



Podcast Series: Conversations that Connect

Episode 5

Healers navigate the quest for improved sleep

Dr Moira Junge is a Health Psychologist and CEO of The Sleep Foundation, Victoria. The podcast delves into the challenges faced by many nurses and midwives.

Host: Cheri Huggins | **Guest:** Dr Moira Junge | **Duration:** 51:29

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Episode 5 Transcript

Cheri Huggins

[0:09] Hello, and welcome to the Nursing and Midwifery Health Program podcast, where we dive into issues that impact nurses and midwives in today's workplace. I'm your host today. My name is Cheri Huggins. I'm one of the senior clinicians at the program, and I'm joined today by Moira Junge, Clinical Psychologist, or should I say Clinical Health Psychologist and CEO of the Sleep Health Foundation. Dr. Junge has extensive experience in understanding and addressing the various challenges that impact our wellbeing, particularly in the realm of sleep health.

Welcome Moira, and thank you for joining us today to shine a light on a subject that doesn't seem to get nearly enough attention, and that's how older nurses and midwives are navigating today's workplace. Today we aim to bring the issue out of the shadows and into the conversation, highlight how experienced nurses can thrive, and that age needn't be a barrier to that.

Statistics from the WHO National Health Workforce Data Portal indicate that in Australia, nurses over the age of 45 make up a whopping 45% of the workforce, and midwives an even bigger 57%. Yet it seems that their experiences and unique challenges can often remain untapped.

Moira, welcome.

Dr Moira Junge

[1:34] It's nice to be here. Thank you for having me.

Cheri Huggins

[1:36] Oh, it's great to have you here. Now, the last time we spoke was at the Nursing and Midwifery Health Program Wellness Conference, and that was earlier this year. I know at the end, you were approached by a number of nurses, and some of those were

older nurses. I'm just wondering: what concerns did they share with you?

Dr Moira Junge

[1:55] Yeah, that was interesting. A lot of them were people that I used to work with, too, which was lovely. A bit of a reunion, because I was a nurse in my first career back in '89 through to the late 90s, and then early different bits and pieces while I was still establishing myself as a psychologist. So it was really nice to speak to those nurses--excuse me--and I was just so impressed that they were still doing the shift work and the difficult work that I ran away from. I basically knew in my 20s, that I was going to be too tired if I kept doing those late/early [shifts] or many, many nights in a row.

So that's what they were talking to me about. They were saying they had a lot of problems with their sleep, it was common. They were saying that they tried a lot of things and it was really hard to get help.

Cheri Huggins

[2:46] Yes.

Dr Moira Junge

[2:46] They had big concerns around rotating shifts, around how tired they were, how that impacted on their relationships and their

energy. Even more risk of injuries and things like that. So I just took my hat off to anyone and thought ... I was a little bit embarrassed and I thought, "Gee, here I am with a Even though I've got a difficult job now, but it's easy in terms of my sleep. I don't have to keep rotating around. I don't have to keep trying to vye for getting Christmas day off, or my sister's wedding day off, and all those difficulties. I'm just so in admiration for the people listening to this, the nurses and midwives. I know that there's lots of sleeping difficulties. So I'm happy ... thank you so much to the Nursing and Midwifery Health Program [for having] me on this podcast and this opportunity. Really looking forward to where this can go and we hopefully can give some helpful information and helpful tips.

Cheri Huggins

[3:48] Yeah, absolutely. Moira, you're very well-placed, aren't you, given that you have worked as a nurse, and so you can really speak of the experience. A rare commodity. So thank you very much for sharing your experiences with us and giving us the benefit of your expertise.

I'm interested in your opinion about societal attitudes towards older nurses, older people in general. Are older nurses, older midwives, seen in a negative light, do you think? Are we viewed

as less productive? Because I'm an older nurse myself, and so I have my own experiences and my own opinions. But are we seen as less knowledgeable or are we considered to be a really valuable pool of knowledge to be tapped into?

Dr Moira Junge

[4:46] I mean, I don't know for sure. I'm not an expert in the literature. But what I see and what I hear ... absolutely, there are societal trends or attitudes that don't really value older workers, male or female. I'm ashamed to say that even back in my day when I was this young, whippersnapper, 20-something year old nurse, we were prejudiced against older nurses, especially the ones that might have come in 'on bank'. I'm not sure if it's still called that, the casual [staff]. We were a little bit ... I think we were a bit impatient, we thought they were faffing around a bit with the technology, [or] they hadn't used that particular pump before, and they weren't up with staff.

So there was a bit of low-level discrimination. I don't think I ever was nasty to anyone, but I think in my mind I had internalised prejudices against older workers, for sure. I know that it does exist, and I know that it's difficult for nurses. I should have said this earlier, I was thinking about this. My expertise is health and sleep. Thinking about [inaudible], the research around sleep and

health and how to sleep better [inaudible]. But I also want to point out, too, that sometimes it's more of an industrial relations issue. It's not just a health issue, it's more of a practical issue. It's an industrial relations issue. It's a family and work/life balance issue.

