

WEPAU

A Review of Select Australian Nursing Reviews

by

Margaret Bloch and Margaret Nowak

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WEPAU, Curtin Business School,
Curtin University of Technology
GPO Box U1987, Perth 6845

<http://cbs.curtin.edu/research/wepau>

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Any questions on queries related to this discussion paper should be directed to:

Professor Margaret Nowak
Graduate School of Business
Curtin University of Technology

Tel: 08 9266 7719
Email: nowakm@gsb.curtin.edu.au

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ABOUT WEPAU

The Women's Economic Policy Analysis Unit ("WEPAU") was founded in April 1999 in response to a growing void - within Australia and internationally - in the gender analysis of the economic and social policy issues that confront women. To most effectively address this void, WEPAU was established as an inter-disciplinary research program, spanning two divisions of Curtin University, the Curtin Business School (CBS) and the Division of Humanities.

WEPAU is committed to producing high quality quantitative and qualitative feminist research on a broad range of issues that women identify as undermining their ability to achieve equity and autonomy in the current context. Meeting this commitment is enabled by the breadth of experience and expertise brought to WEPAU by an increasing range of researchers.

Through its academic and consultancy research into women's experiences of social and economic policies WEPAU provides a meaningful gender analysis of policy. An analysis strongly put forward via active contribution to government policy debates.

Our broad objectives include:

- Identifying the cases and causes of women's disadvantaged social and economic status and to contribute appropriate policy initiatives to address this disadvantage;
- Demonstrating the way in which social factors, particularly gender, influence the construction of economic theory and policy;
- Extending current theory and research by placing women and their social context at the centre of analysis;
- Contributing an interdisciplinary approach to the understanding of women's position in society. In turn, this should enable the unit to better reflect the interrelatedness of the social, economic and political discourses in policy and their consequent implications for women;
- Fostering feminist research both nationally and internationally;
- Expanding linkages with industry;
- Establishing and supporting a thriving Curtin University postgraduate research community with a common interest in feminist scholarship.

For further details see: <http://www.cbs.curtin.edu/wepau> and/or contact WEPAU at WEPAU@cbs.curtin.edu.au.

A Review of Select Australian Nursing Reviews

1. INTRODUCTION

As with many other Western developed economies, the recruitment and retention of qualified nurses is a major difficulty. In Australia shortages exist in all states and in many specialty areas, with poor and deteriorating working conditions serving to confound the problem.

Over the last decade numerous reports and inquiries have been undertaken in an effort to identify the key issues and formulate empirically based policy solutions. A lot of ground has been covered in these reports and they serve as a valuable basis for future nursing research. To that end, a major goal of this paper is the development of a synopsis of their key findings and recommendations.

The paper is organized as follows. Section 1 discusses the status of the profession and outlines the lack of progress in raising the profile of nurses and of improving the respect for nurses of doctors, of other nurses and of the wider community. Section 2 outlines issues relating to the work environment of nurses including: shortages in the nursing workforce; the ageing workforce; the use of agency nurses; lack of progress in the development of a career structure for nurses; violence in the workplace and the lack of will on the part of management to address the issue of abuse by doctors and general management issues. Section 3 discusses pay issues and Section 4 outlines issues relating to the problem of balancing work and family life. Section 5 concludes the report with some general comments.

2. STATUS OF THE PROFESSION

The image of nursing and the status of nursing as a profession have been common threads in the literature reviewed. Nurse education was transferred to the higher education sector with a view to enhancing the professional status of nursing and providing nurses with a clear career structure. The *Reid Review of Nurse Education* (1994) concluded that the transfer had made a positive change to the profession of nursing in Australia, but at that time, there had not been as much success in creating career choices for nurses. It was argued that the success in realising broader professional preparation had not followed through to workplace practices. The tertiary education of nurses introduced elements such as critical thinking into nursing, which assisted in breaking down the traditional view that nurses did not think for themselves but practiced 'blind obedience.' The Review also argued that the status of nursing as a profession required that nursing be taken seriously as an academic discipline in the higher education sector. The example of teachers was cited, noting that the low pay of teachers was reflected in the status of teacher education within the higher education sector. It was therefore difficult to attract quality academics and it was argued that this reinforced the need to enhance the status of nursing and to develop a strong research culture within nursing schools.

Over the course of the 1990s there has been no substantive change in the perception of nursing as a profession. *WA Nurse Workforce Planning Project* (1995) reported that nursing was not seen as a first choice career option, but often a second

or third option. Research conducted by the Donovan Research Group (1998) had similar findings: nursing was still viewed by high school students, both male and female, as a female, low status, low paid and servile job. Students will study within the nursing stream for a semester then transfer to another career option, or they might complete the course but be disillusioned with the realities of nursing and chose other work options after graduation. *Rethinking Nursing: National Nursing Workforce Forum* (1999) found that nursing was still not seen as first choice career option and despite high level of trust in nurses, there is still a perception that nursing is a lowly, menial profession.

Nursing is seen now as a career rather than a vocation, but salaries are not seen as comparable with other professions that require a similar investment in study time. The *New South Wales Nursing Workforce Research Project* (Nursing and Health Services Research Consortium, 2000) found that young people's perception of nursing as a career was affected by negative connotations associated with it, such as it being a 'female occupation and that nurses were seen as 'failed doctors.' The *Tasmanian Nursing Workforce Planning Project* (Tasmanian Department of Health and Human Services, 2001) found that almost half of the 14-15 year olds surveyed had not considered nursing as a career option at a critical point in their career planning. *The West Australian study of nursing and midwifery: New Vision New Direction* (HealthWest, 2001) argued that the persistence of a negative image of nursing among other professional groups has a detrimental effect on the status of nursing as a profession.

The *Nursing Career Pathways Project* (2001), commissioned as part of the National review of Nurse Education, reviewed career guides provided to high school students and found that there was a marked lack of information regarding nursing. This raises the question of what impact the invisibility of nursing in career literature has on students listing nursing as a first choice career. The Project found an inconsistency between levels of government in the classification of nursing. Some agencies classify nurses as para-professional and some as professionals, which helps perpetuate the problem nursing experiences in raising the profile of the profession. Participants in the project linked this confusion to the lack of nursing representation at the federal level of government. Lumby (2002), has also raised the problem of the invisibility of nurses referring to a document, *Leading the Way in Health Care Reform*, released from the Australian Health Ministers Conference in September, 2002. She pointed to the fact that the only place that nurses are mentioned in the document was in rural and mental health. Nurses will continue to leave a profession in which they feel that they are not being given due recognition for the contribution they make.

The recommendations for policy solutions made by the various state governments had a similar theme; the need for marketing campaigns to reflect a positive, contemporary image of the nursing profession, including its whole membership (ENs, RNs, specialists, educators, managers and nurse practitioners). *Ministerial Taskforce – Recruitment and Retention Final Report* (Queensland Health, 1999) recommended the development of a process to enable the marketing of nursing to secondary school students as an attractive career and for the provision of work experience. There was also a recommendation that the Health Advisory Unit (Nursing) take responsibility for the development of strategic direction for nursing in Queensland, including increasing the profile of nursing and providing professional leadership. These recommendations offer no clear plan of action. In Victoria the *Nurse Recruitment and Retention Committee – Final Report* (Department of human Services, 2001) recommended a statewide advertising campaign aimed at attracting both registered non-practicing and unregistered nurses back to the workforce.

New South Wales Nursing Workforce Action Plan (Meppem, 2001) argued for the continuous need to promote an attractive image of nursing, one that reflects a realistic image of nursing work. There is a need to inform the wider community of the skilled and intellectual aspects of nursing, the requirement for critical thinking and the challenges of increasingly sophisticated technology. Objectives were set to conduct a comprehensive multi media campaign to improve community and nurses' perceptions of nursing and to promote the advantages of a nursing career to school leavers. These objectives were given immediate priority for implementation and development.

The Tasmanian Nursing Workforce Planning Project (2001) emphasised the need to promote a 'contemporary nursing practice' and to dispel the outmoded stereotypes of nursing as feminine and subordinate. There is also the recognition of the need to emphasise the range of opportunities nursing can provide, the expertise required and the complexity and sophistication of high level specialist nursing. The point was made that nurses themselves need to recognise their own work and that of their colleagues, which could be achieved through an internal marketing plan. An external marketing strategy that used nurses from a range of settings to emphasise the diversity of nursing careers, as well as show-casing the range of knowledge and skills required, was recommended. Marketing and promotion was to be targeted at years 9 – 12, with the recommendation of surveying the opinions of years 9 and 10.

