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Australian Primary Health Care Nurses Association (APNA)  
COVID-19 PulseCheck Survey (No.4)  
National Data 13 - 20 August 2020

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## Introduction

APNA has been surveying primary health care nurses periodically since March about the impact of COVID-19. This is a summary of the fourth APNA PulseCheck survey, conducted from 13-20 August 2020. Responses to the latest survey were received from 671 nurses. The demographic profile of respondents is similar to previous surveys. Overall, while trending lower, the percentage of nurses reporting reduced hours due to COVID-19 remains a concern – particularly in Victoria and NSW. Another area of concern was PPE, with nearly 28% of nurses reporting not having access to adequate supplies.

## Employment status

*Table 1: Current employment status*

<b>Employment status</b>	<b>13 August – 20 August 2020</b>	<b>Total Respondents 671</b>
	<b>Respondents who indicated YES</b>	<b>Percentage</b>
I had my employment terminated as a direct result of COVID-19	8	1.2%
My employer reduced my hours of paid work as a direct result of COVID-19	102	15.2%
My employer increased my hours of paid work as a direct result of COVID-19	77	11.5%

*Table 2: Current employment status – VIC, NSW compared to other states/territories*

Please confirm your current employment status	VIC	NSW	Other states
Paid hours reduced compared to pre-COVID-19	18%	18%	10%
Paid hours increased compared to pre-COVID-19	13%	10%	11%
Paid hours remain the same as pre-COVID-19	59%	61%	62%
<b>Total respondents</b>	<b>229</b>	<b>217</b>	<b>225</b>

Nationally, 15% of nurses reported their hours had been reduced by their employer as a direct result of COVID-19. The figures for Victoria and NSW were higher than other states. This may be reflective of reduced patient traffic in some general practices due to infection fears from the second wave of coronavirus in Victoria and NSW. Overall, the number of nurses impacted is trending downwards. When APNA conducted its first PulseCheck survey in March, 29% of nurses reported reduced hours.

Table 3: Potential change in employment status

Has your employer discussed a potential (or further) loss of paid hours or potential job termination with you?	13 August – 20 August 2020	
		Percent
Yes	129	19.5%
No	534	80.5%
<b>Total respondents</b>	<b>663</b>	

A significant proportion (19.5%) of respondents indicated that their employer had discussed a potential or further loss of paid hours or job termination. This highlights the uncertainty in employment faced by many primary health care nurses throughout the pandemic. It may be reflective of casual and/or part-time working arrangements in primary health care where according to the 2019 APNA Workforce Survey, 17% of primary health care nurses were casuals while 50% were employed part-time. Another contributing factor is the funding model for general practice which is based on patient throughput.

#### Access to PPE

Table 4: Adequacy of PPE supplies

Do you have access to adequate supplies of PPE?	13 August – 20 August 2020	
		Percent
Yes	438	72.2%
No	169	27.8%
<b>Total respondents</b>	<b>607</b>	

Table 5: Protection from supplied PPE

Do you feel protected with the PPE you have been provided?	13 August – 20 August 2020	
		Percent
Yes	476	78.4%
No	131	21.6%
<b>Total respondents</b>	<b>607</b>	

Table 6: Safe wearing of PPE

Do you feel confident, competent and educated with regard to SAFELY putting on and taking off your PPE?	13 August – 20 August 2020	
		Percent
Yes	551	90.6%
No	57	9.4%
<b>Total respondents</b>	<b>608</b>	

Concerns about inadequate supplies of PPE were voiced by 28% of primary health care nurses. Sample comments below indicate ongoing issues with quantity and type of PPE supply to general practice. This may pose issues with patients worried about presenting at practices for routine health care. Reassuringly, 90% of nurses felt confident about how to safely wear PPE. This reflects the level of infection control skills in trained nurses.

#### Nurse comments about access to PPE:

- Currently adequate
  - *Unless testing increases our supply will be ok, if it does I fear we will run out*
- Cost of PPE an issue
  - *We are finding it very difficult to access PPE equipment and are finding that prices has increased significantly. Local PHN have been supportive in supplying small quantities of masks. SA Health also allowing us to purchase some supplies through them. Access to higher quality supplies is difficult.*
  - *In this current climate disappointing that your local PHN states they can not supply PPE as we are not a testing practice. Private billing clinics are already financially disadvantaged and large practices like ours the cost of supplying PPE is huge. Vic govt constantly state they have warehouses full of PPE. My question is how about you supply it to us then.*
- No gowns/stock
  - *But difficult to maintain our best supplies have been donated to us by our community govt supplies are very unreliable*
  - *very difficult to source any PPE through our regular suppliers. Issues with obtaining masks, gowns, shoe covers, aprons since pandemic began*
  - *Cannot get N95, safety glasses. What I heard is government hold all N95 for public and private hospitals but not primary healthcare. All we have is KN95 and surgical masks.*
  - *At times we were down to only one box left waiting on supplies. Therefore I used same face mask twice due to not knowing when supplies would arrive. In case we had a surge in people presenting with symptoms.*

## COVID testing

Table 7: Access to patient COVID test results

Have you been able to access COVID results in a timely manner?	13 August – 20 August 2020	
		Percent
Yes	165	77.8%
No	47	22.2%
<b>Total respondents</b>	<b>212</b>	

Delays in obtaining COVID-19 test results for patients remained a concern for 22% of nurses. Comments below indicate a level of frustration from some survey respondents.

