

The right priorities for New South Wales

“Bringing
nurses
back”



THE NATIONALS

NSW LIBERAL NATIONALS COALITION 'BRINGING NURSES BACK'

The Liberal/Nationals Coalition understands that nurses are the backbone of the public hospital system. In government, we will attract more nurses, better recognise their worth, build vital skills and provide their profession with the support they deserve and importantly, a say in how things are done.

What New South Wales Deserves

When illness or injury affects us or our loved ones, we expect professional compassionate care in well staffed hospitals. The people of New South Wales contribute vast amounts to the Labor Government through taxes and charges – money that should be funding world class healthcare. It's not.

Everyone knows the public hospital system is broken. Indeed, that it continues to function at all is due solely to the dedication of exceptional people - doctors, nurses and other health workers willing to endure conditions that are frankly unacceptable by modern standards.

With insufficient nurses, hospital beds are closed and fewer patients are admitted to hospital for treatment. This means longer waiting lists, jammed Emergency Departments, more ambulance delays, frustration, anger and disenchantment.

Those nurses who remain are run off their feet, regularly work double shifts, struggle for resources, treat sicker patients and are frustrated by being unable to provide the kind of quality care that first attracted them to nursing.

If a government cannot guarantee the health of its citizens, of our children, the elderly, the critically ill and the injured. If it cannot support the people trained and willing to care for the rest of us when in we're need – then it has failed some fundamental tests. We deserve better.

The Liberal Nationals Action Plan – ‘Bringing Nurses Back’

We will commit \$207.8 million over four years to:

- **Improve nursing degree courses** by ensuring a greater amount of time is spent in clinical practice in hospitals or other health settings and investigating the opportunities for accelerated degrees to be off-set by nursing internships (\$28.3 million);
- **Increase retraining opportunities** for registered and enrolled nurses wishing to re-enter the workforce (\$4 million)
- **Appoint an extra 50 clinical nurse educators over our first term** to enable recent nursing graduates to receive a greater degree of mentoring (\$8.8 million)
- **Provide funding for 500 more nurses** in our first term of Government. The promise to fund an additional 500 nurse positions is a commitment above and on top of the existing 1,285 vacant full-time nursing positions (bringing the total to 1,800 positions) (\$85.3 million);
- **Establish an additional quarantined fund** to enable individual hospitals to negotiate benefits to meet the particular needs of nurses at that workplace. (\$81.4 million) and
- **Give nurses more recognition and control** by maintaining senior nursing management positions, ensuring they are underpinned by strong support positions; establishing Nursing Staff Councils to give nurses the same clout and direct access to the Minister as doctors' Medical Staff Councils; and ensuring nurse representation on each local hospital board.

Labor's Failure

- The latest available figures, April 2006, show that 1,285 nursing vacancies still exist in the public health system.¹
- The NSW Health Annual Report 2004-05 (pages 125 & 127) shows that only 36% (35,526) of the (98,081) registered and enrolled nurses in NSW worked in the public health system that year.
- Over the past 11 years, the Labor Government's failure to address the critical shortage has led to the closure of around 3,500 hospital beds.²
- Elective surgery waiting lists spiraled from 44,707 in 1995 to 58,461 in March 2006. Patients also wait longer for their operations, with the number of people waiting more than 12 months for surgery increasing by 7.5% - from 2,265 in 1995 to 2,431 in March 2006. The average time that those who had an operation had waited on the list rose from 1.42 months in 1995 to 3.05 months in March 2006.³

¹ NSW HEALTH WEBSITE <http://www.health.nsw.gov.au/nursing/dohrs.html>

² NSW Health Annual Reports 1995/96 and 2004/05

³ NSW Health figures: 1995 obtained under FOI, latest from <http://www.health.nsw.gov.au/waitingtimesbyhosp.html> 4 AIHW Australian hospital statistics 1996-97 (Table 3.2 p 25) and 2003-04 (Table 3.5 p 34)

- At the same time the health bureaucracy has blown out, with salaries payments for administrative staff growing by more than 95% from 1996-97 to 2003-04 compared to just 56% for salary payments to nurses.⁴ Administrative expenses have blown out by 143% over the same period.⁵

‘Bringing Nurses Back’ – the detail

1) Improve nursing degree courses

There are three levels in the nursing workforce; Registered Nurses (RN), Enrolled Nurses (EN) and an unregulated level employed under various titles for example assistant in nursing, personal care assistant, aged care worker or health generalist.

