



Submission to the National Health and Medical Research Council (NHMRC) on the research program to address issues of *Preventative Healthcare and Strengthening Australia's Social and Economic Fabric*

## 1. INTRODUCTION

- 1.1 The Australian Nursing Federation (ANF) was established in 1924 and is the national union for nurses in Australia with branches in each state and territory. The ANF is also the largest professional organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and nursing in Australia.
- 1.2 The ANF's 145,000 members are employed in a wide range of enterprises in urban, rural and remote locations in the public, private and aged care sectors, including hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industries.
- 1.3 There are two levels of licensed nurse in Australia – registered nurses (Division 1 registered nurse in Victoria), who undertake a minimum of three years undergraduate preparation in the higher education sector at a Bachelor degree level, and enrolled nurses (Division 2 registered nurse in Victoria), who generally undertake their education in the vocational education sector at a Certificate IV or Diploma level. In 2001, of the total number of employed licensed nurses, 80.4% are registered nurses and 19.6% are enrolled nurses (AIHW, 2003). Australia is one of the few countries whose registered nurses are all prepared to the same educational standard – the Bachelor degree level, a standard to which most other countries are now aspiring.
- 1.4 The ANF also provides industrial and professional coverage to a third level worker (assistants in nursing and other classifications). These workers are also educated in the vocational education sector at a Certificate III level and work predominantly in the aged care sector.
- 1.5 The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veteran's affairs, education, and training, occupational health and safety, industrial relations, immigration and law reform.

- 1.6 The ANF represents Australian nursing internationally through links with other national and international nursing organisations, professional associations and the international labour organisations. The ANF is a member of the Commonwealth Nurses Federation and the South Pacific Nurses Forum and is affiliated to the Australian Council of Social Services, the Public Health Association of Australia, and APHEDA, the overseas aid agency of the trade union movement.
- 1.7 The ANF will be drawing upon its 80 year history as the primary industrial and professional nursing organisation in Australia to comment on the issues of promoting health and preventing ill health and strengthening Australia's social and economic fabric. Some of the material used in this submission was provided to the National Review of Nursing Education in 2001-2002 and the Senate Inquiry into Nursing Education in 2002 (ANF, 2001 a & b).

## **2. RECOMMENDATIONS**

- 2.1 That the NHMRC uses nurses as their research base to explore, test and measure the social and economic fabric of Australian society in areas of health, lifestyle, relationships, economic and social capital, status and employment.
- 2.2 That the NHMRC commission research into the contribution of nurses to the health and well being of the Australian community and that the research include: an exploration of the effect of the current nursing shortage on the health and well being of the Australian community; an examination of why nurses leave the nursing profession; and recommendations to retain nurses in nursing and recruit more people into the nursing profession.

### **3. RATIONALE**

#### **3.1 The nursing profession is a barometer for the social and economic fabric of Australian society.**

3.1.1 The Nurses' Health Study in the USA demonstrates that as a research cohort, nurses are an exceptional, accessible, numerically rich and a socially broadly scattered study population (Nurses' Health Study, 1976 & 1989). While the USA study is predominantly focused on women's health, the ANF is of the view that the research questions could be broader and deal with issues relating to social capital, lifestyle, relationships, employment conditions, status and other related matters (Kilby, 2002).

3.1.2 The profession of nursing, with its: essential service role in preventative and acute health care; the large number of nurses and the diversity of skills required to provide those services; their representation in all levels of urban, rural and remote society; and the profession's perceived and real status and value in the Australian society, makes it a remarkable gauge or indicator to measure the strength and humaneness of society's moral foundations. It is therefore an ideal vehicle for testing and strengthening, at multiple levels, the social and economic fabric of Australian society.

3.1.3 At one time or other, everyone, their families, friends and acquaintances are likely to be in need of some form of health care, be it for an acute condition, a chronic condition, an accident or injury, vaccination, illness prevention through public health and health promotion strategies, school or other programs, or aged care. It is likely to be nurses that are responsible for providing that care, especially long term sustained care over a 24 hour period. Because of the breadth of the work undertaken by nurses in all sectors of the health, aged care, education and social welfare systems, there is a need for large numbers of nurses in our workforce.

#### **3.2 The nursing profession has an essential role in promoting and maintaining a healthy society.**

3.2.1 The nursing profession has an essential role in promoting and maintaining a healthy society. To do this, the nursing workforce itself must be healthy.

