMU Office viewed 11 May 2020 https://www.qnmu.org.au/Web/Campaigns/Ratios_Save_Lives/Web/Campaigns/ratios-save-lives.aspx?hkey=fcde45ec-53f2-4acf-80f1-24efd731faa1 Save Lives (qnmu.org.au).