

NURSING WORKFORCE RETENTION AND PRODUCTIVITY – CONSULTATION

SUBMITTING YOUR FEEDBACK

Please review the consultation paper (available as a [PDF](#) or through [HWA Connect](#)) and provide your feedback in accordance with one of the preferred options below:

Option 1:

Online - submit your feedback through [HWA Connect](#).

Option 2:

Email - Complete your feedback using this form and email it to IAP@hwa.gov.au.

Option 3:

Hard copy - send a printed copy of your completed feedback form to:

Health Workforce Australia
Nursing Workforce Retention and Productivity consultation
GPO Box 2098
ADELAIDE
SA 5001

Questions relating to submissions

Please direct any queries about the content of this discussion paper or the consultation process to Mr Ian Brownwood.

Email: IAP@hwa.gov.au
Telephone: (08) 8409 4500
Free call: 1800 707 351

Deadline for submissions

5.00pm Central Standard Time, 30 April 2013.

Feedback form

Instructions

Please provide responses using the template provided. The questions are designed to help you to focus your response and help HWA when analysing submissions. You do not need to answer every question.

Section 1: Cover page

Your details

Name of organisation or individual providing this feedback: Australian College of Nursing

Department (if applicable):

Contact person (if different from above): Debra Thoms

Position: Chief Executive Officer

Telephone: 02 6283 3459

Email: debra.thoms@acn.edu.au

Sector demographics

Please indicate which part of the sector your feedback represents (select more than one if relevant)

- Education providers to the health workforce
- Regional health service executive
- Health unit executive
- National, State or Territory organisation executive
- Nurse executive
- Nurse (EN or RN)
- Student nurse
- Health worker
- Health workforce planner
- Health workforce researcher
- Aboriginal and Torres Strait Islander health service planners or providers
- Rural and remote health service planners or providers
- Regulatory body Individual health professional
- Consumer group
- Carer group
- Government - Commonwealth Agency
- Government - State or Territory Agency
- Non-government (not for profit)
- Non-government (private)
- Professional association or group (please specify) National professional nursing organisation
- Member of the public or other (please specify) [Click here to enter text.](#)

Confidentiality

HWA would like to give you the following options about publishing your name (organisation/individual) on our website as responding to this consultation:

- Yes, I give permission for the organisation name to be published and submission uploaded on the HWA website.
- I give permission for the organisation name to be published but the submission cannot be uploaded onto the HWA website.
- I do not give permission for organisation name to be published or for the submission to be uploaded on the website.

Section 2: Consultation questions

Provide overall feedback on the themes

1. Effective preparation for practice is a key theme for action to improve retention and productivity in Australia's nursing workforce:

<input type="checkbox"/> Strongly agree	<input checked="" type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

The title of this theme should be expanded to better reflect its explanatory statement. It is suggested that the title include "support" - "Effective preparation and support for practice" to include an emphasis on the career life cycle focus that is mentioned in the sentences that follow. The concept of "supportive transitions to practice" should be expanded to include supporting practice transitions at any career stage. ACN acknowledges that effective preparation and support for practice is an important nurse workforce retention theme, however, the development of retention strategies must be informed by a holistic understanding of earlier career workforce dynamics. For example, analysis of the factors contributing to exit rates for nurses aged less than 20 to 24 years (as depicted in Figure 2 page 9) may reveal there are common reasons, other than stressors relating to transition to practice, that are influencing workforce attrition rates during these commencement years. Lifestyle choices such as travel during early career may be relevant contributing factors. Furthermore, analysis of nursing retention rates prior to 2001 may demonstrate that this has been a trend in nursing even during hospital-based training.

2. Productive work practices is a key theme for action to improve retention and productivity in Australia's nursing workforce:

<input type="checkbox"/> Strongly agree	<input checked="" type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

This theme should be reworded to include a focus on maximising the full scope of nursing practice rather than 'the adoption of practices that maximise the use of nursing skills'. This would allow for the application of a broader concept of nursing practice rather than giving the impression that nursing practice is the accumulation of definitive set of skills. Nursing practice involves skill and competencies, these terms are not synonymous, and it is important that the objectives within this theme seek to promote the adoption of practices that maximise the use of nursing knowledge and skills to generate greater productivity are based on a sound understanding of the practice of nursing. Any oversimplification of nursing practices that will inform work practice reform and change management measures (process re-engineering, skill-mix changes, development of new and extended roles etc...) could detrimentally impact not only nursing care delivery but health care delivery in general. In summary the emphasis on 'skills' within this theme presents a narrow understanding of the

role of the nurse, it is recommended that focus be placed on full-scope of practice to support industry understanding of the current role of nurses and to provide an informed platform for the development of initiatives seeking to progress positive and effective workplace and practice improvements.

