



The union for nurses and midwives

Queensland Nurses' Union

**Submission to the Economic Development Committee
Legislative Assembly of
Queensland**

August, 2009

Introduction

The Queensland Nurses' Union (QNU) welcomes the opportunity to provide a submission to the inquiry into employment creation opportunities in Queensland. Our submission generally addresses the guidance questions 18 and 19 of the *Economic Development Committee Issues Paper No. 1* (the Issues Paper) and puts forward some broad comments that the QNU considers relevant to the inquiry.

In this report, we initially provide information on the QNU followed by some recent data on the Qld nursing workforce. We then address the guidance questions as the basis for our comments and recommendations. We recognise that although the Issues Paper identifies 23 issues for comment, we have addressed those that have particular relevance for nursing and the nursing workforce.

About the QNU

The QNU is the principal health union operating in Queensland and is indeed the largest representative body of women in this state. It is registered in this state and in the federal jurisdiction as a transitionally registered association. In addition, the QNU operates as the state branch of the federally registered ANF.

The QNU covers all categories of workers that make up the nursing workforce in Queensland including registered nurses, midwives, enrolled nurses and assistants in nursing employed in the public sector or the private and not-for-profit health sectors¹. These, and other aged care workers are vital in providing the expert care that all Australians need. Our members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management.

Membership of the QNU has grown steadily since 1982 when the Royal Australian Nursing Federation, Queensland Branch Union of Employees changed its name to the Queensland Nurses' Union of Employees (QNU) and began a new era of professional and industrial representation. As at June, 2009, there are in excess of 37,000 members and the union is still growing. Like the nursing profession as a whole, the overwhelming majority of our members are female (93%). Given this, we believe that the QNU is the largest representative body of women in Queensland.

The QNU has a democratic structure based on workplace or geographical branches. Approximately 250 delegates are elected from the branches to attend the annual QNU conference which is the principal policy making body of the union. In addition to the annual conference the QNU has an elected council and an elected executive, which in turn have decision-making responsibilities between conferences. Council is the governing body of the union.

The QNU is party to over 200 enterprise agreements which cover a diverse range of health facilities and other non-health establishments that provide nursing services (eg schools, local councils, prisons and universities). We therefore have a clear and comprehensive understanding of the complexity of contemporary health service delivery as well as the diversity of employment opportunities such a system presents.

¹ Throughout this submission the terms 'nurse' and 'nursing' are inclusive of 'midwife' and 'midwifery' and all nursing designations such as 'nurse practitioner'.

Creating Employment Opportunities in Queensland

The QNU has a significant interest in the creation of employment opportunities in Queensland. The Issues Paper (2009) identifies the health sector as an area with a significant rate of employment. Nurses comprise the largest professional group in the health workforce. It is timely therefore to consider nursing as an area of predicted employment growth, in light of the ageing population, and more particularly the ageing of the nursing profession.

The average nurse is now aged over 45 (Australian Institute of Health and Welfare, 2008) and this is increasing. The role of nursing in maintaining the health of Queensland's population is vital. The QNU believes that we should also be looking towards ways in which we recognize and promote the unique role of nursing as a health profession.

Policies to promote economic development and employment opportunities may only address the economic needs of the state if policy makers develop them in isolation. We believe that policy development should be integrated and particularly mindful of the need for adequate infrastructure to support and educate an increased population. The implementation of any initiatives to stimulate economic growth will rely on the provision of resources, in particular a responsive health workforce that can meet the demands of a growing population.

As we have suggested, economic growth and recovery will require an integrated approach, one that considers the interdependence of other health professions and the facilities that are needed to educate the next generation of nurses.

It is useful therefore to consider some recent data on the Queensland nursing workforce as an essential component for promoting both economic development and nursing as a valuable and rewarding profession.

The Nursing Workforce in Queensland – Some recent data.

