

to the committee,

I could dismiss it as compassion fatigue or institutionalization but I don't really believe this to be the case. I believe the problem is much more related to registered providers conceiving funding application as the hard work and an investment in the growing of the business rather than actually a matter of participant care. There is an argument that registered providers are good for participants with severe physical disability because tasks like transfers need to be done properly and safely. I don't believe formal institutionalization to be an indicator of safety.

The best providers are child carers and quite often they don't want to do it as a full time job because of the trauma of caring for a parent or sibling so treating it as a trade requiring so many hours of practice to maintain registration or formal qualifications will exclude that high quality pool of labor from the market. A family member may have episodes requiring higher levels of care so they might only be able to work intermittently.

The worst providers are the most institutionalized. In nursing there is a saying, "Nurses eat their young." That reflects the pervasive bullying in the profession. I would urge the committee to consider if you are falling for an attempted power grab. I don't say this lightly. My experience of registered providers is a brief honeymoon period followed by persistent sabotage of relationships, bullying, neglect and railroading. I suspect that the honeymoon period is solely to confound investigations that are resource limited. Purely from a business perspective it makes sense to establish absolute control over clients. Imagine how much more profitable your business would be if you could directly control how much your clients order from you or obtain a court order that allows you to veto all of their business decisions. It's great business acumen. The shortest distance between your current position and profit while acting within the rules.

provider registration seems like more of a matter of prestige in the industry than a matter of participant safety or compliance. I suspect the end goal of this series of 'compliance' measures to be the erosion of the the quality of services but 'line-go-up' KPI driven metrics to support the corporatization of NDIS providers until you get the same situation but with layers of subcontracting and labor hire contractors paying a percentage to a registration holder that's function is to fudge KPIs. Compliance measures will simply function as a trigger for phoenixing labor hire firms and the registration holder will be able to shrug off any responsibility and potentially be related to a designated entity for electoral donations.

Additionally I provide these Google AI overviews as a glossary,

"AI Overview

The perception that nurses are "emotional husks" is a characterization of extreme nurse burnout, a recognized, systemic crisis where persistent, high-stress environments lead to emotional exhaustion, detachment, and depersonalization. While not an inherent trait, the demanding nature of the profession causes many to experience this state, with studies showing 74% of nurses feeling emotionally exhausted and 17% reporting that their job negatively impacts their mental health.

Key Factors Contributing to "Emotional Husk" State:

Compassion Fatigue: Repeated exposure to human suffering, trauma, and death can leave nurses feeling numb or unable to connect, a protective mechanism often referred to as "compassion fatigue".

High Workload & Understaffing: High patient-to-nurse ratios, long hours, and excessive overtime leave nurses physically and mentally drained, making them feel like they are operating in "survival mode".

Depersonalization (Emotional Detachment): To cope with overwhelming sadness, guilt, or fear, nurses may "detach" or become numb to their patients' conditions to avoid becoming overwhelmed, which can be misconstrued as lack of caring.

Workplace Violence & Moral Distress: Exposure to physical/verbal abuse and the inability to provide optimal care due to systemic constraints (moral distress) can deeply traumatize nurses, leading to burnout and, in some cases, symptoms resembling PTSD.

The Reality of the Situation:

It's a Survival Mechanism: The "numbness" or emotional separation (often called "surface acting") is a response to the intense "emotional labor" of nursing, where they must manage their own emotions while supporting patients, families, and colleagues.

High Turnover Risk: Nurses who reach this level of exhaustion are much more likely to leave the profession.

Prevalence: Studies have shown that during the pandemic, nearly 70% of nurses experienced high burnout.

The evidence suggests that rather than being "emotional husks," many nurses are empathetic individuals who are overwhelmed and burnt out by an unsustainable system that often fails to support their mental health, forcing them to adopt a hardened exterior to survive."

""Nurses eat their young" is a well-known idiom referring to a toxic culture where experienced nurses bully, mistreat, or fail to support their less experienced colleagues, including students and newly registered nurses. Coined by Judith Meissner in 1986, the phrase describes systemic hostility that can lead to burnout and high turnover rates in the profession.

Common Manifestations of the Behavior

Verbal Abuse: This includes screaming, name-calling, or making mean-spirited remarks, often under the guise of high-pressure environments.

Humiliation and Mockery: Senior nurses may publicly criticize a junior nurse's mistakes or roll their eyes at their questions.

Exclusion and Isolation: Withholding critical patient information or ignoring a new nurse's request for help.

Sabotage: Assigning unfairly heavy workloads or preventing a junior nurse from accessing professional development opportunities.

Reasons Behind the Culture

Power Dynamics: The hierarchical structure of healthcare often places those with the least power at the bottom, making them targets for senior staff in supervisory roles.

Cycle of Abuse: Many experienced nurses were bullied themselves during their training and adopt a "if I went through it, they must too" mentality.

Workplace Stress: High workloads, staffing shortages, and burnout can lead senior nurses to take out their frustrations on newcomers.

Internalized Misogyny: Some researchers argue the trope persists due to internalized misogyny in a historically female-dominated profession where subordinates compete for limited recognition.

Consequences

Impact on Nurses: Victims often suffer from anxiety, depression, sleep deprivation, and a loss of professional confidence.

Patient Safety: Bullying disrupts communication and teamwork, which directly puts patient safety at risk.

Staffing Shortages: Approximately 10–30% of nurses who experience lateral violence eventually resign, worsening global nursing shortages. "

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