- 3.2.2 In December 2004 nurses were once again (for the 11<sup>th</sup> year running) ranked first as the profession most often mentioned by Australians as having very high standards of ethics and honesty (Roy Morgan Research, 2004). While the Australian society appears to value and respect the nursing function, this respect and valuing does not translate into reasonable working conditions and remuneration for this essential service so linked with the social capital of our society. Financiers, bankers and groups associated with economic capital, while their ethics and honesty are rated far less highly by the community, have working conditions and remuneration that are indisputably at the highest end of the employment stratum. This is not a rational situation.
- 3.2.3 Despite their fundamental role in our society, caring for people at their most vulnerable and needy, Australia is experiencing a severe shortage in the number of working nurses. Nurses are leaving the profession in significant numbers while at the same time there is greater call for experienced, educated and skilled nurses. The National Review of Nursing Education estimated that, between 2001 and 2006, there would be a nursing vacancy rate in excess of 31,000 across the country.
- 3.2.4 The nursing role and the nursing employment environment are both changing. Data from the Australian Institute of Health and Welfare (AIHW) demonstrates an ongoing trend in the public and private hospital sector for increased admissions, reduced lengths of stay, increased acuity and a greater use of technology. Additionally, more care and more complex care is being provided in the community, additional aged care beds are being opened, and nurses are taking on more roles and more diverse roles, eg diabetic and asthma education, general practice nursing and nurse practitioners.
- 3.2.5 The damaging effects of management systems and funding policies that appear to be purely occupied with the issues of cost control have had a negative impact on the capacity of nurses to provide quality care. While no-one would advocate the abandonment of responsible economic management, nurses, making up the highest proportion of the health workforce are the most vulnerable to be continually squeezed in an environment where every opportunity is taken to reduce nursing labour costs. This is particularly demoralising and destabilising and hastens the decision of many nurses to vacate the field.

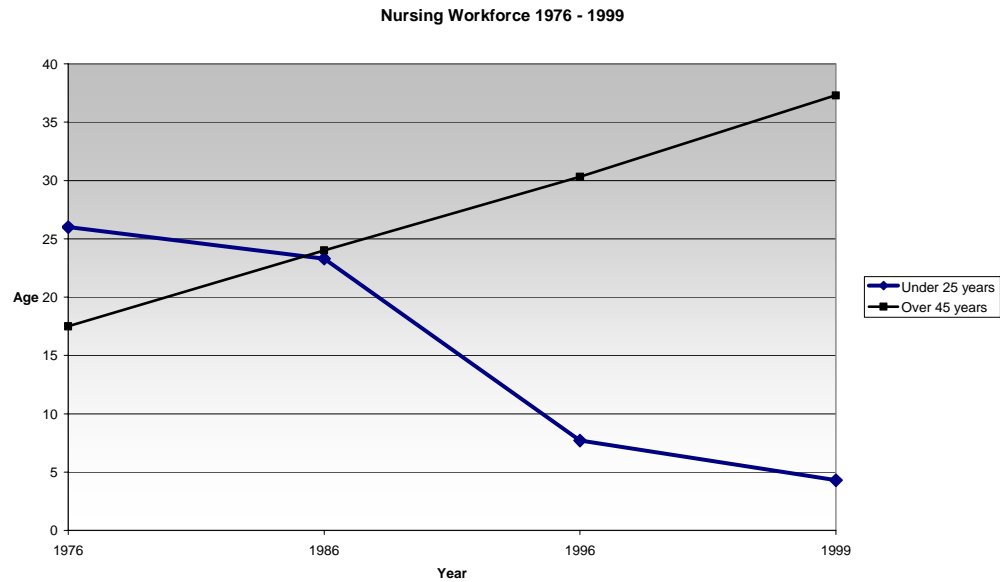
3.2.6 The introduction of a less skilled and less educated workforce, as a strategy to fill nursing vacancies is also contributing to the acceleration of the exodus of nurses from the health system. The ANF promotes a nursing workforce that provides care consistent with the levels of qualification and skill of the employee. We accept that unlicensed workers who assist in the provision of nursing care under the supervision of a nurse have an important role to play in many parts of our health system. However, we do not accept that nursing positions can or should be replaced by employees who are not licensed to practice as nurses. Addressing the nursing shortage by the use of unskilled or semi-skilled labour is an inappropriate solution, which fails to address the underlying reasons for the nursing shortage.