3. Leadership and workplace culture is a key theme for action to improve retention and productivity in Australia's nursing workforce:

<input checked="" type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

ACN is in strong support of this theme and stresses the importance of developing nurse leadership capacity from operational through to strategic levels to improve nurse workforce retention, to support innovation and reform and quality patient outcomes. The theme recognises that nursing leadership capability has a direct impact on nurse workforce retention and there is a need to foster more engaged and competent leadership within the profession to better support the implementation of intended national health and workforce reforms. This is particularly important at the unit or centre level where the Nurse Unit Manager's (or equivalent) leadership has a key impact on the retention of clinical staff. These nurse managers are invariably focused on immediate clinical concerns and administrative matters and there is often a lack of attention on developing their management and leadership competencies. A broad paradigm shift is required within the profession and health system to support leaders to undertake and achieve change. This will require dedicated programs to challenge existing cultural barriers and to promote positive professional cultures. Whilst generic leadership programs exist there are very few specific leadership programs in nursing, particularly related to clinical environments. It is also important to not only recognise the role nursing leadership plays in the creation of a positive workplace environment and the retention of staff but also that there is a relationship to care outcomes. The consultation paper notes that the three key themes presented must not be considered in isolation, ACN reinforces this statement and suggests that fostering strong leadership is an imperative enabler for progress within themes. The capacity for any health service to deliver reforms focused on effective preparation for practice and productive work practices will be dependent on competent nurse leadership.

4. What other key areas for action will drive improvements in retention and productivity of Australia's nursing workforce?

With effective national policy levers in place, further development of the generalist nurse practitioner and practice nurse roles would be an effective area for action to address some pressing workforce demands, particularly in rural and remote areas. Due to the direction of national health policy, it is likely that there will be a growing demand for generalist nursing skills. There is potentially a large role for generalist nurses, including advanced practice roles, emerging in primary health care and it is essential that nurses continue to receive a comprehensive generalist education to be best equipped to respond these evolving community health needs.

Part 1: Provide feedback on effective preparation for practice:

5. Aligning nursing students' expectations and capabilities with the real-life challenges of working as a nurse is critical to the retention of nursing students and newly graduated nurses.

<input type="checkbox"/> Strongly agree	<input checked="" type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

ACN agrees that aligning nursing students' expectations and capabilities with real-life nursing experiences is a positive retention strategy. This requires adequately funded, well-coordinated, diverse and innovative clinical placement experiences that allow for the active participation of students within nursing as well as within broader clinical teams. Ensuring that student nurses have an appropriate amount of 'coal face experience' prior to registration coupled with the provision of early career transitional supports once they enter the workforce should be key policy directions for future nurse workforce planning and strategic investment. While ACN recognises the significance of the early career exit rates within nursing and the vital need to identify a range of strategies to curtail this trend, ACN has concerns about the policy levers outlined in the consultation paper aimed at "enhanced early skill development" or speciality field focus being incorporated within undergraduate education. There is a risk that using undergraduate courses to broadly introduce sector or speciality focused nursing education could weaken the predominantly generalist foundations of nursing education which currently facilitates a high level of workforce mobility. ACN is not averse to workforce policy that encourages career pathways for nurses to practice in areas where nursing resource growth is indicated. However, ACN is not convinced that policy options geared towards nursing undergraduate education are the best way forward. ACN accepts that the nursing profession needs to consider and respond to the health needs of the community in the development and design of nursing education, however, accelerating undergraduate education or promoting the expansion of early skill development and/or specialisation within undergraduate education presents both opportunity and risk. Broad sector specialisation such as nursing in aged care or community and primary health care presents less of a risk than some more discrete speciality areas such as mental health. Any strategic effort to concentrate education around sector skills development must consider the broader workforce impacts, particularly what it will mean for the generalist competency-base of the nurse workforce. When considering options for growing speciality course components within undergraduate nursing education, it is worth noting that undergraduate programs are already quite stretched. ACN urges that the development of speciality education should be targeted at the post-graduate level rather than be added to the already extensive national curricula requirements for Bachelor of Nursing (BN) programs. While BN course content in Australia varies across educational institutions, all courses must align with professional Competency Standards for Registered Nurses which articulate with the core competencies used to assess the performance of those wanting to practice as Registered Nurses. While including speciality subjects within undergraduate RN programs is at the discretion of individual educational institutions, there is a professional