While all RNs in Australia have been required to obtain a bachelor of nursing degree since 1994, the need for them to spend time in hospitals as part of their university education has been identified as an important step in preparing them for work.

"The 2002 National Review of Nursing Education report, 'Duty of Care' found: *'Clinical education for a practice discipline such as nursing is an integral and essential component. While university programs may skill students on particular procedures in laboratory situations, the actual exposure to nursing in its various settings is essential to their understanding of the profession and to the development of competence at the beginning practice level for registration.'*⁶

In its 2002 report into Nursing in Australia 'Time for Action', the Senate Community Affairs Committee stated: *'The level of practical preparation of graduates for entry-level practice is variable across universities and across graduates, and in many instances, insufficient to meet organisational requirements.'*⁷

'Time for Action' also acknowledges that there is considerable variation in clinical placements for nurses undertaking university education across the states and at universities within NSW.

In the National Review of Nursing Education discussion paper, 'Student feedback about undergraduate clinical placements raised a number of issues:

- . Fragmentation
- . Inadequate supervision
- . Feeling they are an impost on a busy clinical area
- . Dislocation between theory and practice
- . No sense of belonging to the health service or contributing
- . Costs, especially travel and accommodation.⁸

A number of new and innovative ways of approaching clinical placements are highlighted in 'Time for Action'.

⁴ AIHW Australian hospital statistics 1996-97 (Table 3.2 p 25) and 2003-04 (Table 3.5 p 34)

⁵ AIHW Australian hospital statistics 1996-97 (Table 3.2 p 25) and 2003-04 (Table 3.5 p 34)

⁶ National Review of Nursing Education 2002 'Our Duty of Care', page 59;

[http://www.destgov.au/archivel/higheredinursing/pubs/duty-oC care/default.html](http://www.destgov.au/archivel/higheredinursing/pubs/duty-oC%20care/default.html)

⁷ The Patient Profession: Time for Action, Report on the Senate Community Affairs Committee, June 2002 Page 52

⁸ National Review of Nursing Education, Discussion Paper, 2001. page 17

At Royal North Shore Hospital (RNSH) wards act as Clinical Development Units (CDUs) for third year University of Technology undergraduate nursing students. The students work several eight-hour shifts a week in these units and are supported by the nursing staff.

In a submission to the review, RNSH states: *'Anecdotal comments from staff suggest that the quality of the students exiting from ... programs with minimal contact hours is not as high as those with increased clinical exposure. A means of remedying the perceived lack of clinical experience might be to introduce an intern year or to increase the clinical exposure by creating a "sandwich" course.'*⁹

The NSW College of Nursing also raises the issue, suggesting that solutions need to be found to enable students or graduates to access more clinical experience that is supervised or mentored so that they feel more confident as practitioners.

The College suggested a number of strategies, including credit transfers, sandwich courses and that: *'... graduates of a three-year nursing degree course undertake an internship year with provisional registration. During this year of structured internship the graduate would be mentored by a registered nurse, with successful completion of the internship culminating in full registration.'*¹⁰

The Coalition will improve nursing degree courses by ensuring a greater amount of time is spent in clinical practice in hospitals or other health settings, investigating the opportunities for accelerated degrees to be off-set by nursing internships and offering more retraining places for nurses wishing to re-enter the workforce.