3.2.7 Over the years it has become increasingly apparent to a growing number of nurses that many of the intrinsic and less tangible rewards, which saw them enter the nursing profession, are no longer attainable. They have diminished or vanished with a lack of staff and the consequent increases in the intensity of the work that nurses are required to do. Severe cuts to budgets over the years, has led to the loss of too many experienced and specialist nurses and this has led to a diminished capacity to provide quality care to patients.

*During an ordinary day a nurse may have to deal with someone dying, (someone) confronting cancer, or a patient suffering a cardiac arrest or returning from intensive care. Nursing is unique in that all that can happen in one day and all that profound tough stuff is happening in a workplace that is very busy (Moyes, 2001).*

3.2.8 We also know that the nurses working within the system are getting older, and the proportion of older nurses continues to grow. In 2001, the average age for registered nurses was 42.1 years and for enrolled nurses it was 42.5 years. In aged care it was 47 years (AIHW, 2003). As shown on the graph in Figure 1 below, in 1976 26.5% of the nursing workforce was under the age of 25, in 1986 that figure was 23.3%, in 1996 7.7% and in 1999 4.3%. Conversely, we can see that in 1976 only 17.5% of the nursing workforce was over the age of 45. In 1996 that figure had increased to 30.3% and in 1999 it was 37.3%. It currently stands at over 40%.

Figure 1: Nursing workforce 1976 - 1999



- 3.2.9 These figures have implications for nursing education and for workforce planning as it is likely that the 40% of nurses who will be contemplating retirement within the next 15-20 years will be those with most experience and with specialist qualifications or expertise.
- 3.2.10 It is of great concern to the ANF that little is being done to prepare for future nursing shortages following the retirement of these older nurses over the next 10-15 years. It is the community that will suffer the direct effects of this in all aspects of their health: acute health problems; chronic health conditions and disability; and in supporting all aspects of promoting health and preventing ill health. Experienced nurses, many of whom will have specialist qualifications, will be exiting in large numbers but there is inadequate succession planning and little national planning to ensure that enough nurses are entering and staying in the health and aged care systems to replace either the numbers, the experience or the specialist qualifications.
- 3.2.11 To be fair, over a number of years employers have sought to implement a range of different strategies in an attempt to manage nursing workloads in the face of increased patient demand, staff shortages and pressures on hospital budgets. However, invariably these strategies only provided information after the event where staffing levels were insufficient, and to the nurses who were required to work shifts short staffed, it was of little if any value. More proactive approaches need to be researched and implemented.

- 3.2.12 The ANF notes the ongoing calls from some employers to recruit nurses from overseas. The ANF does not support a program designed to overcome our current workforce shortages in a way that may adversely affect health care in another country, especially that of a developing country. An advanced country such as Australia should not use strategies that negatively affect other countries to solve local problems, especially those struggling to develop the infrastructure necessary to provide basic health services for their own populations. This is ethically insupportable. The ANF does however, encourage the voluntary flow of nurses between countries and cites this international mobility as a benefit of a career in nursing.
- 3.2.13 An international shortage of nurses exists and is reported by both the International Council of Nurses and the Commonwealth Nurses Federation (Commonwealth Steering Committee for Nursing and Midwifery, 2001). Nurses from South Pacific countries also spoke of their own national nursing shortages at a forum in the Cook Islands in November 2004.
- 3.2.14 Nurses are an invaluable part of the health workforce and in some places they constitute the only professionals providing care to physically and/or socially isolated communities. Australia has had more than two decades of economic rationalism in the health industry and the hidden costs of those activities are now appearing. These costs include the loss of professional nurses walking away from their chosen careers. Governments must realise that quality health care is not only about magnetic resonance imaging and high cost pharmaceuticals; it is about providing the best human resources, including nurses, for health care. Governments and employers must invest in these highly skilled health professionals to ensure that they have an effective workforce now and into the future.