challenge in determining which speciality areas should be given priority in already very crowded undergraduate programs. The continued diversification of specialty nursing roles has limited growth potential, as the number of speciality courses that can be supported within the education sector is also limited. Generalist educational foundations for nurses will continue to be an important workforce characteristic for promoting workforce adaptability and increased mobility and provides the essential foundations for working in diverse health settings and to move into expanded and advanced practice roles. Promoting generalist roles also allows for the formation of education models that target shared skills. It would be counterintuitive to broadly promote undergraduate specialisation that could reduce the size of the generalist educated workforce, lessen the transferability of nursing resources and potentially limit the development of expanded roles. It is a health care imperative that this model remains the preferred option for the bulk of nursing education to ensure the nurse workforce is able to support broad health system reform by being adaptable and well equipped to provide holistic person centred services. This does not preclude the option of specialising on entry to practice. There should be scope for newly registered nurses to identify a preferred area of nursing practice, it is not imperative that all newly registered nurses undertake a new graduate program with set rotations. Facilitating supported entry into preferred practice areas or specialities could positively impact early career nurse retention as newly registered nurses are able to immediately focus on their clinical and practice interests. While participation in a formalised new graduate program is not a necessity for all newly registered nurses, it is incumbent upon health services to provide appropriate transition supports to all newly registered nurses entering the workforce. The concept of “work readiness” is highly problematic as it assumes newly registered nurses and early career nurses can commence work without appropriate supports. While nurses graduate with the knowledge and skills required to enter the workforce, like in any profession, it takes time for them to adapt to work environments and to learn how to apply the knowledge and skills they possess.

6. What should be the primary area(s) of focus to improve nursing students' effective preparation for practice?

Quality clinical placements, that allow for students to maximise their clinical participation and that effectively facilitate competency development should be a primary focus. This requires the availability of dedicated preceptors who are trained, skilled and attitudinally suited to sharing knowledge and providing clinical education. Effective preparation for practice could be improved with a greater alignment between the educational goals of higher education institutions and the nurse workforce expectations of services providers. A shared understanding between industry and the education sector of what “work readiness” means for nursing graduates is an important consideration to ensure the professional development needs of early career nurses are appropriate targeted and supported. It is reiterated that nurse retention policy directions should not overly focus on undergraduate preparation. There must be allowance for newly registered nurses to develop into their working roles and no amount of undergraduate education or preparation will reduce the need for appropriate transition supports. There is a need to ensure quality clinical experience at the undergraduate level but this would not replace the need for guidance and support on entering the workforce. Equally, appropriate

transition supports should be available to other nurses at different career stages moving into new workplace environments.

7. Development and promotion of well-supported graduate positions in non-acute settings could help to expand the capacity to employ graduate nurses and attract nurses to remain in practice in these sectors.

<input checked="" type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

The majority of nursing systems would benefit from resources to establish formalised leadership and transition support programs to effectively manage the transition of newly registered nurses and other nurses at different career stages into workplace environments. This includes programs that receive newly registered nurses across the total health care sector including community nursing, aged care, general practice and both private and public services. Well-developed transition support schemes can promote personal and professional development and ease pressure on existing staff to mentor and supervise less experienced co-workers. Retention strategies within non-acute settings should also encompass change programs focused on creating positive practice environments. The combined elements of effective leadership, transition supports and positive practice environments will more likely result in positive attraction and retention outcomes in traditionally under supported sectors. Ensuring the future of the nurse workforce is a multi-sector responsibility and it is incumbent upon all health service providers to contribute to fostering the growth and development of the profession to meet community health care needs. The burden of educating and supporting the nurse workforce now and into the future must be shared and all sectors within health must be involved. Private, non-for-profit and public health services providers are all key stakeholders with responsibility to strategically invest to ensure a viable nurse workforce for the future.

8. Can you provide HWA with any examples of innovations and practices that help students and graduates transition to practice?

Title

Transition to Emergency NSW Health

Headline

Click here to enter text.

Workforce challenge

Nurse workforce attraction and retention.

