

COVID-19 'Pulse Check' Survey #3

Australian Primary Health Care Nurses Association (APNA)

August 2021 Data Insights

Summary

A series of APNA COVID Pulse Check surveys have been undertaken with primary health care nurses since the start of the pandemic. The following table highlights the key themes emerging from the third survey in the 2021 series and the implications of these findings.

	Data Insight	Implications for policy and practice
COVID Vaccine roll-out	<ul style="list-style-type: none">• 79% of Primary Health Care (PHC) nurses report providing education to patients on potential side effects and 90% report addressing patient concerns and COVID vaccine hesitancy.• 86% of respondents are either very confident or confident in providing general education to patients about the COVID vaccine• In August, almost 30% of primary health care nurses report not working to their full scope of practice. This figure has increased by almost 10% from the data reported in April 2021.	<p>COVID vaccine education and administration is a key component of the primary health care nursing workforce scope of practice.</p> <p>Nurse utilisation appears to be dropping at a time when nurses should be fully utilised to optimise patient health outcomes and increase vaccination rates.</p> <p>The current funding model in general practice continues to constrain nurse activity. The MBS model limits nurse autonomy to deliver care within their scope of practice. This reduces efficiency in vaccine administration and patient care.</p>

Chronic disease prevention and management

- **Chronic Disease Management:** Almost half of respondents are currently undertaking less chronic disease and health ageing management activity in August compared to May 2021
- **Preventative Health Screening:** Almost half of respondents are currently undertaking less preventative health and screening activities in August compared to May 2021

Primary health care nurses have a strong role to play in providing preventive and chronic disease management activity. However, nurses are reporting undertaking this activity less frequently.

The impacts of the pandemic on current and projected population health outcomes, in addition to health expenditure, will require clear workforce policy solutions as Australia emerges from the pandemic.

Workforce retention

- Almost 1 in 5 respondents intend to cease working as a nurse, in their current primary health care setting, in the next 2-5 years.
- When respondents were asked where they have considered moving to, the most common response was retirement (24%), followed by non-nursing roles (15.6%) and state/territory health department COVID-19 vaccine roll-out settings (15.6%).
- Common reasons for intention to leave their current position included increased workload, lack of recognition and pay and conditions.

The data signals significant challenges in retaining the primary health care nursing workforce.

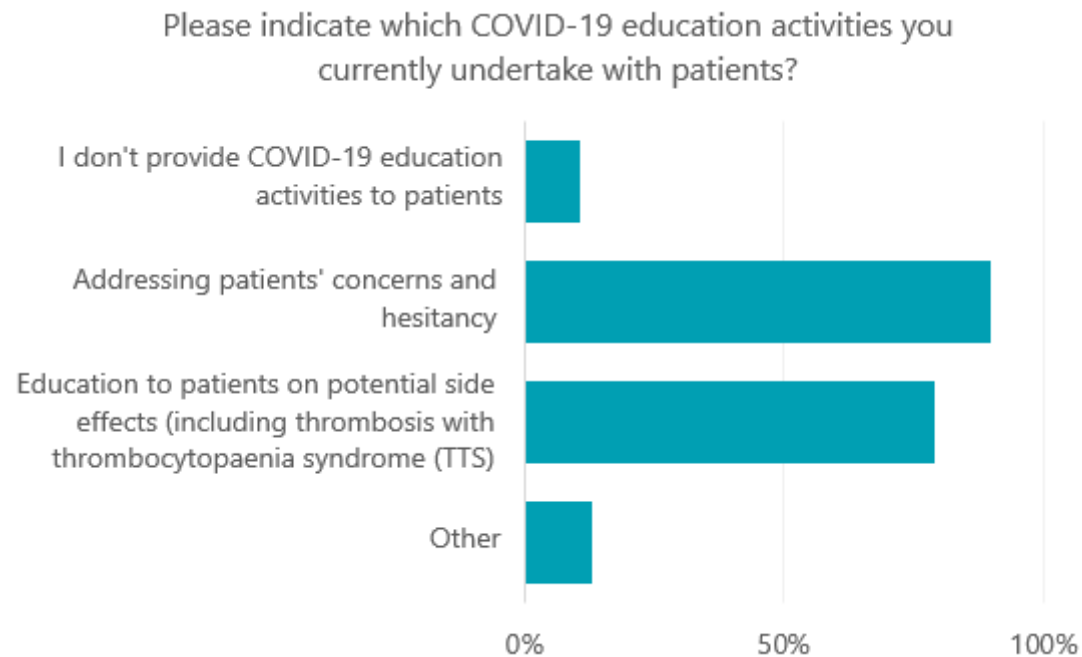
APNA's 2020 Workforce Survey data reveals that the reported average hourly pay for Registered Nurses (RNs) was \$39 per hour and for Enrolled Nurses (ENs) was \$31 per hour. This is significantly lower than wages in the state/territory vaccination hubs and the acute sector. Predicted nursing workforce shortages are likely to be exacerbated in primary health care if pay and conditions are not addressed.