In Queensland, there is a critical shortage of nurses across public and private hospitals and aged care facilities (conservative estimates put this at around 1400 nurses) resulting from years of neglect in developing recruitment and retention strategies. Currently in Queensland there are shortages in most areas of nursing including accident and emergency, critical/intensive care, midwifery, mental health, community care, aged care and indigenous health (Commonwealth Department of Education, Employment and Workplace Relations, 2008). The significant migration to this state and its consequent demand on health services, especially in the south east corner, has exacerbated these shortages.

ABS 2006 Census figures on the rate of nurses per 100,000 population by state or territory reveal Queensland is well below the Australian average of 1107 nurses per 100,000 population with just 1025.3 nurses per 100,000 population. As the population continues to rise in Queensland, the QNU's data modelling indicates we can expect a shortfall of 14,000 nurses by 2014 across the public, private and aged-care sectors.

In the public sector, Queensland Health's conservative shortage estimates are based only on maintaining the current service status and fail to take into account significant predicted retirements from the profession, backfill requirements for leave and training, as well as increases in services – such as new beds coming online – which all have a direct impact on the number of additional nurses required.

Data from a Private Hospitals Association of Queensland's (PHAQ) own nursing workforce survey indicates that in March 2008 there was an estimated shortage of 451 registered nurses and 129 enrolled nurses across PHAQ hospitals. By 2012 the PHAQ predicts that this will increase to a full time equivalent overall shortage of 1202 registered nurses and 529 enrolled nurses (PHAQ, 2008).

Aged care figures are difficult to determine without reliable information on staffing shortages. However, the QNU estimates shortages are even more acute in this sector due to the poor wages and conditions on offer and the lack of incentives.

According to the Australian Institute for Health and Welfare (AIHW) (2005), based on a predicted retirement age of 65, over the next 20 years Australia will lose 60% of the existing employed registered and enrolled nurse labour force through retirement. Nearly 15 per cent of nurses are retiring every five years – creating a projected cumulative exodus of 90,000 nurses by 2026 (Australian Health Workforce Institute, 2008). Unfortunately, new graduates from existing educational programs are not adequately replacing these nurses and it seems future planning for the exodus of nurses from the health system is lacking.

In the following section we address those areas that we believe will create employment opportunities in Queensland focusing on nursing and the significant role it will continue to play in maintaining the health of the people in this state. We confine our comments mostly to the health care sector and particularly women, obviously because this is our area of interest, but also because health care will continue to be of major importance in a state with a burgeoning population. Our views on employment are therefore inextricably linked to the major reforms that the federal government is currently undertaking that have a clear focus on primary health care.

Integrating healthcare and employment.

The QNU believes that if the health system is to be more responsive to the needs of Queenslanders then policy makers will need to favour a primary health model that advocates care in lifestyle through education and awareness. We submit that a primary health model will benefit all Queenslanders if its principle services are accessible, affordable, appropriate and achievable. Employment opportunities will exist in related areas such as education and the provision of primary health services.

The Federal Government has made primary health a high priority in its health platform. The QNU will continue to pursue actively with the state government and non government organisations the advantages of this model, and the need to increase the numbers of nurse and midwives in all primary health settings.

The federal government has also created the Jobs Fund, a \$650 million initiative to support and create jobs and increase skills through innovative projects that build community infrastructure and increase social capital in local communities across the country. The fund is part of the federal government's Jobs and Training Compact to support families and communities most affected by the global economic recession (Commonwealth Department of Education, Employment and Workplace Relations, 2009). This initiative has the potential to expand into aged and community care. With an ageing population, the Queensland government will need to ensure appropriate numbers of skilled staff can cater to their needs. At present, there are a number of structural preventatives such as comparatively low wages that preclude workers from seeking employment in this area. It is the view of the QNU that the state government can build on the federal initiatives by developing a strategic health care plan that integrates education and employment opportunities over the coming decade.

