



Speech by

Hon. WENDY EDMOND

MEMBER FOR MOUNT COOT-THA

Hansard 24 November 1999

MINISTERIAL STATEMENT

Nursing Recruitment and Retention Task Force

Hon. W. M. EDMOND (Mount Coot-tha— ALP) (Minister for Health) (9.52 a.m.), by leave: As a result of concerns about shortages of nurses and their high attrition rates and in recognition of the crucial contribution that nurses make to the health system in Queensland I established the Ministerial Nursing Recruitment and Retention Task Force. The aim of the task force was to examine and make recommendations on a more strategic approach to problems facing this substantial group of important health employees.

The report of the task force was released publicly yesterday and I would like to take this opportunity to inform the House about progress on this important issue. The terms of reference for the task force were to—

firstly, undertake a comprehensive review of the pre and post registration, education, training and staff development needs of nurses to better match work force needs.

secondly, develop guidelines for the management of nursing resources and workloads; and

thirdly, promote the introduction of family friendly rostering and management practices.

The task force commenced its deliberations in October 1998 and expert working groups were formed. This allowed for focused investigation at the level of detail needed to properly inform the steering committee of the task force. The report found there are critical shortages of nurses in specialist areas and some rural and remote areas and that the age profile of current nurses is changing with fewer school leavers choosing nursing as a career.

The million dollars allocated this financial year will enable the commencement of a variety of initiatives to address current and predictable recruitment and retention problems in nursing. Rural and remote areas will benefit from the establishment of 30 undergraduate rural nursing scholarships per annum to assist rural nurses to complete their studies. In addition, a rotational system will be trialled in one of Queensland's three health zones to allow for the exchange of 20 nurses between rural hospitals and tertiary or secondary locations for a program of four weeks' supported experience. The findings of the trial will be used to plan for an ongoing process of exchange. Nurses currently working in rural and remote areas often experience particular isolation in regard to skill development. New technology offers opportunities for the support of these nurses. Funding has been allocated to develop an interactive multimedia CD-ROM clinical decision-making system for isolated nurses.

Extra resources have also been provided to enhance the services and planning provided by the nursing unit of the Corporate Office of Queensland Health. This funding will be used to provide career advice to school students, the recruitment of indigenous nurses and assistance for the existing work force. There will be a new committee established between the department and the tertiary sector with the aim of providing a better match between courses and industry needs. Targeted research has been approved to investigate the particular recruitment and retention problems experienced by specific districts. In addition, the model for recruitment developed by the task force will be advanced in conjunction with health districts.

Funding has been allocated to examine and pilot a range of innovative rostering practices in six facilities in rural, remote, metropolitan and provincial settings. The outcome of these trials aims to

develop more flexible and family friendly systems to better meet the needs of the nurses and the health facility. Our response to recruitment and retention issues shows this Beattie Labor Government is prepared to face the challenges and respond to innovations suggested by the profession in a positive and sensible manner.