Key Data Insights

Primary health care nurse role in COVID vaccine roll out

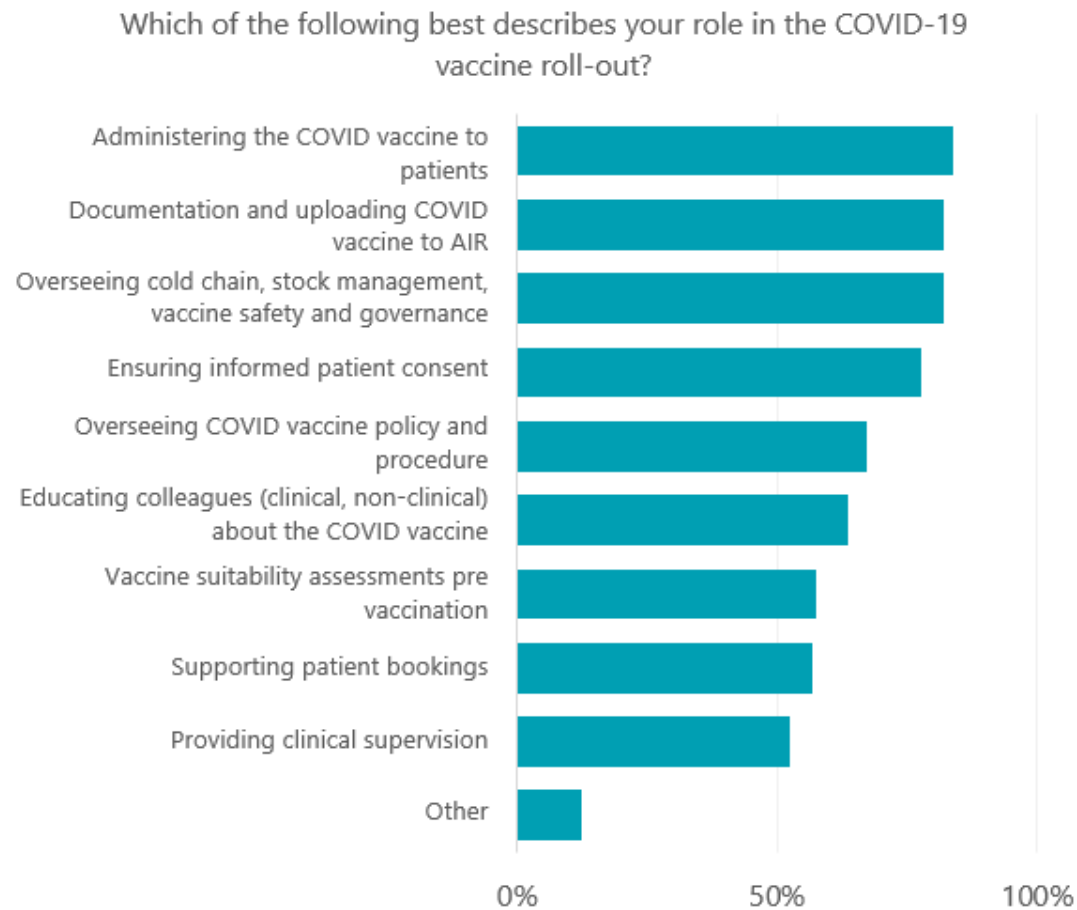
Primary health care nurses, both directly and indirectly involved in the vaccine roll out, continue to play a key role in providing COVID-19 patient education. This includes addressing patient's concerns and discussing hesitancy, and education on potential side effects.

