Submission to the Health Workforce Australia consultation paper on Nursing Workforce Retention and Productivity

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1. Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

The union has membership of over 225,000 nurses, midwives and assistants in nursing. Members practice in a wide range of settings across urban, rural and remote locations, in both the public and private health and aged care sectors.

The ANF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

2. Background

The nursing and midwifery professions remain the single largest cohort of the health and aged care workforce in Australia. As the largest professional and industrial organisation representing these professions, the ANF has an intense interest in the retention of nurses and midwives in their chosen field of practice.

The ANF considers there are many benefits to retaining qualified nurses and midwives in the health and/or aged care sectors. However, the two most compelling reasons for retention relate to investment and health outcomes, as follows:

- Individual nurses and midwives, and the community, have invested significantly in their educational preparation which has led to initial registration and the gaining of a license to practice. It has been estimated that the exit of every nurse who leaves the profession represents a loss of public funds of AUD$150,000 (conservatively).[1]
- People receiving care should expect the delivery of safe, competent, evidence-based health and aged care services which lead to optimal outcomes for their individual care needs. This can only be assured through the provision of nursing and midwifery care by nurses and midwives who are qualified, regulated and engaged in ongoing professional development.

Of paramount importance to retention are workplace environments which enable nurses and midwives to work to their full scope of practice, facilitated by safe staffing levels and skills mix appropriate for meeting care needs.

In essence, good leadership, good management, shared governance models and balance between productivity and quality will attract and retain nurses and midwives in the workforce.

The Health Workforce Australia (HWA) report *Health Workforce 2025* has highlighted that the best way to balance future workforce supply/demand is through retention of qualified nurses and midwives. It is, therefore, imperative that commitment is made NOW by governments and health and aged care employing bodies to fund and embed strategies which support nurses and midwives to be the backbone of the health and aged care services in Australia.

The importance of retention of nurses, in particular, is not a new issue. An understanding of the solutions required, is not new either. What would be new, however, is gaining the political will and associated funding to make the solutions required a reality. Clearly, given the looming nursing shortage we can no longer afford not to address the issues that have long faced nurses in this country.

3. Specific comment

In the commentary to follow the ANF outlines key messages for retention of nurses and midwives. These are set against the three themes identified by Health Workforce Australia (HWA) rather than addressing the specific questions posed in the consultation paper *Nursing Workforce Retention and Productivity,* namely:

- Effective preparation for practice
- Productive work practices
- Leadership and practice environment

3.1 Effective preparation for practice

The ANF, as the professional and industrial body for the nursing and midwifery professions, maintains having a well-supported workforce, from novice to experienced practitioner, is critical to the provision of safe, competent health and aged care.

3.1.1 Investment in Education

Significant health care dollars are wasted when graduates of nursing and midwifery programs, experienced nurses and midwives, and those re-entering the workforce after a period of absence, are not supported in their workplace and decide to leave the health or aged care sector. This decision is regrettable not just for the usually committed individual health professional concerned, but also for the community. As noted previously this represents a waste of significant financial and time investment, and more critically, a further reduction in the numbers of qualified nurses or midwives to deliver optimal health outcomes.

3.1.2 Education and Workforce Planning

The ANF maintains that there needs to be on-going and regular dialogue between those undertaking health workforce planning, education planners and professional associations, so that each sector is better informed to prepare for future workforce and population health needs. Analysis of health workforce requirements for present and future needs, in terms of numbers and qualifications, must be undertaken in the context of knowledge of educational programs, capabilities, health and aged care reforms, and innovation. The inverse is also true that workforce planners must include the education sector and professional associations in discussions on proposed innovation, so that the graduating workforce is introduced to the principles of, and equipped for, new models of care delivery.

3.1.3 Clinical Placements

Clinical experience is a critical component of undergraduate education for students of nursing and midwifery programs. Theoretical concepts from the sciences and from the perspective of nursing theorists need to be supplemented in the learning experience with practical application, for reinforcement of information studied.

The ANF policy statement titled *Nursing education: registered nurse* includes the following pertinent points relating to clinical learning experience:[2]

Adequate clinical education must be provided to students so they can acquire the clinical experience necessary to meet the competency standards. Staffing levels and skills mix in health and aged care settings providing clinical placement for students must be adequate to optimise the learning experience.