There's a lot of people who want to do lots of nights in a row, or many extended shifts, because of the extra money, or it's childcare, they choose to do lots of nights because it helps with childcare. There's all those sorts of things. I think that stuff is fine when you're younger, and you probably can cope.

What I see is the older nurses probably don't need to do that anymore, like they don't have the childcare responsibilities. Or they might have grandchildren, actually, by the time they're still working. I think that's a really important point to make, that sometimes it is choice to do [the shifts], even though it's an unhealthy choice. It's a choice that [is made] because it's paid more, or I don't know what else to do, [or] the politics of day shifts make me want to do night shift. There's all sorts of practical things sometimes, and it's not just about health.

I think you raise this really important point around societal attitudes. I think that women are 97%, I think, of nurses and midwives, females. Am I accurate?

Cheri Huggins

[7:29] That's right, Moira, so it's 97%. The stats are amazing. 97% of midwives are women, and I think it's 81% of nurses are women. So those are big numbers we're looking at, aren't [they], in terms of how these issues impact on women in particular.

Dr Moira Junge

[7:53] Do you know of any supporting stats or anything like that? My view is that there would be discrimination and all that stuff I was talking about that even I remember. What do you know about that, in your role?

Cheri Huggins

[8:02] So look, the Australian Human Rights Commission, so I picked up some stats from their site. They're actually saying by the year 2050, around a quarter of all Australians will be 65 years and over. So you know, it's an ageing population and therefore the nursing workforce will also be ageing. A lot of people over the age of 55 talked about how they felt that they were discriminated against, and that was their experience. They felt that ageing was a major barrier to finding a job or getting more hours paid work.

Certainly, they felt that they were at a disadvantage to their counterparts.

So people's experiences are quite significant. Also, when we talk about attitudes, I know studies have been done in relation to unique challenges for nurses and midwives, and very much, people have talked about feeling a lack of respect and a lack of educational and promotional opportunities in the workplace. I took that from a study that was undertaken by the University of South Australia's Health and Clinical Science Division, it's one of the biggest studies done in Australia, and in fact, it was based on a multidisciplinary sample. However, they were all health workers. So this is something that's real, and quite a concern, I think.

Dr Moira Junge

[9:46] And you don't feel old. I mean, I can disclose I'm 54, next year 55, and I think gosh, that seems ... you know how it sort of creeps up on you! Recently people have been starting to stand up for me on the tram and things, and I've thought, "Oh, how lovely." But jeeppers! I was thinking, "I don't think I'm in that bracket yet, I must look a bit like I'm 95!" So it's a bit confronting that there's discrimination, but also there's this lovely sort of respect that people are saying, by their standing up, "Oh, I think you're a woman who probably needs a seat more than I do."

I think [as] nurses, we do get more tired than we did in our 20s. We probably are at more risk of ... you know, just the standing all day and the lifting, all the roles. Even with, say, menopausal symptoms--I'm sure I'm jumping ahead, because we'll get to this--but, you know, you forget! You do have, sometimes, some cognitive impairments that aren't necessarily dementia related. But when you're sleep deprived and you're getting older, you do. Yeah, it's a normal part of being tired in your 50s. And if you're working full-time, or doing these sort of responsible jobs, yeah, it's tough, I think, really tough.

Cheri Huggins

[11:16] It's really tough. And it does creep up on you. I am in my mid 50s, as well, and so my experience is the same. The way you see yourself is one thing, but the reality could be another thing.

Dr Moira Junge

[11:31] Other people tell you how they see you. Yeah.

Cheri Huggins

[11:35] And those aches and pains and things are very real. Things that you just took for granted when you were younger, working in nursing. The physical aspect, it's not a challenge for you until you suddenly arrive in your middle years, and suddenly you realise that your back's playing up, your knees are aching,

you can't sit for so long, can't stand for so long. These are real issues, aren't they, that we're facing? And I'm just wondering if these challenges are acknowledged in the workplace by those people who make the rules about when we should work [and] how we should work as older nurses, and are they taken into consideration?

Dr Moira Junge

[12:21] I don't know that they are. I know that we are, at Sleep Health Foundation. I know a lot of people who are doing research in this world, people who are specifically looking at nurses and more broad shift work. They are coming up with some really compelling evidence of the health effects of shift work and that it does get harder as you get older. But I can't say that it is being taken seriously yet. Because even if we take the conversation away from older nurses and midwives, and just [consider] society's attitude to sleep.

Cheri Huggins

[13:00] Yes.