Figure 1 – Education activities undertaken by primary health care nurses



For those nurses, directly involved in the vaccine roll out, the tasks undertaken are broad and varied. Commonly undertaken activities include: administering the COVID vaccine to patients; documentation and uploading COVID vaccine to AIR; and overseeing cold chain, stock management, vaccine safety and governance.

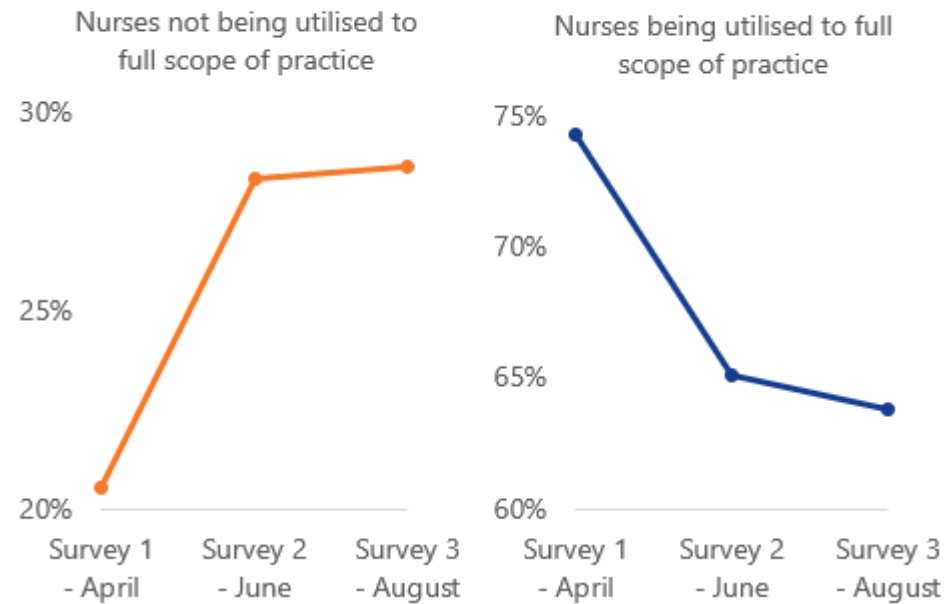
Figure 2 – Primary health care nurse’s role in COVID-19 vaccine roll-out



In the last month, about 30% of primary health care nurse respondents reported that most of the time or often they could do more within their scope of practice. This is almost 10% higher than compared to nurse utilisation reported in April 2021.

Figure 3 – Utilisation of nurse education, training and qualifications between April to August 2021