National Review of Nursing Education – Our Duty of Care (2002) recommended the promotion of the value, benefits and contribution of nursing and that expert advice should be sought to develop a national marketing profile for nursing, with responsibility given to the proposed new National Nursing Council of Australia. The Western Australian government has recently launched a new \$1million advertising campaign, *You are the One*, with the aim of attracting nurses back into the profession.

3. WORK ENVIRONMENT

The working environment is a very important issue for nurses. Many of the reports reviewed found that the conditions in which nurses work are stressful, and in many cases it is these conditions that drive nurses out of the workforce and deter them from returning, rather than pay related issues. Several factors relating to the nature of nursing work and the nursing work environment were found to be problems for the retention of nurses. Some factors that affect recruitment and retention are those that are 'non-nursing' issues, changes in the social, political and cultural context in which the nursing workforce now operates. Women now have a wider range of career opportunities open to them, and nursing competes with these in an environment in which other health professions and other professions generally offer more attractive working conditions and pay rates. Nursing is a physically, mentally and emotionally demanding job, exacerbated by staff shortages and heavy workloads, resulting in exhaustion, burn out and workplace injuries. Many nurses complained that additional non-nursing work, such as paper work, increases time constraints. At a time when nurses are spending less time with patients, the expectations of patients are increasing. Time constraints and increasing workloads has resulted in the greater use of agency nurses and in some cases ancillary staff are undertaking tasks that would normally be performed by registered nurses.

3.1 Shortages.

According to the Department of Employment, Workplace Relations and Small Business (DEWRSB), the shortage of nurses is a problem in all States and Territories and across many specialties. The supply of nurses is experiencing a

downward trend at a time when demand is likely to be rising with the pressures on the health system of an ageing population. The Australian Institute of Health and Welfare (AIHW) statistics showed that, although there had been a marginal increase in nurse registration and enrolments from 264 608 in 1998 to 265 983 in 1999, numbers remain well below the 1993 level of 281 455. The AIHW statistics also showed that Full Time Equivalent (FTE) nursing positions in public acute and psychiatric hospitals decreased 2.8 per cent between 1995/96 and 1998/99, whereas patient separations increased 7.8 per cent in the same period. In the private sector, FTEs increased 11.0 per cent and separations increased by 16.0 per cent in the same period.

The problem of shortages was a major concern in all reports and the impetus behind strategies to improve recruitment and retention. The Victorian Government expressed concern that about 20 per cent of the registered nursing workforce chose not to work in the profession and in Tasmania, there was concern over the estimated 10 per cent of nursing graduates who had chosen to work overseas since 1991. The increased workload for those who remain in the system leads to additional stress as patient: staff ratios increase, leaving experienced nurses with little time to supervise new graduates, agency and ancillary staff, unable to provide quality care to patients and unable to offer support to colleagues. The greater pressure on staff as a result of increased workloads also has implications for workplace safety, with nurses reporting injuries as well as errors that put patients at risk. All states have produced reports into the problem of recruitment and retention, with some conducting surveys and focus groups in an attempt to gain greater insights into the reasons nurses are abandoning the profession. Despite the large number of reports that have been conducted over the past few years, the problem of retention persists and the average age of nurses increases. Indeed, if some of the comments and findings of the latest surveys are an accurate reflection of the current state of nursing in Australia, the situation continues to deteriorate.

3.2 The Ageing Workforce.

The physical nature of the work is a particular concern when considered in the context of the ageing nursing work force. *Nursing labour force 1999* (AIHW 2001) stated that between 1994 and 1997 the average age of nurses rose from 39.1 years to 40.4 years. The Queensland Ministerial Taskforce expressed concern over the ageing nursing workforce and the implications for the shortage of the potential for large numbers of nurses leaving simultaneously through retirement. A related issue is the lack of support from management for those who suffer injuries at work and the lack of access to rehabilitation programs. In Tasmania, the ageing workforce was considered to be a particular problem, with Nurses' Board figures revealing that the average age of nurses was higher in Tasmania than in other states, with the highest average on the North-West Coast (51 years). In 2000, the 41-50 year age group represented 36 per cent of RNs, 44 per cent of ENs and 37 per cent of registered midwives.

In NSW the *Nursing Workforce Research Project* found that, for nurses 45 years or older, health reasons was the third most common reason for leaving nursing. In follow up interviews after completion of the surveys there were some comments about particular health problems, with many sustaining back injuries at work. Those injured complained of a lack of support, both from management and colleagues, and there was perception among respondents that they had been abandoned. There were similar findings in Victoria, where a survey conducted for the Recruitment and Retention Committee found that 18 per cent of the unregistered nurses cited illness

or injury as the main reason for leaving. The survey also found that many registered non-working nurses wish to return to work but do not because of lack of support from management and colleagues, and because of the physically and emotionally demanding nature of the work.

3.3 Use of Agency Nurses.

There was some concern expressed regarding the use of agency nurses and the implications for continuity of care and the need for many agency nurses to be supervised. In Victoria it was reported that the use of agency nurses seemed to have risen significantly, although it was hard to quantify this due to lack of data. Forums and focus groups found that permanent staff were leaving and joining an agency in order to work in a clinical setting without administrative duties and the benefits of more flexible work hours. Some nurses were opting for agency work as a primary career due to certainty of work, regular shifts and some agencies offer incentives such as professional development courses and have differential rates of pay for those with post graduate qualifications. Recommendations focused on the need to limit the use of agency nurses to unplanned absences only and the use of Nurse Banks or relief pools to cover casual vacancies. Also, the higher cost of agency nurses was of concern, with one major Victorian hospital reporting that it had to budget 60% on costs for agency staff.

The Western Australian report indicated concern over the low participation rate of nurses and midwives who are registered but not working and the fact that nurses view agency work as favourable. Concern was expressed over the implications for continuity of patient care and maintenance of clinical competency. Younger nurses enjoy the choice of increased flexibility in employment, which means that the health system needs to develop strategies that allow similar conditions of employment to be offered, and that the high use of agency nurses needs to be tackled as a matter of urgency. South Australia also recommended that health units work towards limiting the use of agency nurses to unplanned absences, that the use of agency nurses is monitored and the reasons for nurses and midwives preferring agency work are investigated.

3.4 Career Structure.

Limited career pathways and barriers for progression was a feature of many reports, identified as a problem for recruitment and retention. In Queensland, recommendations in the area of career pathways focused on the need to bring ENs into the career structure, recognising their contribution within the health system. In South Australia, there was recognition of the need for clinical pathways to be available to all nurses/midwives at all levels and for incentives to be provided for nurses to progress through the structure. Career structure models were to include arrangements for succession planning and, in line with Senate Inquiry recommendations, that the structure be revised to provide pathways that include continued clinical practice, improved opportunities for post graduate study and accelerated pathways through which nurses can progress to an advanced practitioner status. In Tasmania, there was recognition of poorly defined career paths for nurses within the health system. Recommendations included a review of the existing structure, the identification and removal of barriers to progression, and facilitation of succession planning, preceptoring and mentoring programs. There were also recommendations for collaboration between the School of Nursing, employee

organisations and government to facilitate nursing career development, creation of exchange program for nurses to experience a range of practice settings (urban, rural, public, private) support networks for nurses in isolated areas.

In Victoria, the Recruitment and Retention Committee expressed similar concerns, with their consultation process revealing that the current career structure acted as a disincentive for clinical nurses with high levels of skills to remain in the system. Management expectations of the CNS position caused a great deal of stress as nurses attempted to juggle the competing demands of clinical leadership and teaching, project activities, research and a high level of personal continuing education. One CNS reported that he had reverted to his previous level 2 position rather than carry on in the CNS role. The report recommended clarification of the role of CNS, with clear criteria for the position that are achievable in normal rostered hours and adequate resources. They also recommended the name be changed from Clinical Nurse Specialist to Senior Clinical Nurse (SNC) with a stream within the Registered Nurse Award that ensures that there are positions at grades 2, 3 and 4.

In Western Australia, there was recognition of the need to create a foundation for the future nursing and midwifery workforce, offering modern career paths. There was a recommendation for a Career Link program to expose secondary school students to the profession and to expand work experience opportunities within the health care system. They also recommended that programs to assist in the articulation of the career pathway for nurses and midwives be established and supported. Nurses in focus groups expressed concern over the current career structure but emphasised that it was not a new structure they wanted, but a re-establishment of positions that had been removed, particularly the ward-based staff development nurse. It was recommended that any review of the career structure be carried out via a consultative process.