Dr Moira Junge

[13:02] People don't really take it that seriously. Even though everyone intuitively knows, "Oh, yeah, sleep's important, sleep's important," but in the big picture of health, for instance, and all the other things that people are trying to get into workplace

wellbeing ... I know for sure, because I go to Parliament House in my new role. I go and try and advocate, and I get on the radio, and I do things like this. But I think, "Gosh, it's a really crowded space." There's other issues, there's bullying, and there's all the climate change, there's homelessness, there's cost of living, and there's dementia. Sometimes I'm advocating and thinking, "Oh, gee..." Even me. People think, "Oh, sleep, okay. Well I'm talking about really big things, people are going to die by tomorrow." So sleep's a bit of a harder sell because it's a longer, slower burn, the longer-term thing, maybe the effects are felt later. A bit like melanoma, you might [have] a sunburn and then 20, 30, 50 years later [you see] the ill effects. So it's harder to [sell].

The other factor is that we haven't talked about yet, is that there's a big variation in [inaudible] needs. Whether they're a night owl or a morning time [person], because you're quite well suited to shift work, generally, if you're a shorter sleeper, require less sleep, and if you're more of a night owl, you tend to be a bit more flexible. You tend to be someone who really quite likes the late nights and quite likes sleeping in. I think that's what hasn't been taken [into consideration]. Even if employers start thinking about sleep more, what hasn't been taken into consideration is the individual

variation in sleep length, and what we call chronotype: whether you're a night owl or a morning type.

When I was a nurse, like full on nights, it was 30 years ago that I was a full time nurse, I haven't been a full time nurse this century, put it that way! But last century, when I was a full time nurse, I preferred early shifts. I could have done five days straight, easy peasy, starting at seven. Lots of my counterparts, people who preferred the night shift and preferred the PM, what we used to call the PM, the evening shift, it used to be sort of 1-9.30. I'm sure it's about the same, still.

I just couldn't believe [it], and I thought, "Well, what do I know? I'm just a young [inaudible]. I don't know much about rosters. I don't know much about life. But there was a there's a real sense that you've got to do your X amount of earlies. You've got to do X amount of nights. Because that's just fair. But there's no consideration. I think it's still not. There's no way it's considered yet, that some people really do for genuine reasons, for health reasons and for money reasons, prefer to do the night shift and to do the evenings. Why not have more flexibility with that? I think that would be really good. Do you know whether there's much flexibility with self-rostering and unit-based staffing?

Cheri Huggins

[16:14] Look, in my experience, and what I hear other nurses saying to me when they join the program, is that it's becoming more flexible. But realistically, there's only so much they can do. But it's like you said Moira, I really feel that maybe they should be capitalising on the people who prefer the night shifts and not making it a you know, 'you have to do your share of the nights, etc, etc.' Because as you said, I speak to nurses that absolutely struggle with it, and don't function well. And particularly, there's a quick turnover. So if they have to do a week of nights, and then back to days ... Yeah, they're struggling with that.

Dr Moira Junge

[16:53] Yeah, absolutely. So that's something that hasn't been taken into consideration, for sure.

Cheri Huggins

[16:59] Sleep is one of the most important things when it comes to health and wellbeing, isn't it?

Dr Moira Junge

[17:09] I mean, I'm biased and think it's the foundational pillar. We talk about the pillars of health, you know, sleep diet and physical fitness/exercise are the key basics. Getting the core pillars that underpin optimal functioning, both mental health functioning and physical well functioning. Until recently, sleep was just left out of

all that. You've never seen a public health campaign about sleep in the way you have with food and exercise.

Cheri Huggins

[17:38] No, that's right.

Dr Moira Junge

[17:40] Even in a preventative mental health [strategy]. Actually, the preventative health strategy, not even mental health, it's just a general Commonwealth strategy for health and wellbeing from 2020-2030. The first version of that didn't have one word of sleep in it. The women's health strategy that goes for that same period still doesn't have one word of sleep in it, which is so surprising.

Particularly for things like postnatal, perinatal, even every single month, when you have your period, there are difficulties for some people with sleep. And menopause! Menopause, we have maybe if we touch on that now, particularly if such a high percentage of nurses and midwives are female, and we're talking about the older bracket. Menopause, the average age is around 51, they've sort of finished their menopause. But the perimenopausal era goes for 10 years in lots of people. So it can be that early 40s through to late 50s is the perimenopausal time for most people, and that's a hugely prevalent thing for sleep.

Sometimes it's the first time, actually, that a woman has actually reported sleeping difficulties, they might have been really okay with everything, like their kids and the shift work. Then the menopause gets them. [They say,] "Oh, that was it. I just couldn't keep going anymore. We know that about ... well, it ranges up to 65%. Usually, bit less than half is what I see mostly, the percentage of women reporting sleeping difficulties, but anything up to 65% of all women, whether shift workers or not. So you'd think that it's higher in the shift workers for sure.

Most of the sleeping difficulties can be temporary, which is good news, but some become really chronic. That's what I really want to talk to the people listening about. If you do have sleeping difficulties that have come around menopausal time, you've got to try as much as possible to know that it doesn't have to be a permanent fixture forevermore, that [for] the next 30 years you [won't] have good sleep. You've got to learn to roll with the difficulties.