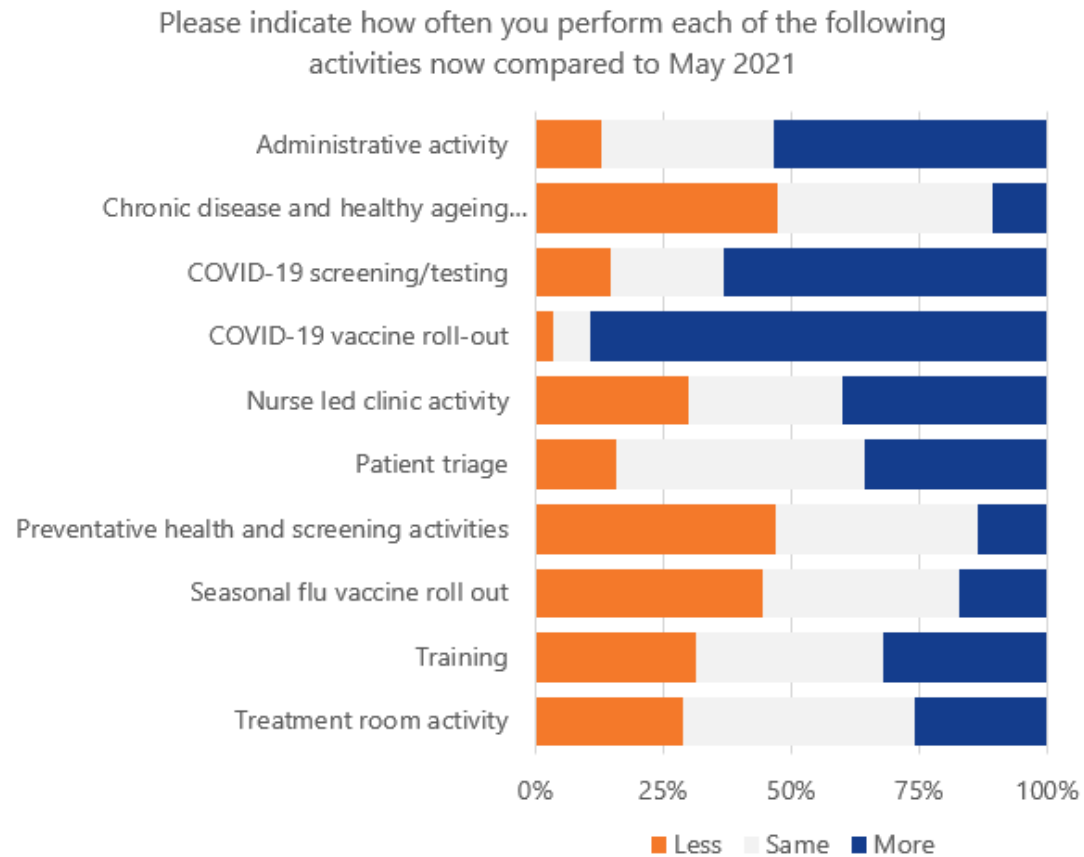
Over the last month, do you believe that your education, training and qualifications were used to the full extent?



Chronic disease prevention and management

Nurse involvement in COVID-19 screening, vaccine roll out and administrative activity has increased in August compared to May 2021. However just under half of respondent's report undertaking less preventative health and chronic disease management activity.

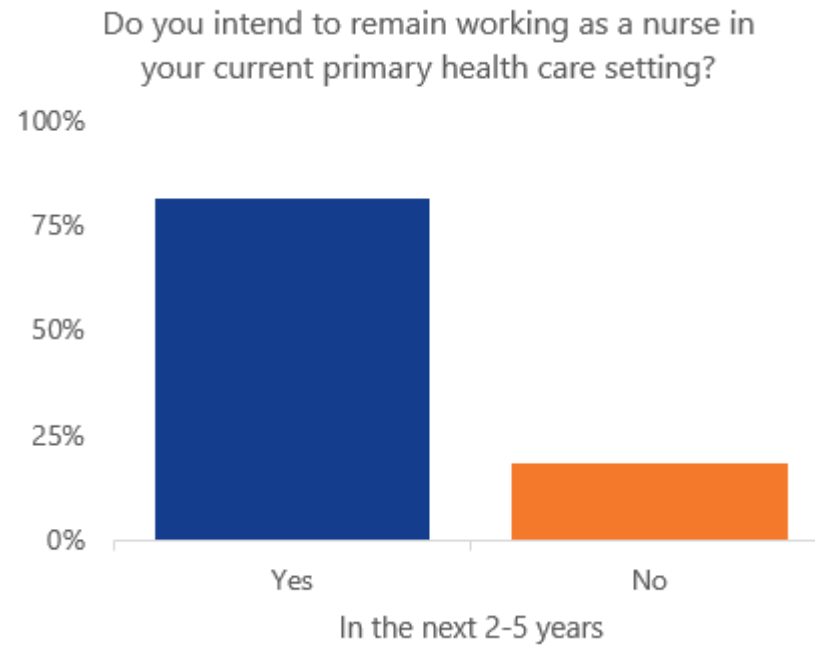
Figure 4 – Frequency of key primary health care nurse activity in August 2021 compared to May 2021



