



## COVID-19: PROVISIONS FOR CASUAL NURSES

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**Question:** What is the best available evidence regarding provisions for the casual nursing workforce in the context of COVID-19?

**\*ALERT\* Evidence regarding COVID-19 is continually evolving. This Evidence Brief will be updated regularly to reflect new emerging evidence but may not always include the very latest evidence in real-time.**

### Key messages:

- Casualisation of the nursing workforce has eroded many healthcare systems' capacity to respond quickly and effectively to pandemics.
- A well-supported casual nursing workforce is integral to effective pandemic responses.
- Nurses are at increased risk of infection during pandemics.
- Casual nurses are at greater risk than other nurses of a range of negative outcomes including burnout, leaving work, feelings of isolation.
- Health systems and providers should ensure casual nurses are equally supported and protected to other staff during pandemics. This should include offering ongoing, permanent, or fixed-term work during the pandemic, paid sick leave and allowance for self-quarantine if necessary, regular breaks, mealtimes and breaks between shifts, paid overtime, education and professional development opportunities,
- Health systems and providers must communicate effective, timely, and appropriate information and resources to all nurses.
- Health systems and providers must ensure effective, timely, and appropriate infection control policies and processes.
- Health systems and providers should ensure priority access for all health staff to medical supplies and personal protective equipment.
- Effective induction, orientation, and handover is essential to ensuring that casual nurses are able to safely and effectively work with each other and existing teams.
- Providers must ensure that an employees' terms and conditions of employment provided in relevant industrial instruments must continue to operate and apply, any departure or redeployment of an employee must be subject to consultation with employees and their industrial representatives and that accurate records of work and ensure hours of work are recorded in accordance with applicable industrial instruments.

## Summary

Nurses are integral to the effective operation of healthcare systems globally. Nurses who work casually, including agency, temporary, and part-time workers make up a sizable proportion of many nations' nursing workforce. These staff are particularly important when the permanent and full-time nursing workforce is unable to meet demand. During infectious disease outbreaks such as a pandemic, nurses are at the frontline of response efforts and shortages are common due to surges in the numbers of new patients entering the healthcare system on top of those with regular conditions. Ensuring that casual nurses are effectively and appropriately supported and empowered to contribute to pandemic response efforts will be essential to successful responses to the ongoing COVID-19 pandemic facing many health systems globally.

## Background

### ***COVID-19 pandemic***

COVID-19 (from 'severe acute respiratory syndrome coronavirus 2' (or 'SARS-CoV-2') is a newly discovered (novel) corona virus first identified in Wuhan, Hubei province, China in 2019 as the cause of a cluster of pneumonia cases.<sup>1</sup> Coronaviruses are similar to a number of human and animal pathogens including some of those which cause the common cold as well as more serious illnesses including severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). Since discovery, COVID-19 has spread to many countries and was declared a pandemic on 30 January 2020.<sup>1</sup>

Health systems globally are facing many challenges in responding to increasing numbers of COVID-19 cases with many countries and regions declaring a 'State of Emergency' regarding the outbreak. Nurses, as the most numerous members of the health workforce, are at the front line of identifying, managing, and treating patients with confirmed or suspected COVID-19 infection as well as dealing with ongoing and everyday healthcare activities. Responses to COVID-19 are varied and evolving across nations and regions and have resulted in widespread and often significant changes to health systems and everyday life more broadly.

### ***Nursing workforce casualisation***

Several systematic solutions to issues regarding healthcare human resources' capacity to effectively respond to threats such as a pandemic include; effective systems for identification, coordination, and deployment of emergency healthcare human resources, systems of cross-training and re-assignment of staff, networked systems of expert field support to ensure all members of the health workforce have access to the expertise they need when they need it, including more effective alignment of expertise, training, and support.<sup>2</sup>