But if they are really debilitating, you think "Oh my god, my symptoms are so bad. I just don't sleep at all, or I have such bad night sweats that I soak the whole bed, I'm up and down for that reason." Then that becomes an issue, you urgently need to not

put up with that. That's something that you need to speak to your GP [about], to say, "I need a referral to a women's health specialist, who's an endocrinologist." Wherever you are in Australia, if you don't have access to that you can have access to telehealth. It doesn't even become a sleep issue, when it's that bad. It's a hormonal issue, there are things that people can do these days to help with that.

The sleeping difficulties, sometimes they become perpetuated. Even when the hormonal stuff settles down and you think, "Oh, I'm well past menopause, I'm 10 years plus [past] menopause, and I'm still having these sleeping difficulties. What's going on with me?" It's because sometimes it's the bad habits, the poor relationship with sleep, the lack of confidence, and the expectations. All those sort of more cognitive and emotional factors, plus the aches and pains and the stress [that] there's lots of stuff going on still, in this stage of life. Because people in their 40s, 50s, 60s, often the women still might have dependent aged parents, and are still caring for children or grandchildren. So that's a really difficult time.

We all know, I mean, even the men listening shouldn't be offended, that women, in general, do take on the lion's share of

the home-based care, you know, the household and the family caring responsibilities. They're trying to also cope with these other things and hormonal changes, shift work. So I really urge people to look up as much sleep information as you can get, like at Sleep Health Foundation, look up [as much] women's health information [as] you can get, like via websites such as Jean Hailes for women's health.

We'll put all these [links] attached to the podcast, what they call the 'show notes'. We'll put lots of links to where you can get good information. But I'm sure we'll ask me about that soon anyway, we'll get to what you can do. But I just wanted to flag menopause as like, wow, a big thing that just doesn't get the recognition or support in society in general yet. Would you agree with that?

Oh, Moira, I absolutely agree. Thank you for sort of flagging that, in that really significant way. Because I speak to a lot of nurses, and I'm sure my colleagues do as well, that are really struggling. Struggling with the things that we all deal with in life, on top of dealing with menopause symptoms, and sometimes they don't even recognize that that might be the problem. Quite often, we will say, "Go and speak to your doctor about it, because these mood swings, you're having issues with sleep, etc., might be a hormonal

thing, treatment can help with that." So to hear you put that message across so clearly, I think that's great. It's also encouraging to hear you say that it's not the same for everyone. Some people will kind of ride this kind of storm out, and they won't need that help. But it's important to recognise when perhaps you've been putting up with it for just a bit too long, isn't it?

Dr Moira Junge

[23:21] Absolutely. And because it's about 50/50, roughly, most statistics say that 50% of women say ... [they don't] 'sail' through but menopause is just 'a thing', they just ride the bumps, and it's okay. They notice a few things, but they're alright. But 50% that don't; that's huge, isn't it?

Cheri Huggins

[23:41] Yeah, that's a lot.

Dr Moira Junge

[23:42] But then you might think, "Oh, my sisters or my colleagues or my mom, they all sailed through and I feel like a bit of a whinger if I'm carrying on about it." But you've got to remember that you're different and you're unique. You can't really compare even people from the same families, let alone friends or colleagues and how they cope with various things, because it's not just your own hormones and your genetics. It's your social circumstances, it's how much social support you're getting. It's

what kind of shifts you're doing, how many per week you're doing, because if you're full-time, there's not enough rest time. You might be full-time because there's a financial imperative to it, even though you know your health is not matching that.

I encourage people, even when it's a financial imperative, to even try as much as possible to think about that. Sometimes it might be dramatic things [to implement] like downsizing the house or a different rental, because I think well look, it's not worth it. Or asking for help, asking for financial assistance. There's lots of financial counsellors that are out there that can help with debt, particularly if it's been a nasty divorce or something horrible. There's a lot of people out there. I don't know anything about finances, but I know that in my psychological life, when I've been a psychologist ... well I still am! But you know, doing this job full time. There's so many things, [where] I think, "Oh, wow, I didn't know that." I didn't know that these really good high-quality, low-cost [services accessing] financial counselling [were available]. I'll do my homework and put a link to those sorts of services in the show notes

Cheri Huggins

[25:21] Brilliant, brilliant, and Moira, again, I talk to a lot of people who feel that they are stuck, a lot of nurses that feel they're stuck,

and they can't reduce their hours, or do something different that doesn't pay as well, because they are so financially committed. I guess this will move us on to looking at what can we do to plan ahead so that we don't find ourselves in these stuck positions in our older years. Maybe looking at how our super is tracking, [or] what will it mean if I start to wind down a bit in my 50s, as opposed to waiting until I get to the retirement age of 67. Just the thought of working as a bedside nurse until you're 67! Wow, I just can't imagine that. So I think it's great that you raise that, in terms of being flexible about how we can move into our older years.

