



SPNF COUNTRY REPORT 2020



UNIQUE FIJI – YESTERDAY & TODAY



The Fiji Nursing Association – (FNA) - HISTORY

- Established 27th October, 1956 – mooted by 6 nurses and after a membership drive, 25 members were recruited.
- 1st Annual Conference in Suva – 5th January, 1957 – 97 members (60 of these members attended the conference)
- 23rd of March, 1977 – the Government of Fiji officially gave the FNA recognition for collective bargaining purposes under the provisions of the Trade Unions (Recognition) Act, 1976. With this recognition the Fiji Nurses Association was recognised, as the only trade union in Fiji that can legally bargain for nurses.
- One of the core objectives of the FNA then was to establish improved working conditions for nurses.
- In 1977, 87% of nurses were members of the FNA and almost always would come out victorious with their collective bargaining campaigns.

The Fiji Nursing Association – (FNA) – TODAY.

- VISION – “Nurses working together to advance nursing, health and welfare.
- MISSION – The FNA is the national voice of nursing personnel, advancing the practice of nursing and the profession to improve health outcomes, and advocating for better welfare for nursing by:
 - ✚ Unifying the voices of nurses;
 - ✚ Strengthening nursing development;
 - ✚ Promoting nursing excellence and a vibrant profession;
 - ✚ Promoting quality health practices;
 - ✚ Serving the public interest;
 - ✚ Advocating for better working conditions;
 - ✚ Promoting socio – economic activities for members; and
 - ✚ Business arm of the association.
- FNA membership to date stands at 1245 of the 3081 nurses employed by the government of Fiji or 40.5 %.

UPDATES SINCE THE LAST SPNF.

1. ***A brief overview of the changes, challenges and opportunities within nursing and midwifery since the last SPNF report:***
 - i. **Open Merit Recruitment and Selection (OMRS)**
 - ii. The government continues to retain midwives and experienced retired nurses for services in the Pacific regional islands with human resources shortages.
 - iii. Nurses now have a wider range of work opportunities in new specialist hospitals and health services such as:
 1. Seventh day Adventist health services providing Primary Health Care'
 2. The Children's Heart Hospital which has just opened offering more positions for nurses
 3. Sai Prema Foundation specialising in Cardiology, and Long Term Conditions;
 4. The Kidney Foundation recruited many nurses;
 5. Fijian Nurses are now being recruited continuously by foreign countries; despite the Covid restrictions, nurses continue to travel out of Fiji to new destinations.
 6. The private hospitals and services create many new opportunities for nurses apart from the government
 7. Nurses and Nurse Practitioners are recruited into health projects like the Rheumatic Fever project and outreach services, The Pacific Eye Institute; the Aged services, HITH services,
 8. Midwives who have retired are recruited to staff the Birthing centres and other women's health services and also are recruited by UNICEF/UNDP to provide Midwifery services for regional PICs that need them.
 - iv. We thank the NZ Midwifery Society for facilitating the organization and membership of Pacific Midwifery society of the International Midwifery Council. This was a direct action point from the 2018 SPNF and we must thank the NZ Midwives for facilitating this recognition.
 - v. MOU with Chinese Nursing Association: signed in November 2019 as a Belt and Road Initiative for professional, economic and sociocultural assistance and we hope to continue with this MOU in the next 5 ears.
2. ***What are the significant issues that impact on nurses and midwives in your country today?***
 1. MyAPA issues and OMRS impact on the morale of senior experienced nurses who lose out to younger nurses who take up positions of leadership from them.
 2. Qualification of Entry to Practice (Undergraduate) as a Midwife is still at Diploma level. This qualification does not meet the ICM requirement and makes it difficult to meet ICM competencies. In Fiji, this Diploma level course creates more difficulties for midwives' accessing post graduate education locally and abroad.

3. The restructuring of nursing services and the new communication lines and the responsibility framework implemented within the government left nursing powerless by isolating the CNMO at the MOH HQ with no clear lines of supervision or responsibility to the Director of Nursing at Divisional level. FNA believes that this will render nurses powerless and at the mercy of doctors.
4. The absence of bargaining powers of unions in Fiji is commonly felt throughout the public service but as for nursing, we were happy that the government decided to uphold our claims for better pay and remunerations when it was submitted.
5. The challenges of ill-equipped health services continue to plague the nurses work and competencies as the lack of resources can easily lead to compromising the quality of care.
6. The lack of consistency in the PTD remuneration by employers for nurses and midwives continue to challenge nurses and their need to gain their points for re-licencing annually.
7. The continuing unrelenting rates of NCDs and increasing rates of chronic, debilitating effects of these diseases and comorbidities will continue unless we remodel our PHC nursing service that responds to this this type of diseases and their trends.
Integration of the Chronic Care Model into the BN curriculum to prepare nurses to use the tool and software after graduation. This has been piloted for 2 years, and it has now been taught within the NCD course.

3. *What recruitment and retention strategies do you have for nurses and midwives in your country?*

The FNA successfully negotiated a salary review and realignment for nurses which saw a 70% pay rise and alignment of specialist nurses to a fairer scale. Nurses and midwives continue to retire from active government service at 55 years of age and the government continues to recruit new members from the two main nursing institutions annually. The government does not try to retain nurses from retiring or make an effort to look after them whilst in service.