2) Increasing retraining opportunities

A number of the qualified nurses in NSW who are not currently working in the public health system have been out of the workforce as they devote time to family commitments.

Some have been on extended maternity leave, some have been out of the workforce altogether devoting time to family, others have been working in other professions.

As nursing has become more technical and drugs and equipment more complex, it is essential that nurses wishing to re-enter the workforce are helped to update their skills.

The Coalition will enhance the retraining program currently offered to nurses wishing to reenter the workforce after time out of the profession. The retrain program will enable nurses to work as they retrain and it is aimed to recruit an extra 900 nurses through the scheme over a four year period.

⁹ RNSH submission to National Review of Nursing Education. Submission 28: http://www.dest.gov.au/sectors/higher_education/policy_issues/Reviews/reviews/previous%20Reviews/national%20Review%20of%20Nursing%20Education.html

¹⁰ NSW College of Nursing submission to National Review of Nursing Education. Submission 90: http://www.dest.gov.au/sectors/higher_education/policy_issues/Reviews/reviews/previous%20Reviews/national%20Review%20of%20Nursing%20Education.html

3) **Appointing an extra 50 clinical nurse educators**

The frequent calls for more clinical experience have come with consistent comments that placements are difficult to obtain.

The Senate inquiry into Nursing in Australia, 'Time for Action' noted that the Deans of Nursing stated the each dean or head of school has to find hospitals and other healthcare facilities, which are able, and willing to accept students and offer them supervised practice.

They gave evidence to the Committee that: *'it is becoming increasingly difficult to make such arrangements because hospitals and other organisations are themselves short of resources; they are less and less able to spare the time of hard-pressed nurses to assist in the training of students, and some clinical nurses... resent this extra load.'*¹¹

In her paper 'A Growing Healthcare Crisis: The Causes of the Nursing Shortage', Dr Leanne Cowin RN, PhD, Lecturer, Mental Health Nursing, Family and Community Health, the University of Sydney states: *'New graduates require formal mentoring and preceptorship programs. Such programs must be provided by nurses with enhanced training and where nurses are paid and provided with work time for their mentoring and preceptoring workload It is unreasonable to expect the currently stressed and overloaded experienced nurse to provide quality mentoring and preceptoring without negotiated compensation. The notion that, out of selflessness, experienced nurses will provide these services, as a part of their current workload, is unfair to the experienced nurse as well as the graduate. It is precisely these types of nursing management approaches that are archaic and continue the undervaluing of the nursing profession.'*¹²

The Coalition will appoint an extra 50 clinical nurse educators over our first term so that recent graduates can receive more mentoring and support in the field.

4) **Provide funding for 500 more nurses**

The NSWNA claims that members say their number one concern is the crippling workloads they carry every day.¹³

This has led to the development of the General Workload Calculation Tool as part of the most recent Public Hospital Nurses' (State) Award, to measure nurse workloads in surgical and medical wards in public hospitals.

Intended to be fully implemented across all hospitals by the end of 2006, the workloads calculation tool is intended be used to show where there are inadequate levels of nursing staff for the patient load.

However campaigns, such as that conducted by nurses at Royal North Shore Hospital in February 2006 to draw attention to increased workloads because of staff freezes, highlighted flaws in drawing up and implementing the workload tool.¹⁴

¹¹ The Patient Profession: Time for Action, Report on the Senate Community Affairs Committee, June 2002 Page 58

¹² A Growing Healthcare Crisis: The Causes of the Nursing Shortage, Leanne Cowin, RN, PhD, Lecturer, Mental Health Nursing, Family and Community Health, the University of Sydney. 2002

¹³ NSWNA Website: <http://www.nswnurses.asn.au/topics/2085.html>

¹⁴ Budget dispute at hospital worsens SMH February 15, 2006 <http://www.smh.com.au/news/national/budget-dispute-at-hospital-worsens/2006/02/14/1139890739067.html>

The Coalition will provide funding for 500 more nurses over the first term of government. We won't just be content with filling the existing vacancies, but we will also set aside additional funds on top of those in the forward estimates to ensure our hospitals have the nurses they need.