Clinical placements for registered nurse education, either undergraduate or post graduate, require active and positive collaboration between the health and education sectors and sufficient resources to assist education providers and facilities in which clinical education occurs to deliver a quality learning experience.

The ANF strongly encourages education providers and health and aged care service providers to continue to explore new and innovative areas for clinical placements. This not only exposes neophyte nurses to a greater breadth of practice areas but also inspires employers to provide positions for newly registered nurses during their transition to practice period following graduation.

We consider the most critical feature of clinical learning for all health disciplines is its quality. In particular, when nursing and midwifery students experience well managed clinical placements in a positive learning environment, they are more likely to want to stay in the health or aged care workforce.

The ANF has consistently voiced concern over the inequity of funding support for health professional undergraduate students undertaking clinical placements distant from their usual place of residence, particularly placements in rural or remote locations. In order to attract and retain nurses and midwives in rural and remote health care settings it is imperative that they are exposed to these areas through supported clinical placements. This means funding support for clinical supervision provided by well-prepared nurse and midwife clinicians as well as the necessary accommodation and transport using the model already in place for undergraduate medical students.

3.1.4 New Nursing and Midwifery Graduates

The HWA has predicted a shortage of 109,000 nurses by 2025, and almost every state and territory in Australia will be affected. A key strategy to address the predicted shortfall is the retention of new graduates (nursing and midwifery). Unfortunately, across Australia of there is a short-term (perceived) oversupply of newly graduating nurses and midwives and this is having an impact on their retention in the workforce. As an example, in South Australia, newly graduating nurses (37%) and graduating midwives (15%) are not able to gain entry positions into the Transition to Professional Practice Program (TPPP). This conundrum is further compounded by nurses and midwives on completion of their TPPP struggling to gain employment, thus hindering their succession into being the sustainable workforce of the future.

3.1.5 Postgraduate Learning

The health care sector is a dynamic environment where continual research provides evidence for the need to change care practices. This necessitates continual updating by all health professionals involved in care. The ANF vigorously promotes life long learning to our membership and facilitates this through our on-line learning program, and educational activities offered by the State and Territory Branches.

Our policy statement on continuing professional development[3] (CPD) carries the definition of the Nursing and Midwifery Board of Australia (NMBA) outlined in their registration standard on professional development, as follows:

The means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities.

With the introduction of the NMBA registration standard referred to above nurses and midwives have a mandatory requirement to engage in continuing professional development activities. The learnings achieved through these activities will directly benefit the communities to whom they provide care. The ANF therefore holds a strong view that governments and employers have a responsibility to provide environments conducive to life long learning, and, financial and time release support to facilitate CPD and formal educational activities. Demonstrated commitment by employers to fostering on-going professional development and facilitating career aspirations, will clearly link with retention of nurses and midwives in the health and aged care workforce.

The ANF acknowledges that scholarship funding is provided by the Australian Government to contribute to CPD and postgraduate courses. However, given the size of the nursing and midwifery workforce the current funding is inadequate, and we have made representation to the Department of Health and Ageing on this matter. It is our position that governments and employers must make a serious commitment to financial investment in their nursing and midwifery staff due to the obvious benefits accruing to the people for whom they provide care, and the community more broadly.

3.1.6 Re-entry to Practice

As predominantly female professions, the nursing and midwifery professions experience significant movement of registered individuals out of the workforce for extended periods of time, chiefly for child-rearing reasons. Where there have been absences from nursing or midwifery employment of five years or more the ANF supports policies governing assessment for return to practice. It is right and proper that the returning nurse or midwife be assessed against relevant professional practice (competency) standards, to give assurance of being safe and competent to resume practice. Given the size and breadth of the nursing and midwifery professions, it is essential that this assessment process is widely available across the country.

When nurses and midwives wish to re-enter the health or aged care workforce after a period of absence (which could include registration lapse), we should create an environment conducive to returning, which assists in identifying individual competence to practice. This is clearly in the interests of protecting the public with competent clinicians, providing safe numbers of clinicians for the workforce, and showing fiscal responsibility in use of public funds. The ANF has made public its position that it does not support the current rigid application by the Nursing and Midwifery Board of Australia of a requirement for completion of an entry to practice pre-registration program for a nurse or midwife out of practice for 10 years or more. The ANF is unaware of any evidence that would endorse this approach. It is certainly not used in the other regulated health professions who go to great lengths to support those returning to practice after a period of absence.