The National Nursing Career Pathways Project argued that any mapping of potential career pathways should acknowledge and promote the diversity of nursing as a career, and the transferability of skills acquired through nursing education and experience. Articulation of career pathways, it was argued, has been narrowly interpreted, focusing on the development of nursing classifications in existing industrial awards and agreements. There was comment on the lack of literature in this area and this was taken as evidence of attitudes that persist towards nursing – that it does not require the promotion of career pathways other than through classifications, which limit the focus to clinical roles. There is a diversity of nursing roles, therefore a variety of nursing careers are available. Participants in the project expressed concern over the lack of a national nursing infrastructure to facilitate and maintain dialogue between the Commonwealth government and nursing representatives. Participants concurred that nursing career pathways need:

- To incorporate choice
- Recognise skill development
- Provide framework to set and achieve goals
- To depict nursing practice roles (clinical and non clinical)
- Articulate employment opportunities, qualification and registration requirements, ongoing learning opportunities and nursing classification
- Show the diversity of educational practice placements and integration of nursing practice

- To be flexible to accommodate life experiences, access to information, personal decision making and emergent changes to the health system

3.5 Violence in the Workplace.

Violence in the workplace was a common theme across most of the reports reviewed. Nurses are subjected to violence and harassment from patients and relatives, medical staff and other nurses. The Victorian Recruitment and Retention Committee Report cited an Australian Institute of Criminology report, which found that the health industry is the most violent in Australia. Violence against nurses is a major factor in the attrition rate of nurses and a barrier to them returning to the workforce. Buchanan and Considine (2002) reported comments from focus groups in which nurses voiced concern over the behaviour of doctors, other nurses and patients and their relatives. One ex-nurse reported a doctor throwing a needle in the operating room, putting her at risk from needle stick injury. She expressed concern over the unwillingness on the part of management to take action against doctors who were violent towards nursing staff. There was concern expressed over the lack of security to protect them against violent patients. The length of waiting time casualty causes tension and the nurses feel they bear the brunt of this. With the decline in the availability of bulk billing, patients present at Accident and Emergency rather than pay to go to a GP. Patients have greater expectations of the health care system at a time when nurses are experiencing a decreased capacity to offer care. Nurses also felt that the stress they are under is a contributing factor in the incidence of horizontal violence.

The Victorian Recruitment and Retention Committee Report recommended measures to assess and control violence directed at nurses and from within nursing and to consider whether a statewide campaign was needed. Anecdotal evidence in Victoria suggested that new graduates were particularly vulnerable and recommended that the Graduate Nurse Program address the problem of physical and horizontal violence. The Tasmanian Nursing Workforce Planning Project (2001) found that horizontal violence was part of a workplace culture that needed changing, but their recommendation was vague – the development of internal marketing plans, which would result in nurses valuing and being valued by their colleagues.

The South Australian Recruitment and Retention report recommended that all health units and regions be required to have education programs to deal with bullying, as well as measures to minimise the security risk from violent clients, as a matter of priority. They also recommended a national approach to the issue, which would involve the Commonwealth introducing a national reporting system for violence and aggression towards nurses in order to develop a greater understanding of the factors that give rise to such behaviour. The *NSW Nursing Workforce Action Plan* (2001) recommended measures to raise awareness of existing policies to deal with bullying and harassment, the establishment of processes and for reporting and addressing bullying and harassment and reinforced that policies should take a “no tolerance” approach. The Western Australian report into nursing and midwifery made similar recommendations regarding strategies to minimise security threats and to eliminate bullying and harassment.

3.6 Management Issues.

Management problems were of major concern in most reports and this issue overlaps other areas. Problems arise when nurse managers lack management skills, as well as managers lacking appropriate knowledge of clinical issues. Lack of management support is a thread that runs through many issues and was mentioned in the *NSW Nursing Workforce Research Project* as a major problem. In qualitative analysis of survey answers it was found that more than forty per cent of respondents talked of lack of support from management. The survey results indicated a disproportionate growth in nursing management positions, with lack of support and encouragement from managers at the clinical level perceived as a strong disincentive to return to the workforce. Management/work process changes was ranked fifth on a list of incentives to return to work, with examples of desired changes including consultation on decision making and managers keeping in touch with clinical issues. Also, there was a perception that nurse managers lacked management and human resource skills and had lost touch with issues in clinical nursing and a lack of ability to match skills with the area to which nurses are assigned. Some nurses felt that uncomfortable being sent to work on other wards.

Similar issues were raised in other states, with Queensland reporting that sixty per cent of survey respondents stating that they were given little or no input into decision making and that decisions were imposed with little or no consultation. It was recommended that input from nurses be sought in the formation of policies that affect nurses. Participants in workshops identified difficulties with patient dependency systems, such as lack of benchmarking, poor utilisation of systems, unreliable data, lack of feedback to staff and lack of recognition of nurses' clinical judgement concerning staff/patient needs. In Tasmania, survey participants reported lack of management support and encouragement, lack of respect, lack of expert support, conflict in the workplace and an autocratic management style as factors that contribute to dissatisfaction in the workplace. When asked if they felt adequately supported in the workplace, replies included lack of access to professional development, upper management possessing little knowledge of nursing issues and requests to work outside their scope. The report recognised that current management practices were contributing to the retention problem. It was recommended that a more contemporary management style be adopted, including development of participatory management, which gives nurses a role in decision making.

In Victoria, the problem of lack of support for nurses had two strands. Firstly, lack of support for tasks that were not directly related to nursing, such as administrative tasks, phone answering and remaking of unoccupied beds. Secondly, there was the lack of support from management, with Grade 2 and 3 nurses indicating a lack of support from Grade 4 nurses, who in turn reported a lack of support from the levels above. There was also concern expressed that upper management had lost control of nursing, particularly the budget. It was found that criticism of nursing management was widespread and ranged from general criticism of organisational management and the way nurses were treated to issues of ward management. Junior nurses felt that nurse managers were unable to cope, with providing leadership, mentorship and advocacy roles, and that many nurse managers lacked basic human resource skills or education.

The Recruitment and Retention Committee argued that there were a number of factors that had led to the erosion of the position of nurse manager. Firstly, there was the issue of management philosophy, with some organisations believing that the generic manager is more effective than one with nursing experience. The contrary

view is that someone who has a knowledge and understanding of clinical issues is more effective. The Committee felt that clinical knowledge alone is no longer sufficient in an environment in which the out-based funding model predominates. Secondly, lack of training/education in modern management issues was recognised as a problem by the Committee. There was a tendency for hospital budgets to focus on short-term financial targets, rather than a long term planning. The third factor is the lack of clear succession policies. The Committee argued that the nurse manager should be a mentor to subordinates. There has been a reduction of the pool of eligible staff identified as candidates for succession, with the number of Grade 5 and 6 positions reduced and no deputy position. Nursing management needs to have adequate financial resources, over which they have control, in order to be effective. Recommendations included strategies for succession planning, nurse managers to have input into budget and planning processes, and that they participate on regular basis in in-service education in general, financial and human resource management and have access to paid study leave to pursue post graduate management courses.

South Australia, in an echo of the Victorian report, recommended that nursing/midwifery managers be encouraged to attend in-service education in aspects of administration, including general, financial and human resource management, as well as pursuing post graduate management education supported by study leave. Management skills were to include consultative leadership styles, conflict resolution and grievance management, industrial relations, information technology, occupational health and safety and risk management.

3.7 Workforce Data and Planning Issues.

There was a common complaint in the reports regarding the quality of nursing labourforce data produced at both the state and national levels. The AIHW publishes labourforce data every two years, the latest *Labourforce 1999* was published in 2001. In Victoria, the Recruitment and Retention Committee Report argued that the time delay in publishing resulted in the data set being outdated for planning purposes by the time of publication. The delays in publication, it was argued, were mainly due to the time taken to collect state and territory data sets and the relative priority given to nursing data by the Institute. In Tasmania, it was found that the existing Labour Force Survey had serious problems with methodology, which resulted in the Data and Workforce Working Group being unable to utilise the information collected during 2000 for planning purposes. They recommended the redevelopment of Nurse Labour Force Survey tool to provide for consistent data collection, and that the database should include standards for data quality. They also recommended that the Tasmanian Labour Force survey be published for distribution. Other states recommended improvements be made in the collection of data at the local level and some recommended these be published by the state as soon as possible after collection, rather than wait for the AIHW publication (SA and Vic). South Australia supported the Senate Inquiry recommendations for cooperation between the Commonwealth and the states for facilitation of a national workforce planning strategy, and that the Commonwealth provides the AIHW the necessary resources to establish a consistent national approach to current data collection on the nursing workforce.