Prior to the COVID-19 pandemic many countries have increasingly adopted casual working arrangements for nurses and other members of the healthcare workforce, with some countries including Australia, the United States, and Canada where a large proportion of nurses work on a casual basis.<sup>3</sup> Casualisation of the nursing workforce has been linked to global and national nursing shortages, professional development issues, health service planning, safety and quality, and the wellbeing of nurses themselves.<sup>4</sup> In relation to the similar severe acute respiratory syndrome (SARS) pandemic, casualisation of the nursing workforce has also been linked with reduced surge capacity, lower cost-efficiency, and reduced safety and health of both nurses and patients.<sup>5,6</sup> Highly casualised nursing workforces also appears to lead to shortages and issues with continuity of care and teamwork, despite often being necessary to large-scale disease responses for many health systems and providers.<sup>5</sup>

As with previous pandemics, with the outbreak of COVID-19 and the associated pressure on health and the community, governments, health systems, and providers may modify their policies and processes regarding the employment of casual workers to cope with surges in the number of patients presenting or in the community with suspected or confirmed COVID-19 infection.<sup>7</sup> The SARS pandemic and response offers relevant evidence and insight into management of current approaches regarding the casual nursing workforce in relation to COVID-19.<sup>6,8,9</sup>

Since the outbreak of COVID-19 and the ensuing pandemic, demand for healthcare workers has increased and will continue to do so. Systematic reviews have noted however, that while willingness to work may still be moderate to high, willingness to work of healthcare staff during pandemics can however suffer,<sup>10</sup> and appears to decrease as events unfold.<sup>11</sup> Healthcare workers are at particular risk of infection during pandemics and the healthcare system and providers should seek to implement effective strategies to prevent and minimise infection, especially during early stages of a pandemic.<sup>12</sup> Nurses who perform casual work, either as a supplement to permanent work, or through employer-based banks or agencies, supply vital workforce capacity to healthcare systems during pandemics.<sup>13</sup> From past pandemics (eg. H1N1), nurses are more likely to be redeployed to fill demand than other healthcare workers.<sup>14</sup> Given the greater utilisation of casual employees during these early stages of the COVID-19 pandemic and for the foreseeable future, casual employees should be offered ongoing, permanent, or fixed-term work and must be equally protected

## Summary of Evidence

### *Physical health and wellbeing*

- Previous pandemic experience shows that nurses are one of the most at-risk groups for infection which is detrimental to the health and wellbeing of individual nurses, raises challenges for healthcare worker transmission, and increases absenteeism due to sickness. Priority access to medical resources and personal protective equipment should be ensured for at-risk workers.<sup>15</sup>
- Health systems and providers must ensure appropriate and effective infection control safeguards and incentives (ie. personal protective equipment; education and training; and personal support) to encourage compliance to protect all workers and their families.<sup>16</sup>
- Risk response plans should include ensured, paid sick leave including for casual staff due to worker-worker and worker-patient infection risks.<sup>17</sup>
- Provision of medical and personal protective equipment must be accompanied by clear, consistent, and evidence-based information regarding compliance and correct use.

### *Willingness to work*

- Casual nurses are at greater risk of leaving the sector and experiencing scheduling issues due to working across different employers.<sup>6</sup> Healthcare workers who are women, part-time (including casual), or have children or childcare obligation may be less willing to work during a pandemic event than others.<sup>10</sup> Employees are entitled to refuse alternative working arrangements without discrimination (for example to care for children, elderly relatives etc).
- Offering on-site treatment and care where available for healthcare workers' families,<sup>11</sup> improving workers' safety in the workplace (ie. via provision of appropriate and effective personal protective equipment), training in pandemic preparedness, increasing confidence in personal skills and communication, highlighting the importance of workers' roles, and providing timely information may increase commitment and willingness to work during pandemic events.<sup>10</sup>