4. *What initiatives do you have in your countries to uphold the professional, social and economic position of nurses and midwives;*

Initiatives such as re-licensing, competencies for RNs and Midwives are currently being reviewed and bench marked Annual Scientific conferences and workshops that every nurse attends to gain points every year.

Bridging and upgrading of qualifications:

- i. FNU and TISI Sangam School of Nursing continue to offer the BN Lateral/Bridging programme for Diploma graduates to upgrade qualifications for Fijian nurses and FNU offers the same all over the PI region including NZ.

- ii. FNU as a National institution for Fiji, continues to develop courses which are of relevance to Fiji (and hopefully for the rest of the PI countries). However, it must be noted that FNU and UoF are Fijian institutions with no regional mandate and so Island countries can do better if the PG programmes are offered at the Regional University.

5. COVID-19 update:

Month	1 st wave		2 nd Wave [border quarantine infections]		
	#. New Cases	Recovered	#. New Cases	Recovered	Deaths
March	5				
April	13				
	18	18			
July			9		
August			1		2
September			4		
October			2		
			16	13	
Medical institutions Involved in care of active cases					
	1 st wave		2 nd Wave		
Institution	Division	# of nurses involved	Institution	Division	# of nurses involved
Lautoka Hospital	Western	27 - 30	Lautoka Hospital	Western	36
Nadi	Western	24 - 28	Nadi	Western	34
Labasa	Northern	27 - 30			
Navua	Central	27 - 35			
CHALLENGES					
<ol style="list-style-type: none"> 1. Fear of the “unknown “ – the nurses involved had to be ready to provide the duty of care. 2. Lack of PPE & basic consumables 3. Facing up to the challenges of the COVID 19 “NEW NORMAL” 4. Strenuous hours of work 5. Being away from the family & loved ones in the 28 day period. 6. The frustrations of having provided the duty of care with the challenges faced and not being remunerated accordingly as promised. 					
CONTRIBUTION OF FNA					
<ol style="list-style-type: none"> 1. \$10k – donated to the Prime Minister’s COVID 19 Fund – towards the purchasing of PPE – to ensure that nurses are never short of PPEs. 2. \$30k – towards the purchase and distribution of PPEs and other consumables that was in short supply. 3. During the first wave of infections, through the “Belt & Road 					

- initiatives , MOU signed by the FNA and the China Nurses Association “
– FNA requested for PPEs & other much needed consumables that was sent through to Fiji with the Ministry of Foreign Affairs Fiji facilitating all the logistics with the Chinese Embassy. The arrival of this donation was much appreciated by all concerned especially the nurses as it was at a moment when the shortage was obvious and of growing concern.
4. The provision of IEC materials for nurses and the communities on COVID 19 was also appreciated by all concerned.

CONCLUSION

This year 2020 all nurses throughout the world were geared towards the Celebration of the International Year of the Nurse and Midwife, 2020. We as nurses all know that at the year when we were all preparing for this, COVID 19 struck our shores with such a force that each country has a story to tell in years to come. During these months, the eyes of the world were focused on nurses as the forefront health care workers in any diseases outbreak.

Yes we all celebrated the 2020 IYNM in a very unique way and it was through the different ways we contributed as nurses towards our countries' strategies in dealing with COVID 19. This was not as we had anticipated but as caring nurses we carried out our duty of care and many of our nursing colleagues lost their lives in the call to duty whilst others silently faced very trying and difficult circumstances and situations at work, at home and in their communities. Through it all we continue to read of the survival stories of nurses during these difficult times. We survived through solidarity as NNAs and through the Divine Providence of God.

FNA urges all NNAs of the Pacific to unite and strengthen what your NNA has and will continue to contribute to members in times as such through advice, counseling and negotiating for better working conditions and the recognition of nurses as the “unsung heroes” during these last 10 months of dealing with the COVID 19 pandemic.

As stipulated by the **ICN President Annette Kennedy**, “NNAs are vital organisations with a wealth of nursing experience and expertise, and their contribution to the planning of policy and emergency responses in such situations and in the management of health services are vital.

‘Each of the nurses working with these patients is potentially putting their own health at risk, and we know that many nurses are contracting the virus despite their best efforts to keep themselves safe.

Together as the SPNF members we can agree to resolutions in the 2020 meeting that should pave the way forward for Pacific Island nurses in tackling the challenges brought about by COVID 19, especially so the “new normal of COVID 19”

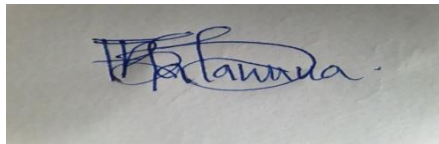
FNA representatives who will attend the meeting tomorrow look forward to a successful day of learning with the discussions and deliberations of this first ever virtual SPNF meeting.

VINAKA VAKALEVU.

Dr. Adi Alisi Vudiniabola

President, Fiji Nursing Association

10/11/20

A photograph of a handwritten signature in blue ink on a light-colored surface. The signature is cursive and appears to read 'Filomena B Talawadua'.

Filomena B Talawadua (Mrs.)

General Secretary

10/11/2020