Nursing has a large part to play in this reformation and is well placed to assume its role and purpose in any redesign process. The evolution of advanced practice regimes, the emergence of the Nurse Practitioner role, the inherent flexibility and expertise built into nursing practice, concepts and processes obligates the profession to take a leading role in shaping contemporary health care services and workforce planning. Central to this is an engagement with person-centred primary health care.

However, ongoing issues related to nurses working in primary health settings in Queensland remain unresolved for a number of reasons. These include inadequate funding, workloads and decreasing numbers of nurses and midwives working in primary health settings/community health directly related to budgetary issues, other resource issues or substitution of these positions with other health workers.

Recommendations

The QNU recommends that the Queensland government:

- Works in partnership with the federal government to fund cross-disciplinary courses in Universities relating to primary health care (that incorporate clinical placements) at the undergraduate level. We realise that this change will take time and ongoing commitment. We continue to make this recommendation to both state and federal governments in the knowledge that this initiative will improve efficiency and effectiveness in health service delivery by building early cross disciplinary team relationships as well as an interest in working in primary health care settings after graduation.

This is a key challenge for governments given the significant targets set for decreasing preventable disease and the desire for greater emphasis on primary health care. The acute care sector will always command more of the resources if there is not some form of quarantining of resources for primary/preventative care;

- Consider splitting the health portfolio in two – acute care services and primary/preventative care. Although this may be problematic, the QNU calls for bold action to increase the emphasis on primary/preventative care and to ensure that this area has adequate staffing;
- Formalise ongoing consultations with key stakeholder “champion” groups to help drive the change in focus to primary/preventative care. In this case, the government could seek support from primary health care practitioners and community groups to increase the focus on wellness and prevention.

Planning the health workforce.

The shift in emphasis towards primary and preventative care, better management of chronic disease and improved organization of care across acute and non-acute sector requires more effective coordination. Although nurses and midwives are best placed to provide this coordination, an essential prerequisite is addressing the workforce shortages.

Significant opportunities exist to expand the roles of nurses at all levels within the public sector to facilitate the delivery of effective, quality and sustainable health services to the community. In order to achieve this objective however, it is essential that governments address the existing and predicted shortages of nurses and midwives as a matter of urgency. In our view, the nation needs a national

nursing and midwifery workforce plan to manage the workforce deficiencies appropriately. This must occur in consultation with the various state/territory Chief Nursing Officers as some workforce planning is occurring at the state level. Until the federal and state governments develop such a plan, there will be no sound evidence upon which to base funding decisions around additional undergraduate and postgraduate nursing and midwifery courses, nursing courses in the vocational education sector or refresher and re-entry courses. Without this planning workforce initiatives will remain piecemeal.

Appropriate utilisation of the existing nursing workforce will, in large part, negate the need for the introduction of new and untested health roles. There is however a need to ensure that there is a consistent approach to the introduction of new/expanded models of nursing/midwifery. The aged care sector calls for particular workforce planning.

The ever increasing acuity levels and complex care needs of residents in aged care facilities, and of people in the community receiving aged care services, has placed extra demands on all levels of nursing staff. It is vital that there are adequate numbers of registered nurses employed in aged care services to provide supervision and support to enrolled nurses and assistants in nursing/carers. Changes in enrolled nurse training over the last ten years has led to enrolled nurses performing more complex nursing activities, including administration of medications. Assistants in nursing/carers have also been required to take on additional nursing activities, and now provide care to residents with more complex needs.

There is also a need to develop innovative strategies that support the continued employment of older nurses and midwives given the ageing of the nursing and midwifery workforce and the ageing of the general population (which will lead to an increased demand for health and aged care services in the future). Given the existing and predicted nursing and midwifery workforce shortages, strategies to enhance workforce attachment are critical going forward. This will necessitate the development of workforce plans targeted at the various demographic cohorts within nursing. Without this level of planning, the health system will experience ongoing difficulties in retaining older nurses, especially given the known cumulative adverse health outcomes associated with prolonged shift work.