*The only way to ensure that the escalating exodus of nurses from the profession stops is an improvement in the conditions under which they are forced to work. Decrease the patient/nurse ratio, increase time for handover periods and provide mentors for newly registered or re-registered staff. Until my fellow nurses and I are treated with respect by the (employers) and not just as the main drain on the hospital's budget, nurses like me will continue to leave the profession at great cost to the economy (Elgar, 2001).*

- 3.2.15 Governments and the community have to re-evaluate their 'valuing' of nursing and demonstrate their recognition of the essential service that nurses provide to Australian society by investing in tangible strategies to deal with the structural and cultural impediments in order to make nursing a viable and satisfying career for the long term.
- 3.2.15 A positive start might include the development of comprehensive and sophisticated databases established, ideally at a national level, and the introduction of longitudinal studies to track the response of nurses, to workplace, industrial relations, budgetary and educational changes. We need to know why nurses leave the profession and be prepared to make the necessary adjustments. This information will facilitate the establishment of workplace systems that enable human resource planners to make better-informed staffing decisions and enhance their ability to retain staff. It is an indictment that much of this information is still not available or is incomplete. The failure of workplace and organisational structures to recognise and adapt to these situations presents fundamental barriers to positively addressing nursing shortages.
- 3.2.16 Workplace systems do need to change particularly to accommodate the demographics of younger nurses and potential entrants who are going to ultimately determine whether there is a sustainable nursing workforce into the future. This demographic understands that society has moved away from the traditional workplace contract of job security for a job well done. This demographic accepts that steady employment does not mean staying with one employer or in one occupation. Quite the contrary, workers today embrace change and embrace challenge. They seek material wealth, look to their future, have a faith in technology and welcome training. An organisation that fails to meet these needs will not retain labour.
- 3.2.17 The profession also needs to invest in change, acknowledging that nursing employees often remain locked in archaic workplace practices – practices that are not sustainable. Wards and units continue to be managed in a hierarchical manner where clinical nurses often have little input into issues of bed numbers, patient acuity and staffing levels.
- 3.2.18 There needs to be a mandatory requirement that new graduates be provided with formal and robust orientation, mentoring and preceptorship programmes. We cannot afford to lose them the moment they walk through the door.

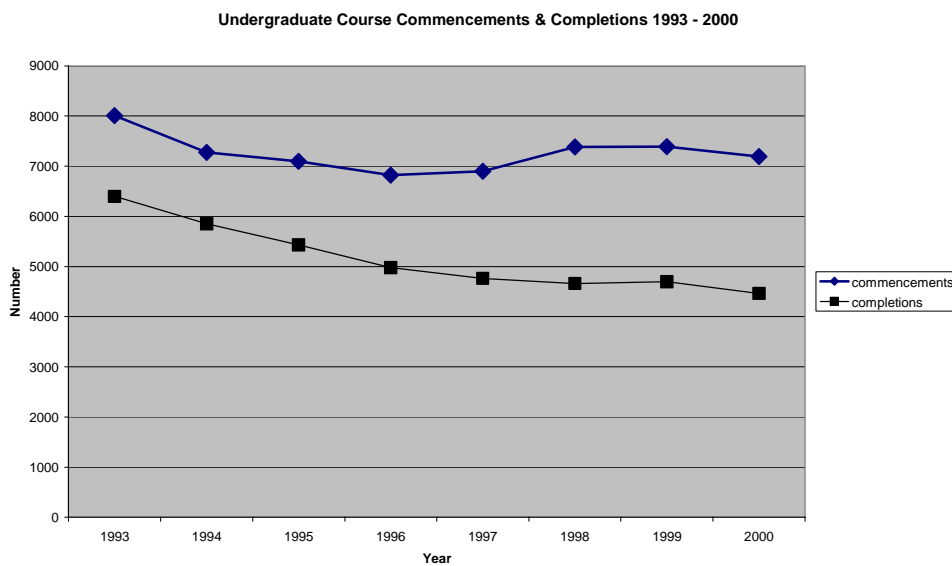
- 3.2.19 Improving industrial conditions in particular with regard to workloads, family friendly initiatives, health and safety improvements and improvements in career progression and pay is also essential. No-one enters nursing with the view that they are going to make a fortune and it is accepted that of itself wages will not retain nurses in the workforce however, in combination with other industrial and organisational reforms, there is no doubt that pay does become an important factor.
- 3.2.20 Understanding the role that pay plays in the context of recruitment and retention is important. Attention to the issues of pay both in terms of the standard of living it provides and also in comparison to other health workers is necessary if there is to be any real promotion of nursing as a career.
- 3.2.21 Workloads and skill mix are key factors in a nurse's decision to remain in the nursing profession (Australian Senate, 2002), and there is growing evidence that staffing measures that improve nursing workloads and enhance patient care will attract nurses back into the workforce (Victorian Government, 2004). Positive staffing workload measures have a dramatic effect on the levels of nurse exhaustion and burnout. For example, studies have shown that an increase of 1 patient per nurse increases burnout by 23% and job dissatisfaction by 15%. The same study showed that 43% of those nurses experiencing high burnout intended to leave their job within the next 12 months (Aiken, 2002).
- 3.2.22 The ANF has always argued for a career structure that rewards nurses who contribute advanced skill and knowledge to clinical care, education, research or management. There needs to be some relief in the conditions associated with exemplary practice to encourage nurses to practice at an advanced level eg study leave, research leave, and adequate staffing to allow teaching time etc. There needs to be a turn around in the contraction in the number of positions for advanced clinical nurses across the country and a stronger commitment to progress nurse practitioner roles and positions despite the ongoing opposition, usually based on competitive grounds. These positions not only provide opportunities for career clinical nurses but they more importantly improve and diversify health care options for the community.