Dr Moira Junge

[26:23] Yeah, absolutely. I think being as proactive as possible with that. Talk to someone about how much super you have and how many years that means, and what kind of retirement you do want, or how long is it [before] your last child doesn't need school fees, all the various things going on with people, because they are the thing. It's relevant to this conversation with the sleep health person, because they're the things that keeps people awake at night.

More than half of people's sleeping difficulties are around the racing mind, and not being able to shut it off. I know that that racing mind often means that the demands of life, various things,

exceed the perceived resources. You sometimes think, "I'm just not going to make ends meet," whether that's financial or emotional, just various tasks. That keeps people awake.

The other things that keep people awake so much are hormone dysregulation and body temperature. Also, sleep disorders, I think that's the big half of people who are having difficulties with sleep, have a sleep disorder, and whether they know it or not. A big one for women in menopausal age, and this is the group that we're talking about today, is sleep apnea.

Cheri Huggins

[27:43] Ah, yes, of course.

Dr Moira Junge

[27:44] Even me, I'm a nurse, and I'm a psychologist, and I've been around the sleep world for ages. I didn't know until recent years myself, that the risk of sleep apnea ... I've always associated it as a male thing because it's four times more likely in males, and it's much more likely in overweight people. So I just never really thought I was much at risk of that. Then I realised that two of my sisters are having difficulty and they're on CPAP machines that cause continuous positive airways pressure, well, people listening to this know what CPAP is! And I thought, "Wow,

this was sort of hidden knowledge." When you get to menopausal age, your risk of sleep apnea is about the same as males.

Cheri Huggins

[28:27] Oh my gosh, I didn't realise that.

Dr Moira Junge

[28:31] Yeah. So if you've put on weight, every woman I know, myself included, most people put on weight in their menopausal age around the tummy and around the chin/neck area. They're the two high risk things for sleep apnea, especially when you're lying down. That puts a bit more pressure on the upper airway, and it's the first time people [have become] snorers. Usually they haven't been snorers, but their partners are saying, "Oh god, you're driving me nuts with your snoring now."

That excessive daytime sleepiness or the excessive sleepiness that people often associate with, 'Oh, isn't this normal because I'm older? Isn't this normal because I'm a shift worker? Isn't this normal because I'm busy?' It's like, no. Excessive daytime sleepiness or that evening sleep, unexpected, unintentional naps and things like that. That's not normal for any of us. So if you do have excessive daytime sleepiness, and if you're a snorer, and if you think, "Oh, hang on, it might've just come on in menopausal age." Get yourself checked out for sleep apnea, that's just via GP.

Again, if you're in a remote area, you can have sleep studies.

These days, a lot of them are home-based, they can send you the equipment. I was at a conference the other day and a very leading Australian respiratory and sleep specialists, he was saying that he thinks 70% of sleep apnea is cured by weight loss. But that's hard to do, though, isn't it?

Cheri Huggins

[30:00] Very hard to do, yeah.

Dr Moira Junge

[30:02] That's another story. I just want to flag that it's these sorts of things we need to talk about as well, in this conversation.

Cheri Huggins

[30:10] Sure. So what you're saying, Moira, is don't normalise daytime sleeping, even for shift workers.

Dr Moira Junge

[30:18] Don't normalise it. If you love a daytime nap, you know, once a day, and it's after lunch, and you've got the luxury to have a quick little 20 minute nap, that is normal, that's fine. But if you're really thinking 'I need naps all the time, I'm falling asleep at the wheel or even at traffic lights. I'm falling asleep in meetings.' That's too much. That's not good for anyone, no matter what age you're at. I speak from experience, because I was actually ... sorry

if I'm telling too many personal anecdotes here, you can edit them out later!

I was in my 40s, I was very busy. I had three dependent children, and a dad next door with dementia. I was busy, busy, busy, I was busy. So I thought it was normal to be really tired and sleepy. I was going around giving sleep talks, and coming back home wherever I could or going to have a sleep. I didn't know that's a bit excessive. Then when I had a sleep study, I did have mild sleep apnea and I had quite significant periodic limb movements in sleep, restless legs. I had no clue, and I'm someone who's meant to be an expert.

The apnea didn't need fixing, like it didn't need CPAP or anything, it's quite mild. I just lost a bit of weight, and it was fine. The legs were fixed really well with iron. I didn't realise I was low in iron and ferritin, because my haemoglobin was fine, but I hadn't really checked on those other things, and they were low. I went on iron tablets, and I still [take them]. I don't take them every day, but I make sure I get that checked. Every six months I have a blood test, just to check out all that stuff. So anyway, that's just another anecdote. Hopefully, that's useful.

Cheri Huggins

[32:16] I think it is useful. I think it's really lovely to hear about these personal experiences, because it makes people feel they're not isolated, they're not alone in this. Even myself, as you were talking more, I was thinking, "Oh, my gosh, I walk around the house all the time saying, 'I'm so tired. I'm so tired.' I don't feel real fresh in the morning." So you've reminded me to get my bloods done.