Given the dire predictions on workforce shortages in nursing and midwifery by Health Workforce Australia, we find it unacceptable to have a policy that is not based on evidence and that further restricts entry to the professions. It is totally unacceptable to expect nurses and midwives who have not practiced for 10 years to complete another initial qualification without the opportunity to demonstrate their competence for practice. The ANF contends that this inflexible policy on re-entry to practice must be

considered in any discussion concerning retention of qualified nurses and midwives in the health workforce.

An added barrier to return to the workforce for many nurses and midwives is the current limited availability and access to re-entry to practice programs across the country, plus the expense of existing programs. While HWA cannot directly take action on either the availability of re-entry to practice programs, or on the cost of such programs, we believe these issues should be raised in the context of retention of qualified clinicians in the nursing and midwifery workforce.

3.1.7 Assistants in Nursing

One further issue which must be included in discussion on educational preparation for practice concerns the preparation and role of assistants in nursing (however titled). The ANF considers that assistants in nursing (and in some instances midwifery) could be further drawn into the health and aged care workforce, but this must be under the public protection safeguard of a professional practice framework, through the regulatory process. To this end the ANF has applied to the Australian Health Ministers Advisory Council for regulation of assistants in nursing, using the existing regulatory framework for nurses and midwives.

This view is shared by our nursing and midwifery colleagues in the UK, and is reflected in the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.*[4] The Francis Report made the following recommendations in relation to healthcare support workers:

> *1.194 Currently, healthcare support workers, whether working for the NHS or for independent healthcare providers, in the community or for agencies, are not subject to any system of registration. A registration system should be created under which no unregistered person should be permitted to provide for reward direct physical care to patients currently under the care and treatment of a registered nurse or a registered doctor or who are dependent on such care by reason of disability or infirmity in any hospital or care home setting. Exemptions will need to be made for persons caring for members of their own family or those with whom they have a genuine social relationship.*
>
> *1.195 There should be a uniform code of conduct that would apply to all healthcare support workers who should receive education and training in accordance with common national standards. The necessary code of conduct, education and training standards should be prepared and maintained by the NMC after due consultation with all relevant stakeholders. There should be a means whereby members of the public can clearly identify and distinguish between registered nurses and registered healthcare workers.*

Currently, registered nurses can safely delegate care to enrolled nurses, because as regulated health professionals their educational preparation and scope of practice is known. However, while there is a national vocational curriculum for assistants in nursing there is no mandated requirement for this to be undertaken. This wide variance in educational preparation of assistants in nursing leads to variable capability for their role. This can adversely affect the retention of registered and enrolled nurses in aged care, and in some States and Territories, acute care settings, when they must delegate aspects of care to workers for whom there are no practice standards or code of conduct.

Retention messages relating to effective preparation for practice

In order to achieve retention of nurses and midwives our essential messages for effective preparation for practice are:

Undergraduate nursing and midwifery students and diploma nursing students:

- Increased funding for clinical placements and clinical supervision support from both academic and clinically based nurses and midwives for undergraduate and diploma students
- Facilitation of a stronger nexus between the university (Bachelor of nursing/midwifery) and TAFE (diploma of nursing)sectors, and a broad range of clinical practice environments

Newly graduating registered and enrolled nurses and registered midwives:

- Increased funding for clinically based nursing/midwifery educators to provide supervision support
- Facilitation of a supported transition to practice period for all graduands (as opposed to the current limited positions available within Graduate Programs in the acute sector)
- Utilisation of ALL clinical practice settings for the transition to practice period, with supervision support
- Provision of positions for on-going employment post initial transition to practice period
- Reimbursement of HELP fees to graduates who accept employment and remain in areas of high need

Beginning through to experienced nurses and midwives:

- Facilitation of continuing professional development activities and postgraduate studies for both current area of practice or to support a change in clinical setting
- Provision of substantial funding support for clinically based nursing/midwifery educators to provide on-going education support to nurses and midwives (as for the medical educator model)
- Provision of additional scholarships funding for formal postgraduate courses and continuing professional development (CPD)

Nurses and midwives re-entering the workforce:

- Increased funding for clinically based nursing/midwifery educators and nurse/midwife clinicians to provide supervision support
- Nationally coordinated, nationally consistent, locally available re-entry to practice competency assessment programs.
- Provision of accessible and affordable re-entry education programs

Assistants in Nursing Workforce:

- National mandated requirements for AINs to complete an agreed national vocational curriculum by ANMAC
- Development of nationally agreed practice standards consistent with the nursing PPF
- Regulation of AINs by the NMBA

3.2 Productive work practices

The ANF has an industrial mandate to ensure a work environment conducive to the growth and development of the nursing and midwifery professions, leading to safe and competent delivery of health and aged care to the Australian community. We maintain that when nurses and midwives work in a positive practice environment, they will remain in the workforce, and they will provide safe quality care (that is, be 'productive' in their work practices). This assertion is attested to by a plethora of international and national research. [5, 6,7, 8.]

Safe quality care requires that health care services have:

- an adequate number of nurses and midwives;
- an appropriate skill mix (proportion of registered nurses to enrolled nurses and assistants in nursing);
- nurses and midwives who are educationally and clinically prepared;
- a manageable workload for nurses and midwives; and
- sufficient resources to enable nurses/midwives to deliver the best possible care.

3.2.1 Nursing and Midwifery Staffing

Fundamental to achieving health reform, in terms of improving health outcomes and nursing and midwifery retention, is ensuring there are adequate numbers of nursing and/or midwifery staff employed to be able to provide individualised care. That means, high nursing/midwifery clinician to patient/resident staffing levels based on the acuity and complexity of care requirements to ensure optimal safe patient care. This position is supported by the international research cited, which demonstrate the key linkages between nurse/midwifery staffing, nursing/midwifery workload (inpatient acuity, shorter length of stay, patient turnover and case mix), skill mix, the working environment and their relationship to patient outcome. In particular, appropriate safe nursing/midwifery staffing levels results in less hospital mortality and fewer adverse events, including failure to rescue, cardiac arrests and hospital-acquired pneumonia amongst others.

Due to burgeoning and unmanageable workloads (as length of stay shortens and acuity of inpatients rises) it is becoming increasingly difficult to retain the nursing and midwifery workforce. The systems of workload management are different across the States and Territories, from nurse/patient ratios in Victoria and NSW to varying models of 'nursing/midwifery hours per patient day' (N/MHPPD) in Western Australia, Northern Territory, Tasmania, South Australia, ACT, and Queensland. The ANF believes there should be a mandated national system which is underpinned by the latest research and evidence. The impact of workload management is most pronounced and effective when it is mandatory as this provides a mechanism to improve and then maintain nurse/midwifery staffing to meet patient/client/resident demand. This gives nurses/midwives assurance the staffing levels will be comensurate with meeting patient/client/resident demand.

Ratio Models (Victorian and NSW experience):

Nurse/patient ratios, used in Victoria since 2001 and more recently introduced in NSW in 2010, are an innovative response to improve the quality of care and nurses job satisfaction. In Victoria, support for ratios has been demonstrated to be as strong as ever through public discourse during all Enterprise Bargaining Agreement (EBA) negotiations since they were introduced. There is a clear belief that the staffing/workload balance would be much worse were these arrangements not in place. Nurses in Victoria have been vigilant in protecting their hard fought ratios as a mandatory workload measure. They have, in fact, traded off wage increases to continue to protect the quality of care they can deliver with mandated ratios. National

and international evidence that indicates the continued erosion of nurse staffing levels and detrimental changes to skill mix, reinforce the belief that a fully discretionary system is unable to safeguard minimum nurse staffing standards.[9]

In the third of a series of surveys commissioned by the ANF Victorian Branch, and conducted by the Workplace Research Centre, University of Sydney, nurses indicated a strong belief in the role of ratios in protecting the quality of patient care and the working conditions of nurses. Two thirds of nurse respondents to this survey stated a willingness to reduce or withdraw their labour from the public health system, or indeed nursing altogether, should ratios be abolished. More than two thirds said they were more likely to stay in nursing now than before the ratios were introduced.[9]

The Victorian experience has clearly shown that nurse/patient ratios attract and retain nurses and midwives in the workforce; and, provides incentive for nurses and midwives that have been out of the workforce, to return. [9, 10, 11, 12, 13]

Following the success of the ANF Victorian Branch, the then New South Wales Nurses Association (NSWNA) issued a report titled 'Stop Telling Us to Cope' in 2002.[14] NSWNA waged a long and comprehensive campaign to achieve ratios, with success being realised in 2010. Ratios have been introduced in surgical and medical wards, palliative care and in-patient acute mental health units in the NSW public sector.