Recommendations

The QNU recommends:

- As a matter of urgency, the federal and state governments fund the development of a comprehensive integrated nursing and midwifery workforce plan in order to manage properly the additional nursing and midwifery places in the tertiary and vocational sectors as well as refresher and re-entry programs.
- The state government and employers provide transition to retirement programs to retain experienced nurses and knowledge in the health system for longer.
- The federal government conducts adequate numbers of refresher and re-entry program for nurses across all sectors.
- The federal government funds the employment of more nurses in Commonwealth funded program areas including funding to promote or trial the position of Nurse/Midwife Practitioner and Team Based models (in the context of GP superclinics);
- The state government manages nursing workloads and work intensification more effectively. There is a need for strategies to address work patterns and rostering, support for nurses with

caring responsibilities, support for mature aged nurses, work environment and job satisfaction, workloads, health and wellness, and generational views of work/life balance. These multi-layered strategies are relevant beyond nursing. The QNU believes there is much wider application of these strategies to the whole workforce given the demographic and generational challenges that exist across the board.

- Greater resources to encourage local community members to acquire recognised health qualifications that enable them to remain in their community and progress in their career – e.g. extension of the indigenous nursing strategy;
- The establishment of minimum nursing staff levels and an appropriate skill mix of nursing staff (assistants in nursing/carers, enrolled and registered nurses) throughout the aged and community care workforce;
- Closing the wages gap and maintaining wage parity for nurses working in aged care;
- Providing national licensing of all direct care staff.
- The state government implements a range of strategies to keep older women in the workforce for longer and facilitate programs for transition to retirement.
- Mandated minimum staffing levels in residential aged care facilities, and an appropriate nursing skill mix that will enable delivery of appropriate standards of care.

Increasing opportunities for women's employment.

A policy that stimulates employment opportunities in Queensland should also actively promote participation of women in decision making and management. This is important for a number of reasons. Senior decision makers should reflect the diversity of the workforce. Providing a robust primary health care infrastructure necessitates nursing and midwifery engagement at the highest levels of strategy planning and modelling. The Issues Paper (2009) identifies directors of nursing as one of nearly 150 occupations where employers are finding it difficult to recruit suitable staff. Increasing the level of women's participation in management and senior positions will bring a more gender balanced perspective to decision making.

There are, however, barriers to their participation, not only within the health workforce, but also within community engagement. The modern labour market relies on women's ability to participate effectively. In order to do so, women with caring responsibilities need support. A sustainable future requires policy approaches to work that incorporate the perspectives of those who need care. Employment policy should ensure that parents have access to family leave when they need it, and quality, lost cost child and elder care options.

Other factors also obstruct women's participation in the workforce. These include cultural and language difficulties, rural and remote locations and an inherent imbalance in the responsibility for household work. The higher domestic burden still falls to women regardless of their paid workloads. This requires a redistribution of domestic work to ensure a more equitable work/life balance for women (Pocock, 2006).

The QNU believes that all women, particularly those who are disadvantaged and with the highest risk of unemployment need advocacy within the employment system and appropriate client-centred services. We acknowledge that equity initiatives have been instrumental in furthering the employment opportunities for many people within the equity target groups. However, we believe

that the advantages that have come to some through specific programs and initiatives will not progress if we come to believe that 'equity' is a mainstream practice. There are too many disadvantaged people in our community to convince us that this concept is no longer relevant.

Recommendations

The QNU recommends:

- Providing short-term family and elder care community support packages to allow women to access employment initiatives;
- Establishing targeted employment programmes that improve labour force participation for those with currently unmet child and eldercare needs to facilitate labour market participation;

Increasing employment opportunities for the disadvantaged.

Social and economic disadvantage that arises from lower levels of education and income is directly associated with reduced life expectancy, premature mortality, injury and disease incidence and prevalence and biological and behavioural risk factors (AIHW 2008). People with a long-term disability are among the most disadvantaged, and invisible, groups in our Community. This includes people with an intellectual disability as well as people with other long-term physical and mental conditions, whether present at birth or acquired later in life (NHHRC, 2008).