Because we do, don't we? We keep pushing through and pushing on as nurses. We're looking after everybody else. But we're not necessarily looking after ourselves. I see that a lot when I talk to people in the program. So I'm really grateful to you for pushing this message home today. We need to look after ourselves, don't we?

Dr Moira Junge

[33:04] Absolutely. Absolutely, we do, because we'll burn out. I'm not sure if you want to talk about burnout in this conversation, can we talk about that a bit?

Cheri Huggins

[33:14] Please! Let's move on to burnout. I was thinking about it. It's one of these terms that we banter about a lot, but don't necessarily understand what it is or recognise that it's happening to us.

Dr Moira Junge

[33:27] I know! Exactly. It's only recently that [there's] been a definition, like the World Health Organization and the International Classification of Diseases, the ICD. I only started seeing it a couple of years ago, really, that that burnout is there, but it's not classified as a medical condition, which is really important to note. Even though it's in those classification systems, it's defined as a syndrome. So the World Health Organization says it's a syndrome that's characterised as resulting from chronic workplace stress and has not been successfully managed.

I think, "Wow. That's pretty common!" There's lots of stress at work. Sometimes it's tricky people, sometimes it's just the hours, sometimes it's just that disengagement with it at all. What I think is really interesting about the definition of burnout, people will relate to this, is that it's not just feeling tired. It definitely characterised by this energy depletion and exhaustion. That's commonly known. But what's less recognised, and I think this is important, is that it's increased mental distance from one's job. So you're actually a bit negative or cynical relating to your job, you're kind of not even caring that much about the bloody patients, you're sort of a bit sick of everyone.

Cheri Huggins

[34:47] Yes.

Dr Moira Junge

[34:47] You're sick of everything. You're sick of your boss, you're sick of the whole hospital, and you think everything's terrible. You've got this reduced professional efficacy, you sort of lose your confidence.

Cheri Huggins

[34:57] Yep. Yep.

Dr Moira Junge

[34:57] I've been through this before, I reckon I thought I was just a bad nurse or a bad psychologist, not that great, but I think I didn't realise it was when I was really tired and burnt out. Like it's a really important part of burnout, because people think about the tiredness, they don't really think about that [mental distance]. The other point about burnout is at this stage, at least, it's only in those classification systems referring to the occupational context, right? It shouldn't be applied in other areas of our life. But we all know anecdotally, even though officially they say burnout is not a term outside of the workplace, I think it's quite possible to burn out in your family life or your social life, or you just get cynical and tired of all that as well.

Cheri Huggins [34:58] Yes, I agree. It's just the subject matter is different. But the actual response is the same.

Dr Moira Junge [35:50] Yeah.

Cheri Huggins [35:50] Moira, can I throw in one of my interesting statistics at this point?

Dr Moira Junge [35:55] Yes please!

Cheri Huggins [35:57] I was really interested to read this. It was an article that I was reading from the Online Journal of Issues in Nursing, and it goes back to 2008. So it's not particularly recent, but a study they did identified that nurses under 30 are far more likely to suffer from burnout than their older counterparts. They're less likely to engage in strategies to deal with emotions, and they will have higher levels of agitation.

I was interested to read that, because anecdotally, the nurses that I've seen within the Nursing and Midwifery Health Program, I hear younger nurses saying they're burnt out, but for very different reasons than the older nurses. Younger nurses, it seems to be a case of having a lack of or reduced capacity to cope with the

stresses in the workplace, less resilience. Where[as] the older nurses are saying that they feel undervalued in the workplace, they don't feel recognised, they don't feel a part of the workplace, and also talk about the exhaustion, which we've talked a bit about so far. Two different reasons for burnout, but certainly more burnout in the under 30s, because they don't seem to have the resources or the strategies to deal with it. And I don't know why.

Dr Moira Junge

[37:18] I was surprised, but then I think I'm not surprised. I think that's really important, because they're distinct cohorts, aren't they? Different horses for courses, same difficulties, but for different reasons.

Cheri Huggins

[37:33] Yes.

Dr Moira Junge

[37:33] I'm so tired of people saying the young ones are not resilient anymore, and we're wrapping them in cotton wool, they need to toughen up. There could be an argument for that in some cases, but look at the state of the world and the cost of living, it's very different to when we were that age. I think that the support systems are different, people are thrown in the deep end a lot more because of workplace shortages. I felt that we might hospital-based training back in the day, we were really well

supported, I thought, at least. There were certain levels and competencies that you work through, and then you went up the ladder quite well, you weren't sort of in charge, for instance, when you're eight weeks in, but a lot of people are thrown in there [now]. I think they're supported by older nurses who are stressed out as well, whereas we were probably supported by people who were more available. I think there's a lot in there, if we think the younger ones are just a bit soft, think about [how] their circumstances are different.