The innovation

Transition to Emergency NSW Health – a transition to practice program for not only newly registered nurses but also those new to the emergency area of practice has been implemented to support nurses in Emergency Department

(ED) settings in NSW. Aim is to ensure that nurses have the foundational skills and knowledge to practice safely in the ED setting. The practice program, needing to be completed within six months, provides each participant with a workbook, a support person and identified learning needs and to develop and undertake at their own pace. Anecdotal feedback has been positive and the model is being applied to Mental Health Transition to Practice as well.

Part 2: Provide feedback on productive work practices

9. The development and adoption of more productive work practices is a priority for improving nurse retention and productivity.

<input type="checkbox"/> Strongly agree	<input checked="" type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

The consultation paper has mentioned many of the established organisational reform and change management programs with a focus on nursing that have potential for broader application throughout the health system. Programs such as these have recognised the central role of nursing practice in health systems and aim to effect change broadly by engaging nurses and nursing services in clinical process redesign and systems strengthening. Significant efficiency and effectiveness improvements in nursing practice have been demonstrated through clinical process re-design and re-engineering and ACN acknowledges that change management innovations can substantially relieve nurses of non-clinical work, allowing for greater focus on nursing care. As outlined in the consultation paper, ineffective work patterns can lead to a disconnect between patients and nurses, with nurses spending less time engaged in nursing care. One essential element that is not emphasised within the consultation paper, is the need for nursing systems reform programs to be nurse owned and nurse led. Patients in hospital primarily require 24-hour nursing care, nurses providing that care need to be involved with reforms that directly and indirectly affect them. Failure to adequately engage nurses so that they feel a sense of ownership and responsibility for change will potentially result in some short term gains but in the long term a return to pre change behaviours ie the desired change or practice will not have been embedded and over time there will only be limited improvements in retention.

10. What should be the focus of action to help further free up nurses to provide nursing care?

To optimise opportunities to provide nursing care, it is essential that the roles of nurses are well articulated and well understood. Reliable nurse sensitive data in any health care setting is critical to developing a systems appreciation of nursing work. Significantly reducing administrative and management burdens placed on many nurses is in important way forward, particularly for clinical managers. ACN does not necessarily offer blanket support for relieving nurses of “menial tasks” as many so called menial tasks are important for nursing surveillance. It is recommended that the defining and delineation of tasks be a service level consideration. This does not however preclude the need for national or broader systems frameworks to guide systems level planning and policy development. Strategies need to have a central focus on supporting the provision of high quality care thus reducing unnecessary administrative workload enables nurses to do that which many of them express frustration about – delivering care.

11. Development of national data standards and information sharing systems is crucial to enable workforce reform.

<input checked="" type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

Nurses make up over fifty percent of the health workforce and undertake the bulk of health care. ACN considers measuring nursing skill mix, which takes into account designation, experience and capacity, and measuring nursing practices to be of critical importance to safety and quality outcomes across healthcare settings. There is an important link between measuring potentially nursing sensitive indicators and the variables of nursing skill mix and nursing practice. As noted in the consultation paper, there is strong consensus in the nursing profession that there is a need for nationally consistent data sources to facilitate systematic analysis and evidence-based change.

12. Can you provide HWA with any strategies to maximise the utilisation of nurses' skills and enhance patient outcomes?

The example on page 13 of use of undergraduate students is a positive strategy. This strategy has been used in a number of hospitals for many years, employing undergraduates as AINs to provide them with the opportunity to become used to the clinical environment before taking on the role of RN. With regards to the Bendigo Health and Austin Health strategies engaging AINs in Victoria, ACN cautions that the circumstances of this initiative be clearly explained in the context of describing examples of skill-mix workforce redesign. The issue with employing AINs is that the majority of states have used them as supplementary staffing and have not replaced RN positions with AINs as has occurred in NSW. Reports of improved satisfaction with models where they are supplementary should be expected but this response is not necessarily generalisable to settings where they have replaced either a registered or enrolled nurse.

Part 3: Provide feedback on leadership and practice environment

13. The development of a supportive workplace culture is a priority for improving nurse retention and productivity.

<input checked="" type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

ACN is in strong support of the International Council of Nurses position statement on positive practice environments (PPEs) and notes its important reference within the consultation paper. To mitigate the risk of cynicism within their nurse workforces, health services seeking to establish PPEs must demonstrate genuine interest in and commitment to building PPEs through making the necessary investments to provide it.