Here, we strongly stress the link between optimal health outcomes and meaningful and safe employment for women. For example, we draw specific attention to the need to enhance job satisfaction and educational preparation for women working in currently unregulated positions in the aged care sector. Many of the women working in this sector are significantly disadvantaged not only in their earning capacity when we compare them to their counterparts in the public sector (Australian Nursing Federation, 2008), but also because they require particular government assistance to enable them to access vocational educational opportunities. This is necessary for them to progress through a nursing career structure. We acknowledge the additional funding that the federal government has provided in recent times to the vocational education sector. However we believe that the government must develop a specific strategy aimed at women workers in aged care. By enhancing their career and earning opportunities, such an initiative would also improve their health outcomes.

Recommendations

The QNU recommends:

- Developing targeted strategies for the disadvantaged and unregulated workers in the aged care sector to increase their career and health prospects.

Focusing on Indigenous people.

Significant challenges exist in establishing a consistent approach to the provision of safe, efficient, effective and timely access to health services and employment opportunities for indigenous people. The appalling health status of our indigenous people provides a stark reminder of their disadvantage:

- The life expectancy at birth for indigenous men is 67.2 years and for women is 72.9 years (for 2005-2007). Life expectancy for indigenous men is 11.5 years less than for non-indigenous men, while the life expectancy of indigenous women is 9.7 years less than for non-indigenous women (source: ABS cat. No. 3302.0.55.003).
- In 2005–06 Aboriginal and Torres Strait Islander peoples were hospitalised at 14 times the rate of other Australians for care involving dialysis (AIHW, 2008);
- Aboriginal and Torres Strait Islander peoples were hospitalised for potentially preventable conditions at five times the rate of other Australians (AIHW, 2008).

Recommendations

The QNU recommends:

- That the government provide funding to support a specific program for the recruitment and support of indigenous nursing students. Queensland Health needs to consider accommodation and clinical placements in any project.
- Encouraging rural and remote community direct involvement in improving health outcomes via local initiatives to close the gap in life expectancy for women in rural and indigenous communities.
- Developing and implementing strategies to increase the number of indigenous nurses. This should be done in a coordinated fashion and operate within the context of the objective of closing the gap in indigenous life expectancy;

Conclusion.

The QNU believes that the Queensland government can support many initiatives that will create employment opportunities to ensure this state is well placed to respond to an economic upturn. This will rely on several factors, but particularly in health, it will require systematic planning of the workforce. Now is the time to undertake this planning so that our efforts and those of the nursing workforce have a consequential effect on positive outcomes for the health of the community.

References

- Australian Institute of Health and Welfare (2005) *Nursing and Midwifery Labour Force*.
- Australian Health Workforce Institute (2008) *Review of the Nursing Workforce in Australia*.
- Australian Bureau of Statistics (2006) Selected Health Occupations: Australia Cat No 4819. Retrieved 9 January, 2009 from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4819.0>
- Australian Bureau of Statistics (2009) Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, 2005-2007 (cat. no. 3302.0.55.003).
- Australian Nursing Federation (2008) *Nurses' Paycheck* 7(4).
- Commonwealth of Australia, Department of Health and Ageing (2008) *Towards a National Primary Health Care Strategy: A Discussion Paper from the Australian Government*.
- Commonwealth Department of Education, Employment and Workplace Relations (2008) *Skills Shortage List Queensland*, May.
- Commonwealth Department of Education, Employment and Workplace Relations (2009) retrieved 9 August <http://www.deewr.gov.au/Employment/Pages/JobsFund.aspx>
- National Health and Hospitals Reform Commission (2008) *A Healthier Future for all Australians Interim Report*.
- Pocock, B. (2003) *The Work Life Collision: What Work is Doing to Australians and What to Do About it* Federation Press, Annandale NSW.
- Private Hospitals Association of Qld (2008) *Collated Nursing Workforce Survey Results as at 7 March*.