5) Establish an additional quarantined fund to enable individual hospitals to meet the particular needs of nurses in their workplaces.

It has been estimated that 20% of nurses leave the profession within the first year and a third within three years.¹⁵

The National Review of Nursing Education 2002 declared that: *'A supportive workplace culture that takes account of professional and personal needs and aspirations is essential to securing an adequate nursing workforce.'*

Nurses' professional needs and their expectations of the workplace were a recurring theme in submissions to the Review which stated: *'Nurses want:*

- *to have their professional skills and knowledge recognised*
- *to have time to 'care' for their patients*
- *to be supported in professional development*
- *to have some control over their work*
- *family-friendly workplaces*
- *safe environments and better remuneration.'*¹⁶

The thousands of nurses who participated in the 2000 NSW Nursing Workforce Research Project claimed that better working hours and better working conditions would provide major incentives to return to work in nursing.

The NSWNA journal, *The lamp*, in November 2001 applauded the Enterprise Based Agreement negotiated by nurses at St Vincent's Private Hospital at Darlinghurst, including a 2.5% pay rise (above public sector rates) and *'major improvements in such things as allowances, maternity and paternity leave, salary sacrificing and rostering procedures.'*¹⁷

Then general secretary, Ms Moait suggested: *'It is time other employers, including the NSW Government... also negotiated wages and conditions that will help rebuild the vital profession of nursing.'*¹⁸

Newer nurses in particular have expectations of more flexible rostering, family friendly workplaces, childcare facilities and improvements in career progression.

The 2000 NSW Nursing Workforce Research Project found that *'the inflexibility of shift work and family responsibilities appear to be the main reasons for leaving. Other*

¹⁵ 'Labor finally notices nurses' Media release The Hon Brendan Nelson, July 142003

¹⁶ 'Duty of Care' page 180

¹⁷ The lamp, November 2001

¹⁸ The lamp, November 2001

*major reasons are concerned with the limitations imposed by nursing work (shiftwork, rotating rosters and night duty) on the ability to balance work, leisure and family responsibilities. As found in previous studies, and confirmed by talking to respondents during interview, nursing does not offer sufficient flexibility in either the days or time of work for either child care or school hours. Despite the increased operating hours of many childcare facilities, the ability to negotiate a set roster (allowing for the planning of days and times for childcare) remains a major obstacle for working nurses.'*¹⁹

Affordable, accessible parking is also a key issue. When working late at night, it is important that allotted spaces are in areas, which are well lit, secure and safe.

The Coalition will establish a quarantined fund to enable individual hospitals to negotiate benefits to meet the particular needs of nurses at that workplace.

The funding will be available for local hospitals to address specific issues confronting their nursing workforce. For example, some hospitals may provide additional access to childcare, while others could provide additional parking, accommodation, special allowances or more flexible rostering arrangements.

6) Give nurses more recognition and control

The professionalism, contribution and education of our nurses should be recognised in the way hospitals are run.

*Researchers have argued that: 'a lack of respect from management and doctors, low autonomy and input into major decisions affecting work environments' ... 'affect the job satisfaction of nurses and therefore their retention.'*²⁰

*'Nurses must be made to feel in control of their nursing care and become valued partners in health care provisions. ... Wards and units continue to be managed in a hierarchical manner where nurses have little input on issues of bed numbers, patient acuity and staffing levels.'*²¹

In addition:

*'Nurses want recognition in the workplace of the professional status that has come with the requirement of university education. They want to exploit their skills and knowledge: to achieve, according to the Senate committee, greater say in decision-making about their jobs and about broader health policy. The system must open itself to these changes. Its health depends on it.'*²²

Nurses tire of having nursing positions targeted when savings are decreed. In the recent restructure many nurses received redundancy offers and they had to fight to protect senior nursing management positions with strong support positions underpinning them.