Nursing/Midwifery Hours Per Patient Day (N/MHPPD) Model (South Australia):
For 25 years South Australia has used an electronic clinical nursing and midwifery care planning system (ExcelCare), which includes a staffing resource tool that forecasts staffing requirements based upon direct and indirect patient care needs, factoring in environmental impacts such as skill mix and geography. Excelcare also enables retrospective calculation of nursing and midwifery resources (Nursing/Midwifery Hours Per Patient Day).

Execelare is a legacy system soon to be replaced, however, the learning's gained over time have provided a rich repository of evidence to inform the development of an alternate staffing methodology.

The large body of international literature (some cited) shows that any staffing model must: be underpinned by evidence, represent best practice, allow for triangulation, be demand driven, able to be adjusted, have transparency, and be enforceable, to ensure safe patient care.

Using the rich repository of evidence, and guided by the international literature, South Australia has developed a proposed conceptual model "SA Quality Safe Patient Care Staffng Model'[15], which has the following triangulated elements:

- Demand Metrics (N/MHPPD or Ratio),
- Environmental factors (for example: patient turnover, indirects [such as, clinical handover, counting of drugs of dependence]), and
- Professional Judgement Tool (for example: shift by shift staffing requirements decision tree, evidence-based standards).

In South Australia, the ANMF (ANF SA Branch) recently undertook a survey of its members, who overwhelmingly supported the adoption of the 'SA Quality Safe Patient Care Staffing Model'. This is because it is evidence-based and captures not only the direct patient care requirement but also the environmental factors (such as, patient turnover and patient throughput which significantly contributes to nursing/midwifery staffing requirements) and recognises the role of professional judgement in confirming safe staffing levels.

Business Planning Framework (Queensland):
The HWA consultation paper represents Trendcare as a model for workload management in Queensland. However Trendcare only operates as one element within the Business Planning Framework (BPF) which is used in the Queensland public sector. Trendcare averages acuity for a wide range of measures for patient type across various organisations, but as this is an **average**, it cannot accurately reflect acuity in complex cases or where length of stay is lower than average.

Planning the nursing and midwifery workforce requires effective, mandated tools such as the Queensland BPF, as it matches workloads to workforce capability through a combination of identified nursing and midwifery direct clinical care hours in addition to defined hours specifically allocated to education, training and research.

Recent United Kingdom experience:
The Royal College of Nursing (RCN), with 400,000 members, is the largest organisation of registered nurses in the world. At its 2011 general membership meeting, delegates voted to pursue mandated nurse/patient ratios. In March 2012, the RCN issued a policy briefing on mandatory nurse staffing levels and a public statement that nurse/patient ratios would be sought through legislation.

3.2.2 Skill Mix

Ensuring safe quality care requires more than consideration of the quantity of nursing/midwifery care (nursing/midwifery hours of care provided for each patient). Of equal importance is the proportion of these hours of care provided by registered nurses/registered midwives.

Many studies which support the research findings with regard to nurse/midwife staffing and its effect on patient outcomes also emphasise the importance of skill mix. Skill mix refers to the proportions of different levels of nurse/midwife, for example the proportion of registered nurse/midwife to enrolled nurse in a given health care setting. The proportion of registered nurses and enrolled nurses in the nursing skill mix of the Australian health care sector has declined in recent decades. Concurrently, there has been a concerning growth in the unregulated assistant workforce providing aspects of nursing care. The educational preparation of the assistant workforce, as has been previously outlined, is hugely variable. Nurses and midwives are expected to work alongside this assistant workforce, assuming accountability and responsibility for the care they are providing. These changes to the mix of workers doing nursing work have occurred with little evaluation of the effect on patient care and outcomes, or retention of nurses in the workforce. There are no definitive studies on the acceptable minimum skill mix for patient safety and subsequently the effect on nurse retention.[16]