Workforce retention

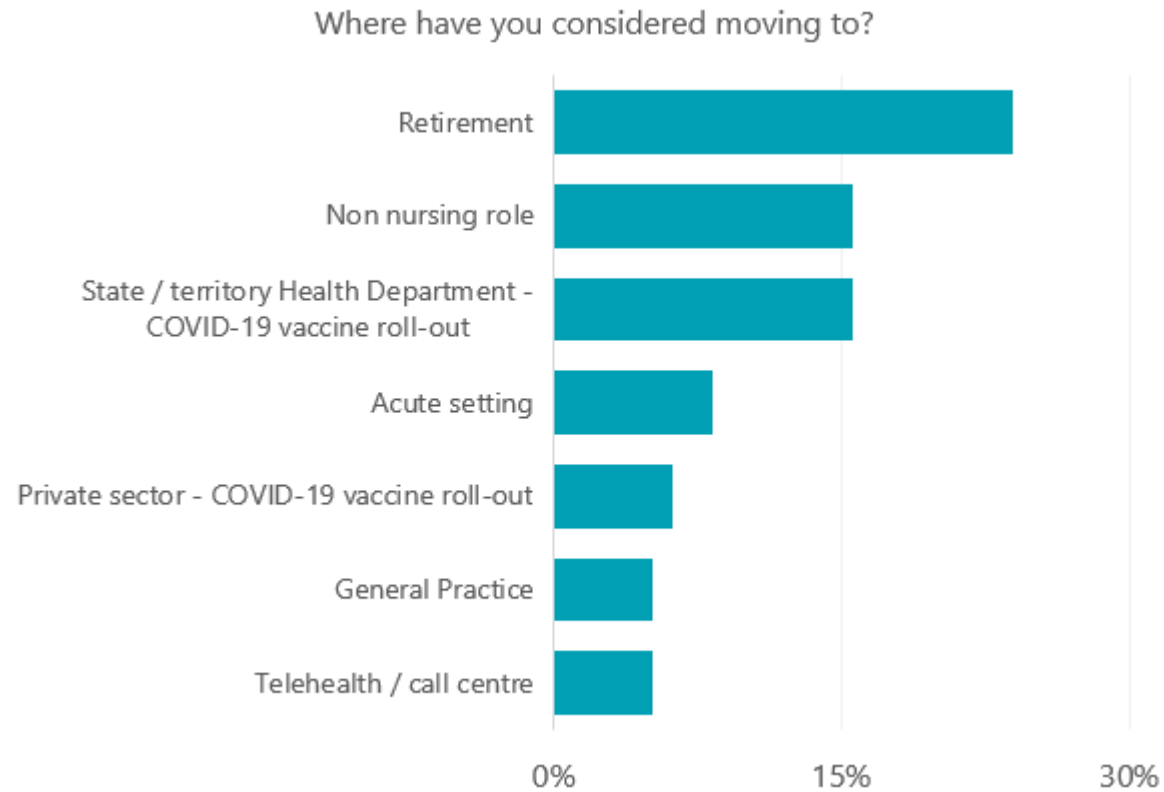
Almost 1 in 5 respondents intend to cease working as a nurse, in their current primary health care setting, in the next 2-5 years.

Figure 5 – Intention to remain working as a nurse in primary health care



When respondents were asked where they considered moving to, the most common response was retirement (24%), followed by non-nursing roles (15.6%) and state/territory health department COVID-19 vaccine roll-out settings (15.6%).

Figure 6 – Intention to change jobs



About the survey

- The Australian Primary Health Care Nurses Association (APNA) undertook a sample survey (COVID-19 Pulse Check #3) of over 500 primary health care nurses between Wednesday 14 August and 30th August 2021.
- The survey sought feedback from nurses on the impact of the pandemic on their work, and their views in relation to the COVID-19 vaccine rollout.
- Primary health care nurses are the largest workforce in primary health care with more than 89,000 nurses working in many clinical settings including general practice, correctional care, community health, aged care and schools.

Additional data

For additional data, contact:

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