¹⁹ NSW Nursing Workforce Research Project 2000 page 45

²⁰ A Growing Healthcare Crisis: The Causes of the Nursing Shortage, Leanne Cowin, RN, PhD, Lecturer, Mental Health Nursing, Family and Community Health, the University of Sydney. 2002, pg 6

²¹ *ibid*, page 16

²² Nurses: more talk than action, Editorial: SMH Monday July 8 2002

Medical Staff Councils are bodies comprising doctors who advocate concerns to hospital management. Nurses, however, do not have recognised councils with the same influence as Medical Staff Councils. Indeed, where nursing councils and committees exist they rarely seen as a force of influence in major decision-making.

The Coalition will maintain senior nursing management positions, ensuring they are underpinned by strong support positions: establish Nursing Staff Councils to give nurses the same clout and direct access to the Minister as doctors' Medical Staff Councils: and ensure nurse representation on each local hospital board.

Costing

The initiatives outlined in this policy will cost \$207.8 million over four years.

- **Improve nursing degree courses through more time in hospitals (\$28.3 million)**

The National Review of Nursing Education proposed the establishment of a fund to support clinical placement programs, costed at "\$20 million a year for five years with an additional \$10 million to establish and evaluate the program."²³ This estimate was based on a figure of approximately 22,500 undergraduate nursing students per year across Australia. In 2004, 7,096 students were enrolled in nursing degrees in NSW universities.²⁴ On a pro rata basis, when fully implemented the application of this policy in NSW would cost approximately \$6.3 million per year and \$3.1 million in start-up and review costs.

- **Increasing retraining opportunities for registered and enrolled nurses wishing to re-enter the workforce (\$4 million)**

The Government allocated \$900,000 to its Nurse Reconnect Program in May 2004 stating it would recruit an additional 235 nurses.²⁵

- **Appointing an extra 50 clinical nurse educators (\$8.8 million)**

Clinical Nurse Educator salary = \$1, 186pw²⁶, roughly \$80,000 pa with on-costs. Year 1 an extra 10 positions, Year 2 another 10 positions, Year 3 a further 10 positions and Year 4 an extra 20.

Clinical Nurse Educator positions	Year 1	Year 2	Year 3	Year 4
From previous Year(s)		10	20	30
Extra Positions	10	10	10	20
Total Salaries to fund	10	20	30	50

²³ National Review of Nursing Education 2002' Our Duty of Care' page 166

²⁴ "Students 2004: Selected Higher Education Statistics - Nursing Students", Department of Education, Science and Training, http://www.dest.gov.au/INR/rdonlyres/BB843761-4865-4898-A6D E-B91614D5E5D2/4215/09Nursing_xis, Table 62: All Students Enrolled in Courses for Initial Registration as Nurses by State, Institution, Mode of Attendance, Type of Attendance and Gender, 2004

²⁵ NSW Health, 'Securing our Health Workforce' page 8

²⁶ NSW Health Information Bulletin 182005 023

➤ **Providing funding for 500 more nurses** (\$81.4 million)

Registered Nurse salary = \$74,000 pa with on-costs.²⁷ Year 1 an extra 50 positions, Year 2 another 150 positions, Year 3 a further 150 positions and Year 4 an extra 150.

Registered Nurse positions	Year 1	Year 2	Year 3	Year 4
From previous Year(s)		50	200	350
Extra Positions	50	150	150	150
Total Salaries to fund	50	200	350	500

➤ **Establishing an additional quarantined fund** to enable individual hospitals to negotiate benefits to meet the particular needs of nurses at that workplace. (\$85.3 million)

Based on an average \$600 benefit pa per (35,526) nurse workforce.

➤ **Giving nurses more recognition and control** (Cost neutral)

²⁷ 'Wages to increase 14per cent', SMH May-21 2005