4. PAY ISSUES

Not all reports reviewed directly dealt with the issue of pay rates and pay relativities, although it was mentioned in general terms in many. Issues of pay rates and pay relativities are important in attracting students to the profession, retaining nurses in

the system and encouraging those who have left to return. A survey conducted as part of the *NSW Nursing Workforce Research Project (2000)* found that, of 3252 participants who indicated an interest in returning to the nursing workforce, only 30 per cent listed better pay as an incentive, as opposed to 67 per cent who listed more suitable working conditions. This finding was echoed by Buchanan and Considine (2002), who prepared a report for the NSW Nurses' Association in support of a 15 per cent pay claim, concluding that pay was a necessary, but not a sufficient condition to attract and retain nurses. The authors drew on the NSW Nursing Workforce Research Project survey, asking focus groups to comment on an apparent paradox in the earlier survey findings. In answer to some questions nurses indicated that pay was not a very important issue but in response to other questions it was rated as very important. Table 1 below provides a summary of this information as put by the groups.

Table 1: Different indicators of the importance of pay to nurses, especially ex-nurses, NSW, 2000

Subject of question	Percentage	Rank/level of importance compared to other factors
Pay is the main reason for not nursing in NSW	1.2%	20
Pay is one of a number of reasons for not working in NSW	17.2%	9
Pay would be important as an incentive to work (reason provided by nurses themselves ie open ended)	27.8%	2
Proportion of ex-nurses rating financial recognition for skill and experience as "important" or "very important"	79.5%	3

Source: Buchanan and Considine (2002), *Stop Telling Us to Cope! NSW nurses explain why they are leaving the profession*. P.40

This reveals the complexity of the issue of pay and pay relativities. The groups agreed that these findings highlighted the importance of understanding pay in the context of the changing nature of nursing work. One participant indicated that he fell into all categories in the table and emphasised his frustration that nurses' skills and responsibility were not reflected in the pay received. Another nurse indicated that she would not want more money if working conditions improved. All participants mentioned the higher rates of pay as well as lower levels of responsibility and stress for jobs outside of nursing. Participants also stressed that current rates of pay were unfair compared with past levels, due to the changing nature of nursing work. Pay rates do not reflect the level of skill, knowledge and responsibility involved in nursing work. Buchanan and Considine also found an element of pragmatism among the nurses in regard pay rates. Participants did recognise that initiatives to improve working conditions would take some time to be achieved, but pay increases could be achieved much more quickly. The suggestion was that if pay rates increased there would be 'more hands on deck' reducing stress levels, thus improving conditions enough to retain staff until longer-term solutions could be implemented.

Recommendations, for the most part, covered similar ground. *NSW Nursing Workforce Action Plan* (NSW Health, 2001) listed only one objective related to remuneration, to establish a performance based incentive scheme to reward clinical excellence. A progress report NSW Health on recruitment and retention listed as a current key initiative a MOU for salary increases of 4% from 1 January 2003, and 5% from 1 July 2003, as well as a special case lodged with IRC by the NSWNA. *The Ministerial Taskforce Nursing Recruitment and Retention – Final Report* (Queensland Health, 1999) identified the lack of parity of Level 3 remuneration as a recruitment issue and recommended that immediate action be taken to rectify anomalies in the Level 3 salary. *The South Australian Nursing & Midwifery Recruitment and Retention Strategic Directions Plan 2002-2005* (Department of Human Services, South Australia, 2002) also indicated that the issue of wage parity was one that needed to be addressed. It was recommended that measures are established to ensure parity in wages and conditions with the major states are maintained. It was recognised that a disparity exists between the aged and acute care sectors and recommended that this be addressed, including lobbying the Commonwealth Government for separate funding to be allocated to the aged care sector, with indexation to maintain wage parity. The South Australian Government also supports the Senate Inquiry recommendation that the Commonwealth provide additional funding to implement wage parity between the aged and acute care sectors in each state and territory. The South Australian report is the only one that recommends the implementation of paid maternity leave for all employees at the standard level of 12 weeks.

Buchanan and Considine (2002) made recommendations in three categories. First, those requiring immediate action, which included a significant pay increase in recognition of the changes in nursing work and improve the status, quality and recognition of nursing work. In addition, there should be an improvement in access to affordable, accessible parking and resources should be provided for on-the-job training and support for new graduate. Second, a recommendation to be addressed over the next 1 – 2 years, that the NSW Nurses' Association build the work value claim into a full scale industrial campaign directed at improving the conditions and nature of nursing work in NSW. Third, in the next 2 – 5 years the NSW Nurses' Association helps build a coalition to improve the quality of health care in NSW. It is the absence of such a coalition that has resulted in politicians and managers to lead a system in which the pressure to improve is delegated to workers who are regularly told to 'cope.'

5. WORK AND FAMILY BALANCE

Many of the reports found that there was a strong desire on the part of nurses to better manage the balance between work and family responsibilities. In surveys reported common reasons cited for leaving the nursing workforce were family responsibilities and lifestyle considerations. Inflexible rostering makes childcare difficult and also places constraints on social life and leisure activities. In the surveys reviewed 'family responsibilities' rated highly as a reason cited for leaving the workforce, and included not only the responsibility of caring for children but for elderly parents. Family responsibilities heavily impact the predominantly female nursing workforce, as primary care still carried out largely by female family members.

All major reports on recruitment and retention focus on the need for family friendly policies and regarded this as of great importance in the retention of nurses. In NSW, reports such as the *Nursing Workforce Research Project* and the *Nursing Workforce Action Plan* noted the importance of flexible working hours that allow nurses to

balance family, study and social elements of their lives. Nurses surveyed in the *Nursing Workforce Research Project* were asked to indicate their main reason for not currently nursing in NSW and a summary of the findings are listed below in Table 2.

Table 2. Respondents' six most common reasons for not currently working in nursing in NSW.

Main Reason for leaving	Number (%) of responses	Other reasons for leaving	Number (%) of responses
1. Family responsibilities	28.3	1. Shift work requirements	35.7
2. Have a job more suited to my lifestyle & responsibilities	10.3	2. Concern about retraining requirements if return	27.6
3. Relocated interstate or overseas	7.4	3. Lack of flexibility in nursing	26.1
4. Happy with current lifestyle	7.0	4. Have a job more suited to my lifestyle and responsibilities	24.4
5. Health reasons/work injury	6.7	5. Family responsibilities	24.1
6. Dissatisfied with the profession	5.6	6. Happy with current lifestyle	24.0

Source: *New South Wales Nursing Workforce Research Project*. P.25

Note: Respondents chose one 'main' reason and any number of 'other' reasons.

Issues concerning family responsibilities, lifestyle and shift work requirements were predominant, and this was reflected in other states. In Queensland the Flexible Work Environment Expert Working Group, set up under the auspices of the Ministerial Taskforce for Recruitment and Retention, found in surveys completed at workshops that nurses were unfamiliar with the range of family friendly policies. The survey also highlighted the lack of availability of extended hours childcare, which was seen as hindering flexible rostering, impacting on both staff with children and those without, who worked hours those with children could not. The need for flexible rostering, day care and family centred polices were mentioned in reports from South Australia, Tasmania, Victoria and Western Australia.

The recommendations in the reports reflect the concerns outlined above. NSW recommended the establishment of links to a range of childcare services and agencies to cater for staff with a variety of needs: full time, shifts, rotational places and care at short notice. It was also recommended that information be disseminated to staff. In Queensland it was recommended that a process be set in place so that district Health Services are notified of existing family friendly policies in light of the survey findings mentioned above. It was also recommended that Queensland Health undertake an analysis of nurses' childcare needs in line with the government's approach to the provision of extended hours childcare services.

The *South Australian Nursing and midwifery Recruitment and Retention Report* recommended a range of policies including:

- Flexible work practices that accommodate a range backgrounds and different family/personal circumstances care models and cultures

- Flexible rostering to be introduced or extended, together with greater use of part time and job share options
- Provision of affordable, quality, extended hours childcare at the workplace or through other forms of direct childcare assistance
- Provision of adequate facilities for breastfeeding in the workplace.

In Tasmania, the *Tasmanian Nursing Workforce Planning Project* has no explicit recommendations for family friendly policies but recommended the development and implementation of policies that support a diversity of needs and flexible workplace arrangements for all nurses. The Victorian Recruitment and retention Committee Report recommended attention be paid to rostering, with special regard to flexibility, fairness and equity and that the Department of Human Services undertakes an urgent review of childcare needs with a view to formulating a strategy that best suits assessed needs. In Western Australia, *New Vision New Direction* recommended the development of childcare services that care supply appropriate to staff's needs, including the option of employing childcare coordinators, on-site/off-site childcare and vacation childcare.