Changes in health service delivery systems have had a major impact on the attraction and retention of nurses, fundamentally altering the nature of nursing work. Specifically, the shift to a cost control approach to managing illness, injury and disease has served to increase patient throughput and decrease the average length of in-patient stay. This has expanded the requirement for nursing services in hospitals but in most cases this has not been accompanied by an increase in staffing levels. This is extremely problematic for nurse retention as there is substantial research evidence to support a link between increases in job demands or work overload and burnout, high levels of which have been shown to increase individuals' turnover intentions. Overall the changes to nursing work have resulted in more stressful and less satisfying work that does not have the intrinsic rewards, such as satisfaction from being able to provide high quality, holistic care to patients that nursing work used to provide.

This reduction in intrinsic rewards, that previously helped to attract and retain nurses/midwives, has also served to intensify longstanding problems such as the presence of shift work, limited career prospects, poor pay and low status in the health care sector and community, which have caused attraction and retention problems in the nursing profession historically. As a result many nurses and midwives have left the profession, with the resulting nurse/midwife shortage exacerbating the workload and stress problems of those nurses and midwives who remain and thus potentially contributing further to retention problems in the long term. These issues, combined with, the inability of large numbers of newly graduating nurses and midwives to secure employment, has, and will continue to, negatively impact the profession's image creating problems when it comes to attracting individuals to a nursing and midwiferycareer.[17]

3.2.3 Expanded Roles

There is a clear difference between registered nurses working to their full scope of practice and those undertaking extension or expansion of practice. Many registered nurses work in health services with organisational policy that restricts them working to their regulated scope of nursing practice. Involving nurses in policy decisions at a health service level will go some way to addressing this issue. Where extension or expansion of registered nurse scope of practice is supported, then this should be embedded in the role of a Nurse Practitioner.

Nursing has fought against the deconstruction of the holistic nature of our role to allow for lesser qualified or unqualified workers to provide components of nursing care. In turn, nurses do not want to take on clinical tasks as segments of care. Rather, this should be as a component of a comprehensive nursing role that provides better access to safe and competent health care.

Health professional colleagues and consumers are more likely to be supportive of nurses' expanded scope of practice, when they can be assured that this is undertaken by experienced and highly qualified nurses having completed the pathway to Nurse Practitioner endorsement. Unless care, both nursing and medical, is coordinated and provided under a professional practice framework, the risk of fragmentation remains, and safety and quality of care is compromised. The framework for the advanced practice nurse role in Australia is the Nurse Practitioner.

If Australia is serious about retention of nurses, which predicted shortages tell us we must be, then Governments need to support and fund nurses expanding their scope of practice. This will be achieved by investing in registered nurses, allowing them to follow a Nurse Practitioner pathway and creating positions for them once endorsed. This is not only important for the individual nurse, but is of national significance. It will ensure shared understanding of the role across jurisdictions and portability for employment. This is in the best interests of consumers, nurses themselves and our health professional colleagues.

Retention messages relating to productive work practices

In order to achieve retention of nurses and midwives our essential messages for productive work practices are:

- Implementation of appropriate proportions of qualified nursing/midwifery staff numbers to meet complexity of care required, through a nationally agreed workload management system

- Investment in numbers and skill mix of qualified nurses/midwives to meet health and aged care needs
- Commitment by health or aged care providers to a safe skill-mix which includes experienced registered nurses/registered midwives working each shift so that graduate and beginner nurses and midwives are adequately mentored and supervised
- Enabling nurses and midwives to work to their full scope of practice. This includes recognition of, and valuing, their clinical decision-making skills; and, acknowledgement that nurses and midwives are regulated health care professionals who are accountable and responsible for their own actions
- Expanded scope of practice for registered nurses should be embedded in the Nurse Practitioner role using the established NP framework
- Registered nurses should be supported to complete the NP pathway and employed in NP roles once endorsed.

Assistants in Nursing Workforce:

- National mandated requirements for AINs to complete an agreed national vocational curriculum by ANMAC
- Development of nationally agreed practice standards consistent with the nursing PPF
- Regulation of AINs by the NMBA.

The ANF is convinced that there is now overwhelming evidence to support the workload management measures we've outlined. To that end we've sent a package of articles to the HWA under separate cover for use in your research, especially about staff/patient ratios.