Nurse comments about COVID testing results:

- *Taking 7-10 days at times but very varied*
- *Not all labs send results quickly. Some patients have waited several days. Some calls have been on hold or had to call back several times.*
- *Frequently chasing up results after 5-10 days. Phone numbers often busy and not answered. Often calling all path providers to find a result when patient not sure which one did the test.*

**Utilisation of nursing skill set**

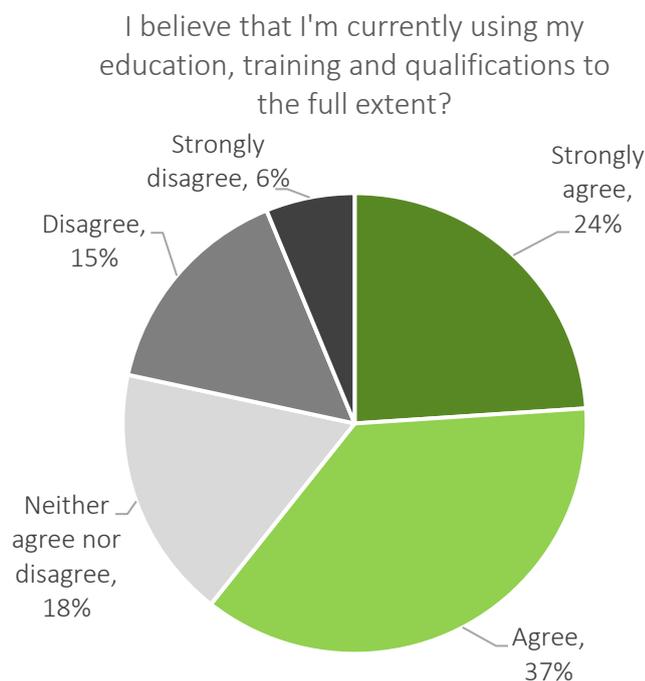


Figure 1: Nurse views on skills utilisation

While the majority of respondents indicated that they were using their education, training and qualifications to the full extent, 21% do not agree that they are being well utilised during this pandemic.

Table 8: Current use of nursing skill set in practice (all respondents except those working in aged care)

	Telehealth	Face to face
Follow up of COVID test results from your workplace	144	94
Follow up of COVID test results from other clinics or mobile testing facilities	109	68
Triage for acute presentation, follow up and referral	289	338
Infection control	295	436
Population health activities	193	279
Coordinating immunisations i.e. flu clinics	266	384
Chronic disease management activities	370	390
Involvement with CVC program	93	94
Wound care management	251	454
Involvement or leading QI PIP activities	125	168
Team based support for training, workplace procedures	165	227
Policy and procedure development and monitoring	164	209
Cleansing data and uploading My Health Records	122	167
Supplies management (PPE, wound dressings, vaccines etc)	269	354
Involvement in the set-up or delivery of a COVID testing clinic	53	128
Other - Write In (Required)	70	71

Most commonly reported tasks were wound care management and infection control undertaken face to face. Chronic disease management activities were most commonly undertaken via telehealth.

Table 9: Current use of nursing skill set in practice for respondents working in aged care

<b>Aged Care</b>	
Follow up of COVID test results performed at your workplace	11
Infection control	18
Screening and assessments	15
Coordinating immunisations on site eg. influenza vaccinations	11
Chronic disease management activities	12
Involvement with residents who have been enrolled by their GP in the Coordinated Veterans Care (CVC) program	1
Wound care management	14
Team based support for training, workplace procedures eg. infection control	15
Policy and procedure development and monitoring	12
Cleansing data and uploading My Health Records	1
Supplies management (PPE, wound dressings, consumables etc)	13
Other - Write In (Required)	2

Not surprisingly, infection control was the most commonly reported activity by aged care nurses. This included a focus for some nurses on team-based support and training – an area where nurse expertise can add particular value.

#### General nurse comments

The following comments provide insight into the frustrations experienced by primary health care nurses during this pandemic:

- *Short term we are managing though long term in order to do a proper assessment we need better technology i.e. camera for telehealth*
- *My main concern has been mixed messages given by the country and then the states. Especially in regards to masks and isolation of individuals.*
- *Educating non clinical staff and providing support is a daily occurrence. Stress levels escalating as Covid 19 pandemic continues.*
- *Some older people are tending to stay very much at home. "We are in the age group 80+ ,if we get the virus we will die." Some people with a disability have had many social activities put on hold.*
- *I feel only hospital staff are getting recognised for what they are doing. In a small community like mine, the GP usually the first port of call before the hospital, yet we just get forgotten about.*