6. GENERAL COMMENTS

A theme that strongly runs through the reports reviewed is that the working environment of nurses is very stressful and the work is physically, emotionally and mentally draining. Workplace culture, characterised by lack of respect from doctors, other health professionals and the wider community, results in nurses feeling undervalued and frustrated and drives them from the profession. There was also a strong feeling that nurses' pay levels have failed to keep pace with their level of education, skill and professionalism and is below pay rates for allied health professions, as well as other professions. Despite this, there is still a strong commitment to nursing among those who remain in the profession and those who left. However, many ex-nurses are reluctant to return to the present system.

Some reports explored the context of nursing, recognising the broader social, political and cultural factors that impact nurses' career choices. It was recognised that not all factors that affect recruitment and retention of nurses are 'nursing' issues. The *NSW Nursing Research Project* argued that there are three areas, which are linked, but require consideration in the development of strategies to encourage nurses to participate in the nursing workforce: general working conditions; the nature of women and work; and changes in career trends and attitudes. The issue of gender is still important in discussion of the nursing workforce, despite the growing number of males entering the profession. There was agreement over the need to increase male representation in the workforce, although there was a dissenting view that males in the workforce reinforced the problem of inequity. Male nurses have relatively greater success in career progression within the nursing hierarchy, with the perception by some that women take on the caring roles and men the administrative roles. Nursing is still a predominantly female workforce and therefore changes in attitudes of women to work will have a significant impact on the nursing workforce. Changes to social attitudes mean that women now take on a wider range of professional roles. Nursing is now competing with a much wider range of career options, with nursing seen as less desirable due to the persisting negative image of the profession. Although there has been some shift in attitudes to women and work, social attitudes to the role of women as primary carers persist. Women have additional job stresses, due to the expectation that they will bear the majority of the burden of family carer for both children and elderly relatives. This causes particular problems for women in the

nursing workforce because of the problems associated with shiftwork, inflexible rosters and the lack of childcare facilities. For women, these problems act as barriers to participation in the nursing workforce.

The reports reviewed in this paper represent only a sample of the work that has been conducted on the problems facing the nursing workforce. Nevertheless, a lot of ground has been covered, such that individual reports almost seem repetitive. Indeed, the tendency of reports to draw on the work of others, the recommendations are often similar and in some instances verbatim. In summary, there is a universal recognition of the problems facing nursing. While it is hard to judge just how deep the commitment to change is, there is some evidence of action. The Victorian report included the Government's response to its 86 recommendations. Approximately 30 recommendations were accepted, with another 20 or so receiving support from the government, some required further investigation, were directed at the Victorian Deans of Nursing or were considered to be local management decisions. Some recommendations relating to funding and education were supported, but are the responsibility of the Commonwealth. There were a small number on which action was already under way, and some that had been overtaken by decision of the Australian Industrial Relations Commission in relation to awards and Enterprise Bargaining agreements.

In NSW, the Office of the Chief Nursing Officer released a progress report in October 2002, outlining initiatives that were currently being implemented and reiterating the government's commitment recruitment and retention strategies. Some initiatives have been undertaken in partnership with the NSW Nurses' Association and include, but are not limited to: new nurses award; employer sponsored child care centres; review of the CNS; Grievance Procedures, Harassment Free Workplace Procedures and Codes of Conduct; an EN career pathway; study reporting requirements; and Nurse Practitioner Salary Classification. NSW Health also continues to lobby the Commonwealth on issues surrounding the nursing workforce, in relation to undergraduate education and national coordination. NSW Area Health Services continue to implement strategies at the local level, including marketing and promotional activities, career adviser positions, work experience programs, establishment of clinical chairs, scholarships, mentoring and research.

7. REFERENCES

- Australian Institute of Health and Welfare (2000) *Nursing labourforce 1999: preliminary report*. AIHW cat no HWL 18, Canberra
- Buchanan, J. and Considine G. (2002) Australian Centre for Industrial Research and Training (ACIRRT) University of Sydney. *Stop telling us to cope! Nurses explain why they are leaving the profession*. A Report for the NSW Nurses Federation.
- Department of Health and Aged Care (2000) *Rethinking Nursing – National Nursing Workforce Forum, 1999*. Commonwealth Department of Health and Aged Care, Canberra: 2000
- Department of Health and Human Services, Tasmania (2001) *Final Report of the Tasmanian Nurse Workforce Planning Project*. Principal Nurse Advisor's Office, Department of Health and Human Services, Hobart: November 2001
- Department of Human Services, South Australia. (2002) *The South Australian Nursing and Midwifery Recruitment and Retention Strategic Directions Plan 2002-2005*. Metropolitan Health Division, Department of Human Services, Adelaide: August 2002
- Department of Human Services. Victoria (2001) *Nurse Recruitment and Retention Committee: Final report*. Nurse Policy Branch, Policy and Strategic Projects, Department of Human Services, Melbourne: May 2001
- Department of Human Services. Victoria (2001) *Nurse Recruitment and Retention Committee: Government Response*. Nurse Policy Branch, Policy and Strategic Projects, Department of Human Services, Melbourne: June 2001
- Donovan Research (1998) *Research to Assist the Development of a Campaign to Promote Nursing as a Career*. Donovan Research Marketing and Communications Research Consultants, Perth: December 1998
- Health Department of Western Australia (1995) *Nurse Workforce Planning Project*
- Health Department of Western Australia (2001) *New Vision, New Direction: Report of the West Australian study of Nursing and Midwifery*. Department of Health western Australia, Perth: 2001
- Lumby, J. "Noticed by our Absence." *Nursing Weekly*, November 6-16, 2002, p.25
- Meppem, J. (2001) *NSW Nursing workforce Action Plan*. NSW Health, Sydney: September 2001
- NSW Health (2002) *Recruitment and Retention of Nurses: Progress Report*. Office of the Chief Nursing Officer, NSW Health, Sydney: October 2002
- Nursing and Health Services Research Consortium (2000) *New South Wales Nursing Workforce Research Project*. Prepared for NSW Health Department, Nursing Branch, September 2000
- Queensland Health (1999) *Ministerial Taskforce – Nurse Recruitment & Retention: Final Report*. Queensland Health, Brisbane: 1999

Price, K., Heartfield, M. and Gibson, T. (2001) *Nursing Career Pathways Project – Pathways to Nursing’s Diversity*. Department of Education, Science and Training, Canberra: 2001

Steering Committee for the National Review of Nurse Education in the higher Education Sector. (1994) *Nursing Education in Australian universities: Report of the National Review of Nurse Education in the Higher Education Sector, 1994 and beyond*. (J. C. Reid, Chair) Canberra, AGPS

APPENDIX A – SUMMARY OF ISSUES

Table A-1. Summary of issues covered by selected major reports.

ISSUE	NSW Nursing Workforce Action Plan, 2001 1.	QLD Ministerial Taskforce Nursing R&R Final Report, 1999	SA Nursing & Midwifery R&R Strategic Directions Plan, 2002	TAS Nurse Workforce Planning Project, 2001	VIC Nurse R & R Committee Final Report, 2001	WA Study of Nursing & Midwifery New Direction, New Vision, 2001	Rethinking Nursing: National Nursing Workforce Forum, 1999	Stop Telling us To Cope! NSW nurses explain why they are leaving the profession, 2002
Image/status of profession	✓		✓	✓	✓	✓	✓	✓
Lack of management support & budget focus	✓	✓		✓	✓	✓	✓	✓
Workforce data & planning				✓	✓	✓		
Lack of respect from other health professions	✓				✓			✓
Lack of respect: other nurses/ patients/relatives/ community	✓			✓	✓			✓
Career structure		✓		✓	✓	✓	✓	✓
More career opportunities for women outside nursing	✓		✓		✓		✓	
Nursing as vocation versus profession	✓							✓
Unrealistic expectation of nursing	✓							✓
Physical/mental/emotional demands	✓				✓			✓
Expansion of nursing roles, ↑non-clinical duties	✓	✓	✓	✓	✓			✓
Succession planning			✓	✓	✓			