3.3 Leadership and Practice Environment

If the measures outlined in the above two points are instituted then the leadership and practice environment issues more readily fall into place.

3.3.1 Leadership and Management

The ANF considers it of vital importance that nurses and midwives are encouraged to demonstrate leadership at all levels in the workplace; that they are mentored into management positions, through to senior levels; and, that funding support is available for them to undertake both leadership and management education programs. We need to make it clear that we see a distinction between 'leadership' and 'management'. Leadership is an attribute which can be fostered and demonstrated by a nurse or midwife throughout their undergraduate education course or at any time from graduation throughout their professional life. Management on the other hand generally refers to a position of authority taken on by a nurse or midwife, for example, Nurse Unit Manager. Ideally the manager should be a person who shows leadership abilities but this has not proven to be the case in all situations. While most nurses and midwives have strong skills in relation to managing their clinical workloads, most would benefit from additional education in management principles. The ANF contends that employers have a responsibility to provide financial and time release support for nurses and midwives to undertake management programs to equip them for management roles.

Investment in leadership is required for all nurses and midwives, not just those undertaking identified management positions.

3.3.2 Best Practice Spotlight Organisation (BPSO®) Program

Continuity and quality of care is highly dependent on the retention of experienced and knowledgeable nurses working in an environment that offers flexibility and professional satisfaction.

The ANMF (ANF SA Branch,) in collaboration with the Department of Health and Ageing SA, are facilitating the implementation of the Registered Nurses Association of Ontario (RNAO) - Best Practice Spotlight Organisation (BPSO®) Program. Further information on this program can be found at: https://www.anmfsa.org.au/professional-practice/best-practice-spotlight-organisation/

This proven program provides support, resource materials, and knowledge transfer to health organisations, to enable the successful implementation of evidence based clinical practice guidelines and healthy work environment guidelines, such as RNAO's 'Developing and Sustaining Nursing Leadership' or 'Professionalism in Nursing'.

International evaluation of guideline implementation overwhelmingly demonstrates that organisations which foster healthy work environments are more successful with guideline implementation and have the most significant results for improved patient, staff and organisational outcomes.

3.3.3 Clinical Chairs

The arrangement for Clinical Chairs of Nursing between universities and health service providers strengthens the nexus of clinical practice and clinical research in nursing and midwifery. Where these have been created, some have generic clinical research titles and some are in specific areas of practice such as: women's health, midwifery, aged care, alcohol and other drugs, tropical health, mental health, and palliative care. The ANF strongly supports continued funding, development and proliferation of education/research units between education providers and health services. This arrangement is critical in promoting an evidence-based learning environment for clinical placements of students (undergraduate, diploma and postgraduate) across geographical areas and as a means of professions being able to take a greater degree of responsibility for clinical education. Providing an environment for rigorous inquiry which translates to the evidence-based needed for improved practice, creates an inspiring and interesting workplace which promotes retention of nurses and midwives

3.3.4 Nursing and Midwifery Health Program

This is an independent service for nurses, midwives and students of nursing and midwifery experiencing health issues related to their mental health or substance use concerns. This early intervention program has proven an excellent way of addressing health problems, enabling nurses and midwives to remain in or be restored to the workforce. The ANF endorses the call for this currently State based program to be funded for national roll out. Further information on this program can be found at: www.nmhp.org.au.

Retention messages relating to leadership and practice environments:

In order to achieve retention of nurses and midwives our essential messages relating to leadership and practice environments are:

- Funding and time release investment for nurses and midwives to undertake management programs

- Supporting and facilitating all nurses and midwives to develop their leadership potential
- Funding support for positions for Clinical Chairs of Nursing and Midwifery to lead in research activities for evidence-based practice
- Facilitating nurses and midwives to occupy significant positions of authority in all health and aged care organisations;
- Supporting nurses and midwives to enable them to exercise professional autonomy and control over their clinical practice
- Supporting and encouraging nurses and midwives to participate in policy decisions at all levels of the organisation

4. Conclusion

The ANF has an industrial and professional mandate to ensure a work environment conducive to the growth and development of the nursing and midwifery professions, leading to safe and competent delivery of health and aged care to the Australian community.