- 3.2.23 There is strong and growing evidence that in the interest of public health and in the interests of nurses that there needs to be an acceptance by the industrial parties and the funding bodies of a need for minimum staffing levels for the safety of health consumers. The ANF is of the view that employers and funding bodies must continue to promote strategies, which promote quality patient care and positive staffing levels that retain nurses nursing and that positively promote nursing as a career. Staffing mechanisms must be concrete and particular and not general and abstract. Such provisions must establish minimum nursing staffing levels at each ward in the workplace and they must be transparent, simple and visible at the ward level. They must contain effective grievance procedures that efficiently resolve disputes in a timely manner. They must require a decrease in nursing services when the staffing levels are not met and they must be able to generate reports verifying the application of the system.
- 3.2.24 There are those who, from time to time, recommend a return of registered nurse education to the hospital sector, for example John Graham in January this year (Graham, 2005). The ANF is totally opposed to such a move and argues that the basic degree that nurses currently receive as preparation for practice is essential in a very sophisticated health care environment and in providing a framework for further education and specialist practice. Any lowering of that level would be a backward step for nurses, and for the people to whom nurses provide care.
- 3.2.25 Despite some commentary on the matter, it is the view of the ANF that the transfer of nurse education to the higher education sector is not the cause of the current nursing shortage. There is a common and oft quoted myth that attrition rates from nursing courses are higher now than they were when nurse education was conducted in the hospital sector. However, attrition rates in undergraduate nursing courses are reported to be below the average for all other under graduate courses although they are slightly higher than for most other health courses (Dept of Education, Training & Youth Affairs, 1999).
- 3.2.26 Reid et al (1994) made reference to attrition rates in hospital training courses noting that, between 1962 and 1968 21,213 trainees entered general nurse preparation in NSW and the ACT but only 10,516 completed the course, a dropout rate of 50.4%. These problems were seen by many as linked to the status of nursing and its wage levels and conditions of work; and, in turn, these factors were linked to inadequacies in education and training

3.2.27 The inadequacies in nurse education and training were well documented at the time of the transfer of nurse education to the higher education sector and included such factors as the level of education required to meet increasingly complex health care needs and health sector workforce needs being given a higher priority than nurses' educational needs. There was also recognition that wages and conditions of work were a major contributing factor.

3.2.28 While under graduate nursing preparation requires routine and ongoing review, the ANF would particularly like to see clinical preparation for nursing practice improved. It is our view that funding is inadequate, both for nursing education and for health service delivery. Current health settings are a strained and unsatisfactory work environment for newly graduated nurses. Nurses commencing their professional careers experience this dissatisfaction on two fronts: trying to provide nursing care in a stressed environment, and failing to receive support and education from peers who are also stressed and few in number. New graduates face considerable difficulties as they make the transition from student to practicing nurse, making it not surprising that not all survive.

**Figure 2: Nursing Undergraduate Course Commencements and Completions**



### 3.3 Nurses as members of the community

3.3.1 Nurses are also members of the community, however because of their occupation, they have particular issues that need to be addressed as part of a strategy to promote health, prevent ill health and strengthen Australia's social and economic framework.