ISSUE	NSW Nursing Workforce Action Plan, 2001 1.	QLD Ministerial Taskforce Nursing R&R Final Report, 1999	SA Nursing & Midwifery R&R Strategic Directions Plan, 2002	TAS Nurse Workforce Planning Project, 2001	VIC Nurse R & R Committee Final Report, 2001	WA Study of Nursing & Midwifery New Direction, New Vision, 2001	Rethinking Nursing: National Nursing Workforce Forum, 1999	Stop Telling us To Cope! NSW nurses explain why they are leaving the profession, 2002
Lack of resources & equipment	✓			✓	✓	✓		✓
Physical/verbal abuse from doctors/patients/other nurses	✓		✓	✓	✓	✓		✓
↑ patient expectations			✓		✓		✓	✓
Lack of ability to provide adequately for patient care	✓				✓			✓
Lack of autonomy	✓				✓	✓	✓	
Staff shortages	✓	✓	✓	✓	✓	✓	✓	✓
Recruitment strategies	✓	✓						
Need for culturally diverse workforce, inc Indigenous		✓	✓	✓	✓	✓	✓	
Ageing nursing workforce	✓	✓	✓	✓	✓		✓	
↑ patient acuity & turnover					✓			✓
↑ workload, supervision of new/agency staff					✓			
Preceptoring/mentoring	✓	✓			✓			
Personal safety –contracting disease, work related injuries/support for return to work	✓			✓	✓			✓
Ancillary staff performing work requiring RN training							✓	
Need for strong nursing leadership	✓			✓	✓		✓	
Use of agency nurses		✓				✓		✓

ISSUE	NSW Nursing Workforce Action Plan, 2001 1.	QLD Ministerial Taskforce Nursing R&R Final Report, 1999	SA Nursing & Midwifery R& R Strategic Directions Plan, 2002	TAS Nurse Workforce Planning Project, 2001	VIC Nurse R & R Committee Final Report, 2001	WA Study of Nursing & Midwifery New Direction, New Vision, 2001	Rethinking Nursing: National Nursing Workforce Forum, 1999	Stop Telling us To Cope! NSW nurses explain why they are leaving the profession, 2002
Workplace stress	✓		✓	✓	✓	✓		✓
Increased pay	✓		✓					✓
Pay parity with other nurses in other states			✓	✓				
Pay commensurate with level of skill/ responsibility/education	✓			✓				✓
Movement across specialties without loss of pay/status						✓		
Shift work	✓	✓	✓	✓	✓	✓		
Need for flexible rostering	✓	✓	✓	✓	✓	✓	✓	✓
Provision of child care	✓	✓	✓	✓	✓	✓	✓	

1. Includes *New South Wales Nursing Workforce Research Project*, Nursing and Health Services Research Consortium, 2000

APPENDIX B - SUMMARY OF RECOMMENDATIONS

1. QUEENSLAND, SEPTEMBER 1999

- Pre registration & training to better match workforce planning needs
 - Facilitation of work experience & marketing for secondary school students (collaborative approach)
 - Rural & remote scholarships
 - Development & implementation of a framework for a Nursing Career Advisory Service
 - Maintenance of current undergraduate intake for next 5 years
 - Commitment to provision of clinical education experience and appropriate allocation of resources
 - Establishment of committee to facilitate the development of partnerships between health & higher education sectors
 - Development of a training & development network for nurses
 - Committee to match post graduate and enrolment courses to industry needs
 - Development, implementation and evaluation of staff development management programs for all levels of staff, with priority to Level 2 & Level 3
 - Recognition of prior learning of ENs who want to enrol in an undergraduate pre-registration course
 - Recognition of value of Assistants in Nursing (AiN) and ENs as a source of future RNs & development of strategies for advancement within the nursing structure
 - Rotations of nursing staff from rural & remote locations between tertiary and secondary locations
 - Establishment of Clinical Professor of Nursing positions
 - Process of recruiting new graduates be established to meet new graduate needs as well as the needs of Qld health
 - Review of funding of graduate transition support be undertaken, including cost of preceptors & funding for new graduates be quarantined
 - Transition support appropriate to the needs of Indigenous nurses
 - Development & implementation of Best Practice Model for recruitment
 - Principles of meritorious selection to be adhered to
 - Assessment of computer software & hardware needs for rural & remote locations
 - Analysis of workforce data annually for the formulation of strategic direction
 - Articulation of meaning "Models of Care"
 - Development of Business Planning Model as method of determining long term staffing needs
 - Monitor nursing workload and develop strategies in response
-

- Health Advisory Unit (Nursing) input into formulation of nursing policy
- Communication strategy to be developed from the dissemination of relevant & necessary information to and from nurses
- Development of models for nursing leadership
- Further development of patient dependency systems
- Review of Levels 3, 4 & 5 roles to be undertaken and benchmarked and anomalies addressed
- Recognition for non-clinical time required for management & other activities for L2 & 3 in determination of future staffing levels
- Incorporate EN role into career structure
- Investigation of high turnover rate
- Package of relocation expenses to be adopted for nurses moving to rural & remote areas
- Modification of superannuation arrangements to suit a mobile predominantly female workforce
- Develop process to notify Health Service Districts of existing family friendly policies and evaluate current uptake
- Analysis of childcare needs
- Provision of info statewide about nursing award conditions and monitor application of these awards
- Setting of standard for new/replacement accommodation adopted for rural & remote locations
- Adoption of strategic direction for aged care service delivery that which includes RNs, ENs & AiN
- Establishment of QLD Professor of Gerontology Nursing
- Establishment & promotion of continuing professional educational opportunities for nurses in aged care sector

2. NSW, SEPTEMBER 2001

- Undertake research on nursing workload, skill and staff mix and patient outcomes
 - Processes established/ maintained to ensure replacement of staff within a month of notification of resignation & recruit for staff on maternity/long service leave etc
 - Investigation of the feasibility of a clinical coordination role in a number of different contexts
 - To review the level of non-clinical work performed by nurses, with a view to the reduction of the non-clinical workload
 - To showcase NUMs, educators & managers with excellent leadership skills
 - Establishment of models of care that transform workplace culture, to assist staff to develop knowledge & skills required to respond to the rapid changes in the health care system
-

- Support for nurses returning to the workforce, through refresher programs and preceptor/mentor programs
- Increase preceptor/ mentor training programs & programs to support new graduates
- Reduction of staff harassment and bullying in the workplace, raise awareness of existing policies & processes for reporting & addressing staff harassment
- To establish programs for recognising staff achievements
- To establish non-compulsory unit managed staffing, 12 hour shifts and other flexible models of staffing
- To conduct a comprehensive multi-media campaign to positively impact on the community and nurses' perceptions of nursing, and to promote the benefits of a nursing career to school leavers, promoting a contemporary image of nursing
- To conduct local recruitment initiatives to complement the marketing campaign, and promote work experience
- Establish links with full range of local childcare services to facilitate staff access to places for full time, shifts, rotational places and care at short notice
- Increase employee and student access to appropriate accommodation
- To increase awareness of effective management & leadership strategies, offer mentorship opportunities, provide information on effective & innovative recruitment & retention strategies
- Ensure ongoing maintenance of effective performance management systems
- Reward clinical excellence via performance based incentive rewards system
- Reduction of the need for compulsory shift rotation by increasing the number of permanent night duty, evenings & weekend staff
- To reduce the need and/or anxiety associated with the rotation of permanent staff to other areas
- To attract staff & students through subsidised accommodation

3. VICTORIA, MAY 2001

High Priority

- Establishment of mechanisms & strategies to ensure the immediate implementation of recommendations approved by the Minister for Health
 - Dept of Human Services monitors strategies in relation to workload, conditions, career structure, qualifications, allowance and study leave as determined by the AIRC and evaluates their impact on recruitment & retention of nurses in Vic
 - DHS ensures Group A, B & C hospitals have access to refresher & re-entry programs
-

- Govt funding of \$2100/nurse in participating hospitals for re-entry or accredited supervised practice programs
 - Govt provides \$130/FTE/week for each unregistered nurse undertaking re-entry prog, with travel allowance for those who travel >100kms each way
 - Review of policies, procedures in relation to recency of practice requirements
 - DHS conducts statewide advertising program aimed at encouraging both registered non-practicing and unregistered nurses to return to work
 - Provision of refresher/reskilling programs for nurses not currently practicing
 - Approach to be made to Commonwealth to review funding model for clinical education component of degrees to ascertain if current level accurately reflects the true cost
 - Support for nurses undertaking preceptoring roles
 - Review clinical learning programs to maximise clinical learning outcomes
 - Review of the place of the specialty components in the undergraduate program
 - Financial support for undergraduates undertaking rural placements
 - DHS develops a marketing strategy to attract & recruit nurses into the mental health areas
 - Mental health services offer placements for undergraduates
 - Review mental health content, both theory & practice, of BoN
 - DHS to convene an intersectoral steering committee to address educational issues associated with scope of practice
 - Minister of Health to approach Commonwealth for increased number of HECS places
 - Increase uptake of post graduate places, facilitating easier access, variety of delivery modes, multiple entry points, recognition for prior learning
 - The intersectoral group should develop programs to ease transition from education to work during the first 6 months of practice
 - Review of existing multimodal education products, evaluate & recommend appropriate products – tele/videoconferencing, distance education, CD-ROMs
 - Allocation for places for study leave for 4 hrs per week per place for nurses undertaking post grad & post-basic courses
 - That, in the absence of statewide workload data, each ward/unit establishes a template for workload with a ratio ranging from 1:3 to 1:5
 - Policies & procedures should be in place to enable NUMs to control workloads
 - Elective surgery be minimised during school holidays and other known periods of staff shortage
 - In rostering, attention be given to flexibility, fairness & equity, encouragement of permanent night duty, but with access to education & some day duty
 - Reduction of excessive overtime
 - Restoration of shift overlap
 - Permanent vacancies to be filled by permanent staff
-

