



Friday 8 May 2020

Australian Primary Health Care Nurses Association  
(APNA) COVID-19 'Pulse Check' Survey  
National Data 30 March to 19 April 2020

**Contact:**

Shanthi Gardiner

Policy Manager

Email: [shanthi.gardiner@apna.asn.au](mailto:shanthi.gardiner@apna.asn.au) | Mobile: 0400 732 347

## National data

Total Responses

1237

### Current employment status

| Employment status  | 30 March to 19 April 2020 |                 |            |
|--|---------------------------|-----------------|------------|
|  | Respondents               | Total responses | Percentage |
| I had my employment terminated as a direct result of COVID-19              | 73                        | 1147            | 6%         |
| My employer reduced my hours of paid work as a direct result of COVID-19   | 281                       | 972             | 29%        |
| My employer increased my hours of paid work as a direct result of COVID-19 | 122                       | 694             | 18%        |
| My hours remain same as pre-COVID-19                                       | 24                        | 49              | 49%        |
| Gained new employment as a nurse in primary health care                    | 1                         | 49              | 2%         |

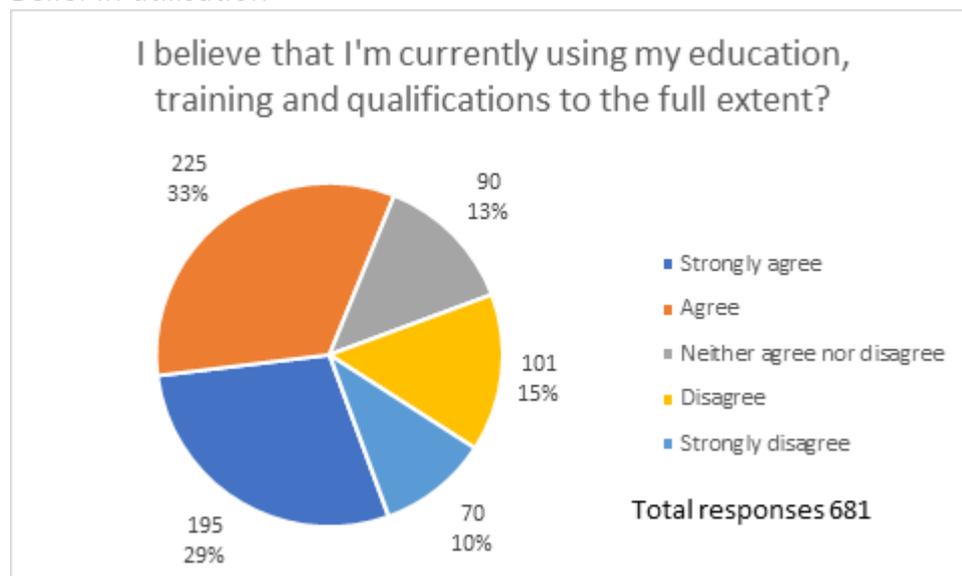
### Job terminated – where next?

| As your role has been terminated, which of the following statements currently apply to you? | 30 March to 19 April 2020 |            |
|---|---------------------------|------------|
|   | Respondents               | Percentage |
| Currently seeking alternative employment as a nurse within primary health care              | 23                        | 39%        |
| Currently seeking alternative employment as a nurse outside of primary health care          | 13                        | 22%        |
| Currently seeking alternative employment outside of nursing                                 | 2                         | 3%         |
| Not currently seeking employment  | 21                        | 36%        |
| <b>Total respondents</b>  | 59                        |            |

### Potential for further changes in employment status

| Future changes discussed   | 30 March to 19 April 2020 |            |
|--|---------------------------|------------|
|  | Respondents               | Percentage |
| My employer discussed with me a potential (or further) loss of paid hours or potential job termination | 191                       | 30%        |
| <b>Total respondents</b>   | 646                       |            |