3.3.2 The ANF argues that socio economic disadvantage and poor health are strongly linked to employment and sub-standard working conditions. With employment comes access to better education, better nutrition, better housing, better information, and to recreation. While nurses are in short supply and generally able to obtain employment should they wish to work as a nurse, their working conditions remain the single greatest disincentive to remain within the profession. Sub-standard working conditions strongly impact on health. For nurses these include:

- unpaid overtime,
- excessive workloads as a result of inadequate staffing levels,
- stress,
- violence,
- other significant and everyday occupational hazards (such as manual handling injuries, the results of latex allergy, exposure to glutaraldehyde, needle stick injuries etc),
- lack of support for ongoing professional development,
- sick leave,
- workers' compensation claims (with associated costs to the health system),
- inequitable management hierarchies,
- non-family friendly rosters and working hours, and
- inability to balance work and home demands.

3.3.3 Nurses are demonstrating their dissatisfaction with the health care system generally by working less, exiting the system, or choosing not to return to nursing after a career break. To control their excessive workloads, nurses are reducing their working hours, changing their status to casual or part-time, or resigning.

3.3.3 The long term effects of these decisions will not only be felt by the health and aged care systems, but will also impact on the individual nurses by, for example, reducing their present standard of living as well as their future retirement benefits.

3.3.5 On the basis of the work done by the Branches of the ANF, nurses leave for a variety of reasons however all the above are reoccurring themes. This provides a rich foundation for social research that potentially will have a profound benefit for the entire community.

### **3.4 Achieving a work and family life balance**

3.4.1 The nursing workforce has a disproportionately high percentage of part time employees and this is increasing. In 1999 nearly 54% of nurses in the acute sector worked part time (52% of RNs and 62% of EN's). In the aged care sector it is estimated that over two thirds of the nursing staff (both RN and EN) work part time. Compared to the comparable occupations such as occupational therapist (39%) and medical scientist (22%) this is notably high (AIHW, 2002).

3.4.2 While the shift to part time is not in itself problematic, self evidently a greater number of nurses are going to be needed to provide the same level of services. Therefore, despite the current nursing shortage, in its traditional sense underemployment (that is employment of less than 38 hours per week) is becoming characteristic of nursing employment as nurses progressively move from full to part time. We should expect to see an increase in part time employment with nurses demanding more flexibility in how they choose to work and employers seeking to match the available nursing hours with the peaks in the demand for nursing services.

3.4.3 The long term effects of this move to part-time work will also impact on the individual nurses by, for example, reducing their present standard of living as well as their future retirement benefits. A 2001 National Centre for Social and Economic Modelling report again emphasised that women working part-time or taking extended breaks will *struggle to achieve income levels in retirement equivalent to the current full age pension* (Horin, 2001).

3.4.4 And so key characteristics of our health care system at present, at least as far as the nursing workforce is concerned, is of a system that is relying heavily on the skills and experience of an increasing number of part time, older women who tend to be in the latter stage of their working lives.

- 3.4.5 The problems associated with balancing a person's working life with their non-working life is cutting across all layers of the workforce and are now better understood and accepted.
- 3.4.6 In nursing the struggle to address the balance as demands on nurses intensify because of the impact of labour shortages and the pressure on their often conflicting roles as family members and community participants, appears to be increasingly a key issue in the way nurses view their employment.
- 3.4.7 While there may be a view that family comes first (and many would argue that this is appropriate) this view often conflicts with the emotional draw of the workplace (this seems particularly so in health). The dilemma faced by nurses in seeking to balance their working lives has been seriously influenced by the increased workloads and the increased intensity of their work.
- 3.4.8 The increased intensity in nursing work comes from a health system that pushes patients through with decreasing lengths of stay; where inpatients no longer convalesce or have preadmission tests in hospital, but rather whose inpatient stay is for the most acute phase of their illness. This is occurring in an environment where improved corporate governance, fear of litigation and complicated funding arrangements have increased documentation and administrative requirements dramatically. Add to all this, that nurses continue to be injured at work at an alarming rate mainly because of manual handling injuries, but increasingly by aggressive episodes and outright assault.
- 3.4.9 To date industrial organisations including the ANF, employers or health professional groups have not effectively addressed the issues associated with the work life balance. To the extent that it has been addressed in the workplace the aspirations of a family friendly workplace or other measures to positively address work and life is often expressed, and limited to, recitals in a HR policy manual. Employer's promises to balance work with other commitments are attractive to employees but in practice frequently proves difficult and disappointing.