### *Psychological health and wellbeing*

- Casual nurses can be at higher risk of fatigue, lower risk awareness, burnout, and marginalisation by full-time colleagues.<sup>6</sup> Provision of meal and rest breaks and reasonable breaks between shifts can alleviate stress and enhance coping.
- Reducing pandemic-related stress among workers may best be accomplished through interventions designed to enhance resilience, stress appraisal, and coping of psychologically healthy people. Organisations can focus upon ensuring effective training, support, the development of material and relational reserves, leadership, and a culture of organisational justice.<sup>8,18</sup>
- Casual nurses can feel isolated in clinical practice. Communication and teamwork between staff must be fostered to enhance patient safety and quality of care.<sup>19</sup>
- Psychological impact of infectious disease outbreaks can be minimised through establishment of a supportive workplace environment (ie. specialised training and education, supportive and approachable management, regular communication and information including use of web-based tools, preparation for negative experiences, suitable occupational health policies) particularly for those with the greatest patient contact.<sup>15,20,21</sup>

### *Workforce planning and support*

- Pre-existing nursing shortages limit providers' ability to handle surges. Consistent and adequate staffing based on empirical evidence regarding safety and quality of care underpins both facility-based surge capacity and reduces the need to rely on outside resources.<sup>2</sup>
- Reducing and preventing nurse burnout and intention to leave and supporting improved job satisfaction contributes to low nurse turnover and better retention.<sup>2</sup>
- Providers should focus on enhancing the nursing practice environment through; fostering productive relationships between nurses, doctors, allied health and ancillary staff; enabling meaningful nursing involvement in hospital affairs and decision-making; striving to continually improve the quality of patient care and responding to the concerns of nurses involved in that care; and investment in nursing professional development.<sup>2</sup>
- Nurses may work across different organisations in varying capacities (ie. a primary permanent part-time position and a separate casual/temporary part-time position). Reliance on an available pool of temporary workers to fill staff shortages during demand surges may overestimate supply and may presume workers are not required in their other place of employment.<sup>2</sup>
- Social distancing and travel restrictions are known to impact upon nurses' movement and health systems' ability to respond effectively to shortages during a surge.<sup>2</sup>
- Maintaining an adequate number of appropriately skilled staff is vital during a pandemic and higher acuity patients should be matched with more experienced and skilled staff. Less experienced staff and agency/casual nurses who are less familiar with the environment should receive effective supervision.<sup>13</sup>
- Employers should provide paid sick leave for all employees including casual and agency staff. This leave should be reimbursed by government.<sup>15</sup>
- Overtime becomes increasingly necessary during pandemic surges and reduced staff numbers; employers should offer paid overtime for all staff including casual staff.<sup>6</sup>

- Ensure contingencies are in place to pay casual employees average earnings when required to self-isolate as a result of casual placement (this could include, agency payment, employer paying extra, Government wage subsidy, or fast track access to welfare payments).
- Employers should conduct appropriate risk assessments before deploying or redeploying casual employees.

### ***Legal issues***

- Issues regarding jurisdictional registration/licensure restrictions, workers compensation limitations, and civil liability are known to impact upon nurses' and health systems' ability to respond effectively to shortages during a surge.<sup>2</sup>
- Providers should ensure that a safe workplace that meets acceptable Department of Health and other regulatory standards including occupational health and safety requirements is maintained and that casual staff are suitably informed and aware of their responsibilities and rights in regard to their own, colleagues, and patients health and safety including laws and regulations regarding self-isolation if necessary.

### ***Induction, orientation, and handover***

- Working outside individual areas of past experience and expertise can be challenging for casual nurses and potentially mean that a nurse is asked to work outside their scope of practice.<sup>19</sup> Structured, high-quality induction, orientation and handover policy and practices both by casual nurse agencies and at the organisation are necessary to support effective support and utilisation of casual nurses.<sup>19</sup>

### ***Education***

- Casual nurses may experience deficiencies and access to education and professional development opportunities within organisations.<sup>19</sup> Clinical guidelines and other resources should be provided to all staff including casual staff to deliver an equivalent level of care.<sup>6</sup>

### ***Industrial and employers***

- Employers must keep accurate records of work and ensure hours of work are recorded in accordance with applicable industrial instruments.
- An employees' terms and conditions of employment provided in relevant industrial instruments must continue to operate and apply.
- Any departure or redeployment of an employee must be subject to consultation with employees and their industrial representatives.

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