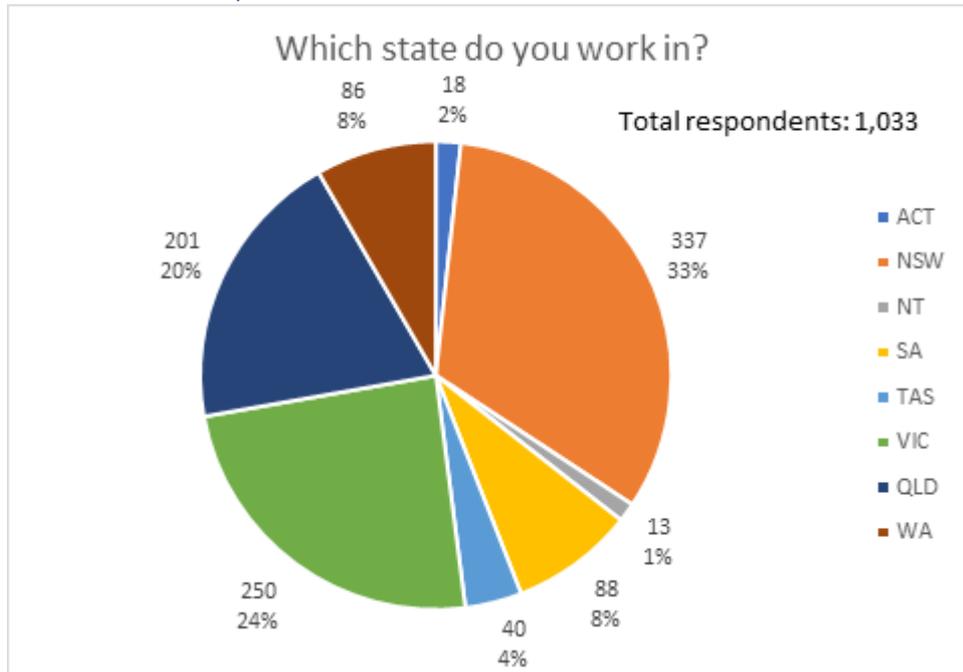
Belief in utilisation



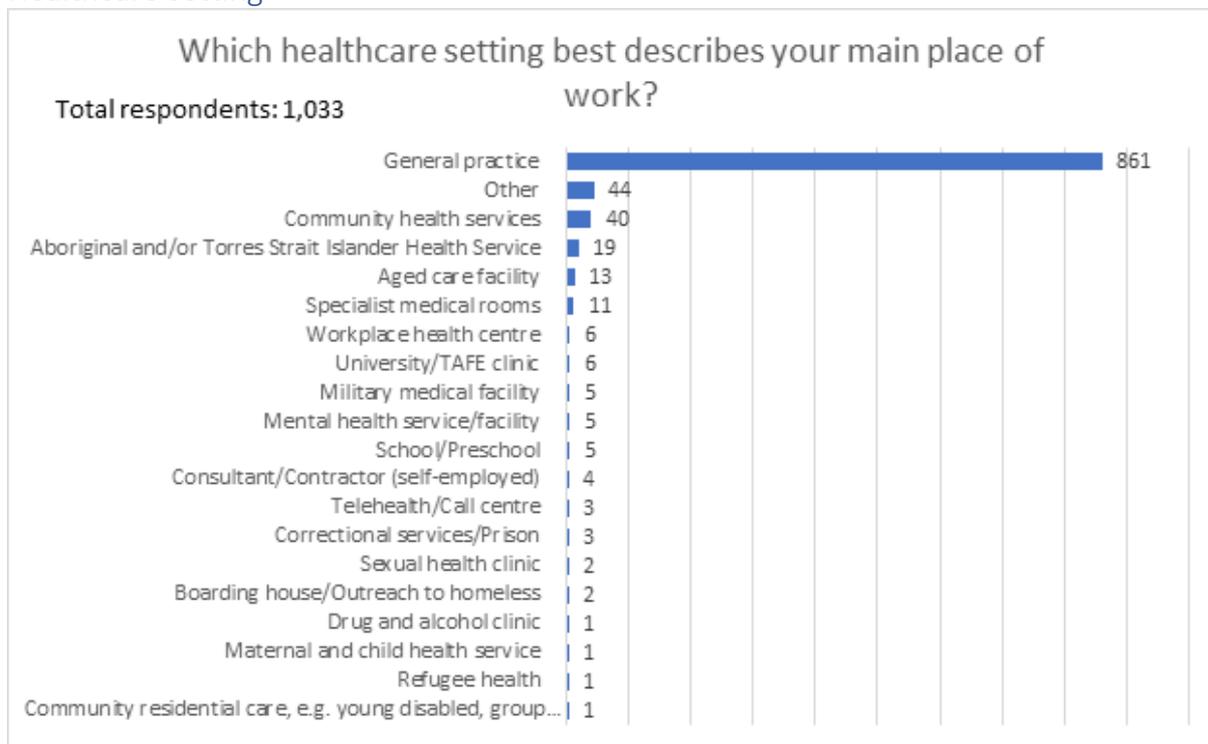
Utilisation of nurses during COVID-19

| How is your nursing skill set currently being utilised?   | Telehealth | Face to face |
|---|------------|--------------|
| Triage for acute presentation, follow up and referral   | 357        | 413          |
| Infection control   | 340        | 490          |
| Population health activities (risk identification, screening and health assessments, home visits)     | 220        | 261          |
| Coordinating immunisations i.e. flu clinics   | 408        | 521          |
| Chronic disease management activities (care planning, education, monitoring, follow up and referrals) | 367        | 348          |
| Involvement with CVC program  | 81         | 76           |
| Wound care management   | 289        | 499          |
| Involvement or leading QI PIP activities  | 123        | 151          |
| Team based support for training, workplace procedures (infection control, patient triage training)    | 175        | 238          |
| Policy and procedure development and monitoring   | 179        | 217          |
| Cleansing Responses and uploading My Health Records   | 132        | 169          |
| Supplies management (PPE, wound dressings, vaccines etc)  | 316        | 383          |
| Other - Write In (Required)   | 116        | 89           |