The retention of qualified and regulated nurses and midwives is critical to the delivery of care which will lead to optimal health care for the Australian community. Commitment must be made by governments and health and aged care employing bodies to fund, implement and embed strategies which retain nurses and midwives in the workforce.

This paper has provided advice to Health Workforce Australia in the form of essential messages to be heeded and acted upon in order to achieve retention of nurses and midwives.

5. References

1. Australian Nursing Federation. 2009. Issues paper: *Ensuring quality, safety and positive patient outcomes. Why investing in nursing makes* $ense p. 25. Available at: http://www.anf.org.au
2. Australian Nursing Federation. 2007. Policy Statement: *Nursing education: registered nurse*. Reviewed and re-endorsed May 2007. Available at: http://www.anf.org.au
3. Australian Nursing Federation. 2010. Policy Statement: *Nursing and midwifery education: continuing professional development*. Reviewed and re-endorsed May 2010. Available at: http://www.anf.org.au
4. The Mid Staffordshire NHS Foundation Trust. Public Inquiry, Chaired by Robert Francis QC. 2013. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary*. London: the Stationery Office. Available at: www.midstaffspublicinquiry.co
5. International Council of Nurses. 2007. *Positive Practice Environments: Quality Workplaces = Quality Patient Care*. Available at: http://www.icn.ch/publications/2007-positive-practice-environments-quality-workplaces-quality-patient-care/
6. International Council of Nurses. 2006. *Safe Staffing Saves Lives*. Available at: http://www.icn.ch/images/stories/documents/publications/ind/indkit2006.pdf
7. Duffield, C., Roche, M., O'Brien-Pallas, L., Diers, D., Aisbett, C., King, M., Aisbett, K., & Hall, J. 2007. *Glueing it Together: Nurses, Their Work Environment and Patient Safety*. University of Technology, Sydney. Available at: http://www0.health.nsw.gov.au/pubs/2007/pdf/nwr_report.pdf

8. Twigg, D., Duffield, C., Bremner, A., Rapley, P., & Finn, J. 2012. Impact of skill mix variation on patient outcomes following implementation of nursing hours per patient day staffing: a retrospective study. *Journal of Advanced Nursing.* 68(12): p. 2710-2718.
9. Wise. S. 2007. *Undermining the ratios: Nurses under pressure in Victoria in 2006.* A report prepared for the Victorian Branch of the Australian Nursing Federation. Workplace Research Centre, University of Sydney.
10. Buchanan, J., Bretherton, t., Bearfield, S., & Jackson, S. 2004. *Stable, but critical: the working conditions of Victorian public sector nurses in 2003*. A report prepared for the Victorian Branch of the Australian Nursing Federation. Australian Centre for Industrial Relations Research and Training, University of Sydney.
11. Buchan, J. 2005. A certain ratio? The policy implications of minimum staffing ratios in nursing. *Journal of Health Service Research and Policy*. 10 (4): p. 239-244.
12. Australian Nursing Federation. 2013. Safe staffing: critical to care. *Australian Nursing Journal.* May 2013 20 (10): p. 26-29.
13. Gordon, S., Buchanan, J & Bretherton, T. 2008. *Safety in Numbers: Nurse-to-patient ratios and the future of health care.* Cornell University Press, USA.
14. Buchanan, J. & Considine, G. 2002. *Stop telling us to cope!' NSW nurse explain why they are leaving the profession.* A report for the NSW Nurses' Association. Australian Centre for Industrial Relations Research and Training, University of Sydney.
15. South Australian Nursing and Midwifery Federation. *Safe Staffing levels and skills mix in South Australia Public Hospitals – options for the future*. September 2012. Available at: https://www.anmfsa.org.au/wp-content/uploads/2013/03/Making-hospitals-safe-for-patients-and-nursing-midwifery-staff-final1.pdf
16. NSW Nurses Association. 2010. *Nurse Staffing in NSW Public Hospitals*. A Final report for the NSW Nurses' Association. Workplace Research Centre, School of Business, University of Technology, Sydney.
17. Holland, P., Allen, B., & Cooper, B. 2012. *What Nurses Want: Analysis of the First National Survey on Nurses' Attitudes to Work and Work Conditions in Australia.* Monash University. Available at: http://anf.org.au/documents/reports/What_Nurses_Want_Report.pdf