14. What are the key success factors for developing a supportive workplace culture?

Essential elements of a supportive workplace culture include strong leadership particularly at the clinical level and at all levels of the organisation. It is critically important that there is visible, effective and respected nursing leadership that is both operational and strategic from the unit level to the executive level ; adequate resources to enable the safe and effective delivery of care; recognition of nursing’s contribution to care; opportunity to develop and to apply and use knowledge skills; ongoing professional development, autonomy and equality and being treated with respect.

15. Further development of leadership skills for nurses will improve nursing retention and productivity.

<input checked="" type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
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Provide further comment:

Investment in specifically tailored nurse workforce leadership programs to strengthen nurse leadership capacity and capability to improve workforce retention and to support innovation and reform is an essential. A bespoke leadership program should be developed to provide a structured education program, mentoring, exposure to best practice leadership, and to enable participants to critically appraise leadership methodologies and contextualize to health care settings, the nursing profession, and innovation and reform. While there are leadership and management programs in existence very few specifically focus on and address unique nursing issues and leadership challenges.

16. Can you provide HWA with any successful innovations and practices to improve nurse leadership and positive practice environments?

Title

Click here to enter text.

Headline

Click here to enter text.

Workforce challenge

Click here to enter text.

The innovation

ACN is aware that the WA Office of the Chief Nurse has developed a program to develop leadership capabilities within middle level nurse managers. South Eastern Sydney LHD also has a leadership program which articulates with the University of Wollongong.

Part 4: Provide feedback on sector specific issues

17. Can you provide examples of innovations in specific sectors that are driving improvements in the nursing workforce in retention and productivity?

Title

Click here to enter text.

Headline

Click here to enter text.

Workforce challenge

Click here to enter text.

The innovation

Click here to enter text.

Part 5: Provide feedback on barriers and enablers

18. Can you provide examples of any specific systemic barriers that are inhibiting improvements in the nursing workforce in retention and productivity?

Health system-wide, the lack of value placed on nurse leadership is the predominant systemic and entrenched barrier inhibiting global improvements in nurse workforce retention and productivity. This reflects a general institutional and interprofessional failure to value the key role of nurse leaders resulting in missed opportunity to leverage from the vast systems knowledge nurse leaders have and could have if there were greater investment in their roles. A lack of familiarity with nurse leadership roles, and effectively the promotion of these roles, stymies workforce innovation and change and does not support the workforce cultures required for interprofessional collaboration and practise. There has been a disempowering of nursing leaders and leadership roles in a number of settings within the health system as well as the removal of key nursing leadership roles in some places. Such short-sighted moves demonstrate a failure or reluctance to fully value and integrate the work and role of nurses across the board. Empowered leadership is required to evoke change in support of workforce reform strategies. Nurse leaders must be afforded authority and have powers to influence in order to guide change. Without this investment, at the clinical as well as governance levels, the fundamental changes needed to bring about broad sweeping improvements in nursing workforce and retention are unlikely to come into fruition.

19. Can you provide examples of any specific enablers that are (or could) facilitate improvements in the nursing workforce in retention and productivity?

Promoting effective nursing governance and good management must form part of the framework of action for nursing systems reform at all levels. Nursing issues, particularly current and future staff shortages, cannot, as HWA research has confirmed, be overcome by simply increasing nursing numbers. Reform must include organisational reform and clinical process redesign programs to optimise existing resources, to improve job satisfaction and staff retention, to improve the safety and quality and to promote professional development and continuous improvement and innovation. While strategies for action will largely need to be determined at the local systems level, a coordinated national level promotion may stimulate system wide action. At a national level it is possible to provide support and information on what may have worked well in various settings but caution should be exercised in considering the implementation of any system wide approaches that do not enable local contextualisation and ownership. As mentioned above, nurses must be valued in these processes and have a sense of ownership and responsibility for change if any improvements are to be embedded and have lasting impacts on retention.

Part 6: Other feedback

20. Do you have any other comments or feedback?

Australian College of Nursing cautions that measuring 'productivity' as defined on page 7 will be challenging as nursing indicators are currently underdeveloped in the context of the Australian health system. For national impact, common nurse sensitive data systems are required if nursing related inputs and outputs are to be measured. There may be advancements being made within local level health systems, however, common data collection would be required to scale up any strategy focused on maximising service efficiency. Underlying this is the need for: a generalist health workforce; systems reform to allow nurses to work to the full extent of their education and experience; effective inter-disciplinary health education and collaboration; and professional development opportunities to further advance and up-skill the nurses workforce to prepare it to respond to the evolving health system.