Cheri Huggins

[37:33] Yeah, definitely. I think you're right. I think that the demands are higher, and we've just got through a pandemic as well. I mean, how demanding was that!

Dr Moira Junge

[38:53] This workforce that we're talking to today, no working from home for you!

Cheri Huggins

[39:00] Absolutely.

Dr Moira Junge

[39:01] No being able to sit in your jammies and do your zoom call. Well, some of you know, depending on your role, but if you're in a hospital on the wards, you can't work from home.

Cheri Huggins

[39:11] Absolutely not. They had no respite from any of it. So gosh, we'll take our hats off to those nurses, and maybe just remind them that they should be kind to themselves, in terms of what they've been through over the last few years. They've done their best.

So, burnout. Are there things that we can do to mitigate burnout?

Dr Moira Junge

[39:42] Yeah, absolutely. We need to try to ensure that wherever possible, we get a bit of balance in terms of workload, that we can actually fulfil the roles that we want to fill at home and at work. Good communication sounds like a catch-all phrase, but it's so important that we make sure that we've got good clarity around our role. And that if we don't feel that we've got enough support or clarity, that we seek that. It's a two way street, I think it's sort of 50/50 between the individual and the workplace, between you as a person and your boss, and their boss.

The system that you're in does have a responsibility to you, but you also have a responsibility to the system that we're working in, that we actually are timely and pointing out things that aren't going so well. If you're not coping, don't wait to the last minute to put your hand up. But like, if you're back at Portsea beach and you're

drowning, don't wait till the very last minute to put your hand up. Tell people as early as possible, even if you feel like it's a false alarm, that [you're] not coping.

It's a really important thing around self-compassion and good listening. And, of course, as much as possible to try and eat well, to move your body, and to just get as much sleep as you can. To be very aware of pacing. When people have chronic fatigue, long COVID and awful fatigue syndromes, the stuff that I know clinically from that work I've done, can be applied to all of us as a preventative thing around pacing. It's really important to pace yourself, and not to have this boom and bust cycle just burning around and then collapsing on your days off. That's a real nurse's pattern, that's for sure. I don't think things have changed, because I'm prone to that.

I think a lot of high-empathy, high-caring sort of people do that, you tear around and then collapse. So trying to avoid that and pacing yourself. Sometimes it's preventing burnout, sleeping well and eating well. It's as much around delegation and assertiveness and those sorts of things; putting boundaries on workload, putting boundaries on people, like people who want you to do everything for them. People might be nodding away at home, listening,

[thinking], "Yeah, I need to do [that]. It's hard to do, but it's probably the most essential thing to do as you're trying to build up your health and build up your resilience and protect yourself from the likes of burnout.

It's going to be those sorts of things. It's going to be the talking and the relationships. So it's not just you being good, and not eating chips and drinking too much. That's really important as well, but you don't need me to say, "Just don't drink and don't eat chips." What I'm saying [is] care for yourself, and part of that caring for yourself is to know don't do self-harming things. If you end up drinking too much, well, that is self-harm. Because you know you'll feel dreadful the next day, you'll put on weight, you'll have liver problems, so long-term it's not a good strategy. Eating well is a good strategy because you actually feel better, and you feel good about yourself.

Exercising doesn't have to be that big, expensive reformer Pilates membership, that you think, "Oh, I can't afford it," it can't be the simple stuff. It's the morning walks. The biggest thing for sleep and for protecting your health is actually being out in the morning light as much as possible. If you're a shift worker, as close as possible to your wakeup time, you need to get out in the light.

Understand that morning light or the afternoon light will help you with your alertness, it'll help take away any melatonin that's there, because we don't want melatonin during the day. We want to have no melatonin and bright alertness during the day. Then in the sleeping times, we want to have really high melatonin, low body temperature, and rest, not moving around anymore.

I would advocate for half an hour of walking every day, not just walking around the wards, like a physical walking where you perhaps have a little hill, perhaps get a little bit of puff, a bit of a sweat. That you walk for half an hour a day would be one of the best things you can do for overall health, for sure.

Cheri Huggins

[44:29] That sounds like great advice, and just as you were talking there, Moira, I was thinking again about some of the nurses that present to this service. They quite often come up with a lot of barriers as to why they're not eating well, why they're not exercising, and so on. They say things like, "I don't have time. I'm too exhausted. No motivation." But I'm hearing from you, if they can push past that and just get out.

Dr Moira Junge [44:54] Yeah, absolutely. I think it's really important. It's probably good being a nurse and psychologist because I've had training in both, and know both fields well.

Cheri Huggins [45:03] Sure.

Dr Moira Junge [45:03] I know when I hear [that], I call that the 'yes buts'. When I hear the yes, but ... "Yes, but I'm tired," and 'yes but, this ..."

Cheri Huggins [45:10] I love it.

Dr Moira Junge [45:12] We all do them. I do them.