- Recruitment procedures for replacement of permanent staff developed to ensure vacancies are filled within 8 weeks of notice of resignation
- Use of agency nurses restricted to unplanned absences only
- Establishment of Nurse Banks to meet ad hoc staffing needs
- Formal independent counselling for victims of bullying & harassment and access to critical incident debriefing
- Mechanisms for dealing with workplace bullying
- Review of childcare needs with a view to formulating strategies that best meet needs
- Ensure appropriate clinical career paths , CNC position can be appointed in any clinical area
- Strategies to be put in place for succession planning
- Nurse managers encouraged to undertake education in general, financial & human resource management
- Clinical supervision be introduced into public health system
- DHS to provide funding for the complete implementation of the no lift program in eh public aged care sector

Medium Priority

- Increase provision of work experience places for Year 10 students, work with CEAV to ensure teachers have better understanding of nursing as a career, preparation of care set of materials for high school students
- DHS to explore the extent to which return to work programs for injured nurses have been implemented in public health services
- Mapping of clinical placements & students' requirements for such places – coordinated system to facilitate placements
- Review of non-nursing assistance needed
- Support for rural nurses, locum nurse bank, review of security risks for rural nurses and develop strategies for security management and risk minimisation
- DHS est mechanism for recognition of post grad qualifications within the career structure

Long Term Priority

- Vic Govt continues to lobby the Commonwealth to coordinate issues relating to nursing workforce planning for which it had responsibility
 - DHS makes available to Victorian Dept of Employment, Education & Training nursing labour force statistics to assist in the provision of post grad & post-basic specialty nurse course planning in the university and VET sectors
 - Identification of best practice in relation to models of preceptorship
-

- Assessment of the prevalence of workplace violence (verbal & physical) both directed at nurses and from within nursing & consider whether a statewide campaign is needed

4. TASMANIA, NOVEMBER 2001

- Revision of the nurse labourforce survey to improve the quality & analysis of the data enabling greater accuracy in workforce planning
 - Collaboration between nurse employers & Uni of Tas to assist in addressing nurse shortages
 - Development of a marketing strategy that utilises nurses from a diverse range of settings and that promotes a positive & challenging image of nursing
 - Development of internal marketing plans, which will result in nurses being valued by and valuing their colleagues
 - Development of promotional material that identifies the knowledge & skills required for different practice settings, promotion activities aimed at Years 9-12
 - Promotion of the role of indigenous nurses, ethnic nurses & males to assist in recruitment
 - Nurse employers, government and Tasmanian School of Nursing (TSoN) work in partnership towards the inclusion of a practicum in the first undergrad year & develop a classification that will allow undergrads to work during semester breaks
 - Increase and support the number of nursing graduate places available in rural settings
 - Review of existing career development that includes consideration of service models, teams, skill mix
 - Develop of succession planning through development of mentoring and preceptoring programs
 - Collaborative development of courses to facilitate nursing career development
 - Support networks for nurses working in isolated settings
 - Review of the scope of practice – taking into account NRNE & Senate Inquiry
 - Development of best practice care delivery models
 - Review and make recommendations for nurse practitioner role in Tas context
 - Review and make recommendations for the role of care assistants
 - Exploration of incentives to attract nurses to areas where recruitment is difficult
 - Scholarships to support existing staff & emerging leaders
 - Development of participatory management model
 - Improvement of recruitment process through linkages with HR and practice
 - Consultation with nurses in the strategic planning of health & info technology
 - TSoN reviews the undergrad course, taking into account the needs of Tas community, employers & the needs of graduates when determining course content
 - Consideration of staggered student graduation
-

- Alternative models of nurse education be examined eg Notre Dame
- Submission be made to NRNE to review how HECS affects access to education
- Consultation to ensure that appropriate & sufficient clinical places provided
- Further rural places be provided with assistance for accommodation, supported communication & sustainable funding
- The development of a greater variety of more affordable & flexible post graduate courses, with scholarships to encourage uptake in areas of need, repayment of fees through the payment system, variety of delivery modes, such as web based
- Expansion of the scope of specialised practice supported by appropriate education
- Review of funding & models of implementing transition programs in a range of practice settings
- Review of role of EN
- Review of re-entry program to maximise opportunity for nurses in rural & metro areas to return to work
- Access to study leave & travel assistance to support continuing education
- Rotation through health services to obtain clinical experience & skills development
- Examination of the feasibility of developing a personal care assistant position
- Clear definition of Nurse Practitioner role, supported by legislation
- That the submission to NRNE makes comment on issue related to role delineation of RNs & ENs

5. WESTERN AUSTRALIA, NOVEMBER 2001

- Establishment of strategies & mechanisms to ensure that implementation occurs
 - Workforce issues, including strategies to determine resource requirements, identify workforce deficits and implementation of family friendly policies, removal of inflexible practices that work as barriers to employment
 - Active management of workplace stress
 - Planning models to determine staffing levels required to meet service needs, including use of labour force data
 - Address high utilisation of agency nurses, using Best Practice principles to reduce reliance on agencies
 - Active facilitation of the development of child care services
 - Provision of support services for nurses in clinical areas
 - Minimisation of security threats and eliminate workplace bullying
 - Optimisation of EN skills
 - Movement across specialty areas without financial or professional loss
 - Support for preceptors – allowing non-clinical time with graduates and rewards/recognition for the role
-

- Standards of support for clinical placements for students
- Career Link programs & expanded work experience, including strategies to attract Indigenous students
- Support for the articulation of career pathway, with review of current structure undertaken via consultative process
- Collaborative strategy for promotion of positive image of the profession, including a cultural change that empowers nurses to value each other within the profession
- Establishment of credentialing framework, with accreditation of education programs via consultative process
- Establishment of competency guidelines in consultation with stakeholders & development of professional portfolio
- Review & implementation of recommendations of NRNE in WA context
- support for graduate transition programs and staggering of graduations to coincide with industry intakes
- Examination of option for centralised coordination of clinical placements, funding of scholarships
- Review of undergraduate EN education
- Sufficient funding for refresher/re-entry programs
- Support for leadership of development of clinical governance and evidence-based practice
- Development of scope of practice framework, including advanced practice and implementation of the nurse practitioner role
- Chief nurse to be member of planning and policy committees
- Establishment of professional nursing council, which allows input from nursing & midwifery profession into policy
- Joint appointments between academia and industry with research focus
- Investment in nurse leadership
- Review of rural & remote services, support for rural & remote practice
- Review/updating of accommodation facilities in rural & remote areas and access to IT and associated training