3.4.10 The ANF considers that a close examination of hospital management systems is needed because it is those systems that can directly redress the imbalance between work and life. Changes to work and organisational systems means changing the working environment of nurses including:

- involving nurses in health service planning and job design;
- ensuring manageable work loads;
- offering school term employment;
- self rostering;
- offering educational and professional development opportunities and the time to pursue them; and
- addressing quality of working life issues such as childcare and parking.

3.4.11 To a large degree it has been left to nurses to manage the situation themselves and the route many nurses have chosen (when they can) is to 'cherry pick' the days and hours and shift configuration they are prepared to work. While this approach may to an extent provide the nurse with a semblance of balance it is often less than satisfactory for the nurse in the long term as discussed above, nor is it always manageable from the employer's perspective.

#### **4. CONCLUSION:**

4.1 There is no doubt that every nurse who leaves the health care system is a substantial financial loss and every nurse not replaced is also a cost to patient care but this message sometimes appears to be lost on those who are responsible for providing a sustainable nursing workforce.

4.2 Responding to the labour shortage in nursing is not just about increasing the numbers entering the profession. We need to understand why large numbers of nurses leave their chosen career.

4.3 With around 40% of the current nursing workforce contemplating retirement within the next 15-20 years, it is imperative for Governments and the community to do what can be done to attract people to nursing as a career, retain experienced nurses and where possible, encourage nurses to return to nursing.

- 4.4 Some states and territories are already implementing strategies to improve the recruitment of people into nursing and the retention of nurses in the workforce, however a national approach is the only way to efficiently and effectively research and address the many inter-related issues in both the short and long term.
- 4.5 There are many ways of addressing the current shortages in nursing, such as: recruit more students into nursing undergraduate and pre-enrolment courses; develop strategies to decrease attrition rates during nursing under graduate courses; develop strategies to retain nurses in the system and slow the number of nurses exiting the system; and encourage nurses to return to nursing following a career break. However, these strategies will have little effect if the core disincentives such as the real status of nursing, the excessive workloads and the health risks of nursing deter people from entering the profession and continue to precipitate nurses into an early retirement or career change.
- 4.6 The ANF considers it essential to reverse the out-flow of nurses from the health care system and increase the number of nurses entering or returning to the profession. The ANF does not resile from the fact that initiatives may result in a cost to government, as there are up to 200,000 nurses working in Australia. The cost to the community however will be much higher if we fail to reverse the current situation.
- 4.7 Any research must not only make recommendations to overcome the current and predicted future workforce issues but also suggest ways in which the recommendations may be implemented. There have been too many reports and reviews about nursing in the last 10 years with few of the recommendations implemented in a meaningful way. For most part the cyclical nursing shortages of the past were produced by health care systems that were growing dramatically in size and complexity. There is general agreement that the current shortage is quantitatively and qualitatively different. It is long term and entrenched and has the potential to undermine the health care system and emerge as the dominant public health issue.
- 4.8 We also know that there is no single solution to the nursing workforce shortage. Nursing today offers limited benefits and many challenges. If it is to remain a viable profession its status must be enhanced and the welfare of nurses promoted. Nurses are important to the social and economic fabric of our society.

4.9 Wrestling with workforce issues in health has never been for the faint hearted, it is a well-trodden road littered with casualties. However the long term health of our community makes it imperative in this instance, and while this response may indicate the levels of trepidation felt by even those with the strongest of political wills, the ANF strongly recommends that the NHMRC use the nursing profession as its research focus in order to put into place funding, educational and organisational policy frameworks that will attract and retain a new generation of nurses. Not do so will consign nursing and the public that depends on its care to a perpetual cycle of labour shortages and sub optimal nursing care.

4.10 The ANF would like to put forward some fundamental questions for exploration. These are by no means an exhaustive list:

- *Why is there such a shortage of people wanting to be employed as nurses when their role in the infrastructure of Australian society is so essential?*
- *Why is it that while the Australian society appears to value and respect the nursing function, this respect and valuing does not translate into reasonable working conditions and remuneration for this essential service so linked with the social capital of our society? Financiers, bankers and groups associated with economic capital, while their ethics and honesty are rated far less highly by the community, their working conditions and remuneration are indisputably at the highest end of the employment stratum. Is this a rational situation?*
- *What are the causes and impacts of the disincentives to nurse for the community and the profession?*
- *Does Australian society want to have safe high quality preventative and acute health care into the future? If so how is the community going to deal with the declining nursing workforce?*
- *What are the implications of the nursing workforce issue upon the social and economic fabric of Australia?*

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