Cheri Huggins [45:14] I do that.

Dr Moira Junge [45:15] No judgement to the Yes But-ers! I would say to that, "Okay, well can we talk a bit differently then? Can I ask why you're not putting your health first? Can I ask why you're continuing to have behaviours that you know long-term probably will be harmful to you?" Sometimes it brings tears to people's eyes, they go, "Oh ... " It's another can of worms, perhaps. But I think that your self-compassion, self-care, and understanding your self-worth, [are some] of the biggest things to change your health behaviours.

That's 30 years I've been in health, and I'm a health psychologist. A really important part of what I've seen over all these decades is that I think women, particularly, I think nurses, particularly, just sometimes don't have the ability to put themselves first and to say, "Yeah."

So next time, Cheri, when you hear those barriers to self-care ... and they're valid, they are tired, I'm not saying they're not tired, and that finances are tight and whatever. So taking a different [angle], let's turn it around and have a different view of this whole situation. Let's get to the nitty gritty of why you're so tired, and why it's so difficult to make the changes.

Some of it is structural. And, of course, out of your hands. But at least some of it is being able to have that self-compassion. I'd like to put some resources [in the notes], if I can, I'll put some resources around self-compassion. I think sometimes a little bit of reading can really help with wellbeing and sleep, and all these other things you've been focusing on. But sometimes it's more of a fundamental underlying issue.

Cheri Huggins

[47:06] For sure, for sure. I think raising that awareness is going to be very helpful for a lot of nurses, Moira. That's fabulous. Now,

I'm just thinking Moira, as we're approaching the end ... doesn't time always fly? We could probably do this a second time around.

Dr Moira Junge

[47:24] We will, [inaudible], next year.

Cheri Huggins

[47:26] Why not? Sure, why not? But I'm just thinking, when is it a good time to start thinking about planning for our older years, do you think? You know, instead of letting it creep up on us, and suddenly we're middle-aged and "Oh, my God, I'm struggling!"

Dr Moira Junge

[47:40] I would start planning in your 20s or 30s. Because before you know it, people are standing up for you on the tram! So if you think about it from the outset, and where you want your career to go. I think peer support, having a good network of peers, and often there might be other nurses, or it might be the ward clerk, or it might be other people, really good peers that can support you.

We talked about finances, get your finances [in order], or at least be across them as early as possible. [In my] 20s, I didn't care about super and all that, and I should have. We weren't aware of it. We know that the fastest growing homelessness group is women over 50.

Cheri Huggins

[48:35] Yes.

Dr Moira Junge

[48:36] They've gone through divorces, and they haven't had their super and they haven't got things [sorted]. There's been some dreadful things happening there. I think it's all sorts of stuff.

Starting as early as possible to empower yourself for the future. If you're already in your 50s, and you're thinking, "Oh gosh, I didn't do that."

It's never too late, you can start. Hopefully, you might be someone who's only halfway through their life. A lot of people are going to live well beyond 80. At the moment [regarding] life expectancy, they tell us that people are going to live a lot longer. So start empowering yourself as early as possible with all those sorts of things around getting your financials sorted, having regular health checks, and that reflection around your own self, your core beliefs, your core aspirations and hopes for yourself and your family.

Cheri Huggins

[49:30] I think that's a wonderful message. Do you know what I love about that, Moira, is you actually use the word 'empowerment'. So it's not all doom and gloom. We don't have to succumb to the physical deterioration of old age. We can get

healthy, we can take control, we can connect with what's important to us.

Dr Moira Junge [49:50] We can!

Cheri Huggins [49:50] Brilliant.

Dr Moira Junge [49:51] Absolutely we can and we will. 10% better is my goal. I think whether we're talking about weight, whether we're talking about sleep, whether we're talking about the aches and pains, just start with small goals. This can be my main takeaway message, is that improving things 10% at a time is much better than the overwhelming, "I need to lose 15 kilograms," or something huge. I just think about breaking it into small chunks.

In terms of sleep, I'd think "Well, I'll try and get half an hour more across the whole week to start with." Something like that, so five minutes extra a day, really small goals to start with. I think that chipping away at stuff is the key. The biggest thing I see is people saying, "This doesn't work. This doesn't work, this doesn't work." But they've tried it for like a day, or a month, or a short period of time.

Cheri Huggins

[50:48] Yes, I hear that a lot. Moira, thank you so much for spending time with me today. It's been fabulous. Let's hope this timely conversation is going to carry on into the houses and homes of nurses and midwives across Australia, and into the workplace too.

Dr Moira Junge

[51:08] Absolutely. Well, my pleasure. Thank you for the opportunity, and I hope it's helpful, and I hope I didn't talk too much!

Cheri Huggins

[51:15] Oh, it's never enough, Moira, and I mean that genuinely. Thank you so much.

Dr Moira Junge

[51:20] Thanks, Cheri. Thanks so much.

Cheri Huggins

[51:21] Thank you!