6. SOUTH AUSTRALIA, AUGUST 2002

- Establishment of framework for implementation of recommendations
 - ENs - increase intake, explore option of traineeships
 - RNs – recommendations re intake numbers, minimum of 1350 graduates annually
 - Continued funding for clinical placements, support for increased EFTSUs for undergraduate places to cope with present and forecast undersupply, & adequate HECS places
 - Support for national recruitment strategy
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- Support for Aboriginal health workers to undertake nursing training, plans for Indigenous clinical placements, scholarships, awareness of cultural issues & support for students in educational institutions
 - Provision of work experience places for high school students, provision of comprehensive career info for students
 - Support for refresher and re-entry programs, remuneration for undertaking courses, inclusion of private & aged care sectors, flexible courses
 - Rural incentives – housing subsidy, childcare assistance, relocation expenses, travel allowances, secondments from other areas, scholarships for nurses/midwives to work in rural areas
 - Temporary recruitment of overseas nurses to cope with short term problems
 - Continuation of employment of 3rd year graduates, explore possibility of 2nd & 3rd undergraduates eligibility for EN status, or limited registration
 - Support for a range of family and students friendly policies, including flexible rostering, PT work, job share options, childcare
 - Wage parity with other state and territories
 - Opportunities to move between sectors to improve experience/skills
 - Recognition of/reward for additional qualifications, including private sector
 - Provision of paid study leave, additional study leave for rural & remote areas
 - Minimising of overtime/excess hours and ensure staff claim legitimate TOIL
 - Strategies to deal with workplace bullying, harassment, fostering healthy working environment, enforcement of OH&S guidelines, secure parking etc
 - Guidelines to be developed to deal with violent clients – implemented in aged and private sectors, national reporting system for violence/aggression against nurses to determine the extent of the problem and develop strategies to deal with it
 - Access to critical incident debriefing/system for reporting adverse events
 - Funding of 'no lift' program, support for return to work programs, management of workplace stress, support for agreed staffing levels
 - Vacancies to be filled within 8 weeks of notice, re-establish staffing pools for casual vacancies, monitor use of agency staff
 - Explore options to better manage periods of known shortage e.g. school holidays
 - Pilot rostering trials, encourage permanent night duty
 - Development of strategies to address shortages in aged care sector
 - Support for non clinical duties – clerical, phone answering etc
 - Funding models include provision for industrial and award leave relief – annual, carers' long service, also for adequate equipment
 - Implementation of specialist nurse role
 - Identification of process to ensure that appropriate clinical career pathway available at all levels, clinical advancement and recognition, provision of succession planning, including management
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- Staff development for managers be encouraged – in-service education, post grad management training
 - Monitoring of staff satisfaction on regular basis
 - Paid maternity leave
 - Workforce planning – current methods of planning/forecasting to continue but under constant review
 - Mapping exercise to ascertain clinical placements available with view establishing coordinated booking system
 - Review of clinical learning programs in undergrad programs, exploration of new curricula for undergrads, including provision of earlier exposure to clinical education and clinical placements of longer duration, specialist training within undergraduate program
 - Travel & accommodation subsidies for students, particularly rural, also private sector
 - Expansion of EN role, recognition of prior learning
 - Provision of multi modal education products – distance education, video conferencing
 - Provision of staff development programs – including providing time in staffing schedules, also private sector employers to provide resources for continuing professional development
 - Transition to work programs, preceptoring and mentoring programs, with graduate transition programs to be flexible, fit needs of students, staggering of graduations
 - Funding for post grad courses, establishment of process to support study leave
 - Introduction clinical supervision/support, with quarantined funding, clinical info systems to support nursing practice, development of clinical governance
 - Funding support for nursing research, implementation of Nurse Practitioner role
 - State/local media campaigns to promote benefits of nursing career to school leavers and to encourage nurses back to workforce
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APPENDIX C - MATERIAL VIEWED

ACT Review of the Career Structure of Nurses in the Australian Capital Territory, 1990

Aitken, R. L., Faulkner, R., Bucknell, T. (2001) *Aspects of Nursing Education: The Types of Skills and Knowledge Required to Meet the Changing Needs of the Labour Force Involved in Nursing – Literature Review*. National Review of Nurse Education, Department of Education, Science and Training, Canberra: 2001

Australian Bureau of Statistics (1989) *Career Paths of Qualified Nurses Australia*. Commonwealth of Australia, Canberra: 1989

Department of Education, Science and Training (2002) *Our Duty of Care*. National Review of Nursing Education 2002, Chair, Heath, P. Commonwealth of Australia, Canberra: 2002

Department of Employment, Education and Training (1991) *National Nurse Labour Market Survey*.

Australian Institute of Health and Welfare (1999) *Nursing labour force 1999 Preliminary report*. AIHW cat. no. HWL18. Canberra

Buchanan, J. and Considine G. (2002) Australian Centre for Industrial Research and Training (ACIRRT) University of Sydney. *Stop telling us to cope! Nurses explain why they are leaving the profession*. A Report for the NSW Nurses Federation.

Clinton, M., de Boulay, S., Hazelton, M. and Horner, B. (2001) *Mental Health Nursing Education and Health Labour Force: Literature Review* National Review of Nurse Education, Department of Education, Science and Training, Canberra: 2001

Department of Health and Human Services, Tasmania (2001) *Final Report of the Tasmanian Nurse Workforce Planning Project*. Principal Nurse Advisor's Office, Department of Health and Human Services, Hobart: November 2001

Department of Human Services, South Australia. (1999) *Nurse Practitioner Project: Final Report*. Strategy & Operation Services – Nursing, Department of Human Services, Adelaide: October 1999

Department of Human Services, South Australia. (2002) *The South Australian Nursing and Midwifery Recruitment and Retention Strategic Directions Plan 2002-2005*. Metropolitan Health Division, Department of Human Services, Adelaide: August 2002

Department of Human Services. Victoria (2002) *The Victorian Nurse Practitioner Project: Final Report of the Taskforce*. Policy & Planning Division, Department of Human Services, Melbourne: July 2000

Department of Human Services. Victoria (2001) *Nurse Recruitment and Retention Committee: Final report*. Nurse Policy Branch, Policy and Strategic Projects, Department of Human Services, Melbourne: May 2001

Department of Human Services. Victoria (2001) *Nurse Recruitment and Retention Committee: Government Response*. Nurse Policy Branch, Policy and Strategic Projects, Department of Human Services, Melbourne: June 2001

Donovan Research (1998) *Research to Assist the Development of a Campaign to Promote Nursing as a Career*. Donovan Research Marketing and Communications Research Consultants, Perth: December 1998

Eisenbruch, M. (2001) *Multicultural Nursing Education*. National Review of Nurse Education, Department of Education, Science and Training, Canberra: 2001

Francis, K., Bowman, S., Redgrave, M. (2001) *Rural Nurses: Knowledge and Skills required by rural nurses to meet the challenges of a changing work environment in the 21st century: A review of the literature*. National Review of Nurse Education, Department of Education, Science and Training, Canberra: 2001

Health Department of Western Australia (1990) *Registered Nurses Labourforce Overview: Discussion Document*.

Health Department of Western Australia (1990) *Report of the Nurses' Career Structure Evaluation Committee*

Health Department of Western Australia (1995) *Nurse Workforce Planning Project*.

Health Department of Western Australia (2000) *Remote Area Nurse Practitioner Project Report* Health Department of Western Australia, Perth: April 2000

Health Department of Western Australia (2001) *New Vision, New Direction: Report of the West Australian study of Nursing and Midwifery*. Health Department of Western Australia, Perth: 2001

Johnson, D., Preston, B. (2001) *An overview of Issues in Nursing Education*. Department of Education, Science and Training, Canberra: October 2001

Lewis, M. (2001) *The History and the Stakeholders. (Who's holding the stethoscope?)* "Whence the Australian Nurse Practitioner/Midwife?" NAMIPPA Conference 23 & 24 March 2001

Lewis, M. and Brown. J. (2001) "Team Players." RCNA Annual National Forum & AGM, 10-11 May 2001, Sydney

Lumby, J. "Noticed by our Absence". *Nursing Weekly*, November 6-16, 2002, p.25

National Review of Nursing Education (2001) Discussion Paper. (Heath, P. Chair) Department of Education, Science and Training, Canberra: 2001

National Review of Nursing Education (2002) *Our Duty of Care*. (Heath, P. Chair) Department of Education, Science and Training, Canberra: 2002

Nursing and Health Services Research Consortium (2000) *New South Wales Nursing Workforce Research Project*. Prepared for NSW Health Department, Nursing Branch, September 2000

McKinley, S., Aitken, L., Doig, G. S., Liu, Jin Zhu (2001) *Models of Nursing Education and Training: A Systematic review of the Literature*. National Review of Nurse Education Department of Education, Science and Training, Canberra: 2001

Meppem, J. (2001) *NSW Nursing workforce Action Plan*. NSW Health Department, Sydney: September 2001

Meppem, J. (2001) *Recruitment and Retention of Nurses: Progress Report overview*. NSW Health Department, Sydney: September 2001

Mirco, C. (2001) Discussion Paper: Northern Territory Public Sector Nursing Career Structure Review.

NSW Department of Health (1998) *New South Wales Rural and Remote Nursing Summit Report*. NSW Department of Health, Sydney: April 1998

Price, K., Heartfield, M., Gibson, T. (2001) *Nursing Career Pathways Project*. National Review of Nurse education, Department of Education, Science and Training, Canberra: 2001

Queensland Health (1999) *Ministerial Taskforce – Nurse Recruitment & Retention: Final Report*. Queensland Health, Brisbane: 1999

Russell, R. L. Gething, L. Convery, P. (1997) *National Review of Specialist Nurse Education*. Department of Employment, Education, Training and Youth Affairs, Canberra: 1997

Saltmarsh, D., North, S., Koop, T. (2001) *Student Expectations of Nursing*. National Review of Nurse education, Department of Education, Science and Training, Canberra: 2001

Steering Committee for the National Review of Nurse Education in the higher Education Sector. (1994) *Nursing Education in Australian universities: Report of the National Review of Nurse Education in the Higher Education Sector, 1994 and beyond*. (J. C. Reid, Chair) Canberra, AGPS