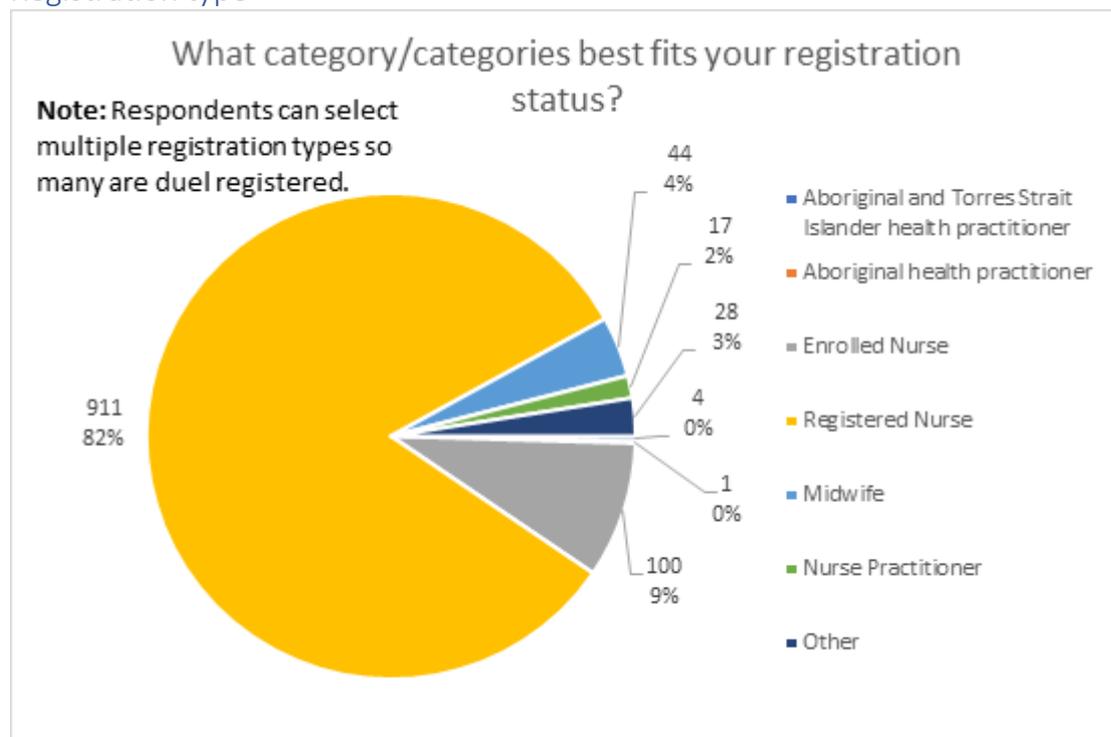
State or Territory



Healthcare setting



## Registration type



## Nurse comments

- *I am a very experienced nurse. I have worked in acute care in multiple tertiary hospitals. I've worked in senior management roles, ICU, I have been a pain management clinical nurse consultant, I have extensive nurse education experience. I've been in general practice now for 7 years. I feel I could be used at a larger state-wide level with regards to health delivery by community nurses.*
- *It is extremely stressful for every nurse trying to deal with changes in workflows, insufficient human and PPE resources to keep the clinics safe, trying to deal with flu clinics, telehealth CDM, the constant fear of being infected, and trying to keep our patients safe.*
- *Helping with all activities remotely. Triageing patients via phone consult whether than need face to face assessment by GP or care can be completed over the phone. Wellbeing checks on at risk patients - ensuring they have access to food, medicines, making note of who their support systems are and putting those with no supports onto nurse led wellbeing phone clinics. Remotely organising comprehensive medical assessments for ages care patients, telephone follow up service for patients to assess effectiveness of implemented treatment.*
- *I have done the immunisation course, but I may not run my own flu clinics as I 'dont bring in any funding.' The doctors at this clinic do their own flu immunisations.*
- *We are seeing minimal patients other than for flu vaccines - perhaps 4-5 patients for anything other than a fluvax on a day! I worry what will happen once we stop doing fluvaxes.*