

Dr. Andrew Southcott
Chair of the House Committee
On Ageing
Parliament House
Canberra
ACT 2600

16 Drysdale Avenue
Picnic Point
NSW 2213

July 12, 2003

Dear Dr. Southcott,

Please accept this letter as a personal submission to the House of Representatives Inquiry on Ageing. My name is Goran Otomancek and I am currently employed as an Aged Care Services Manager in a High-Level care residential facility, (Nursing Home) in NSW. I have held this position for the last eighteen months, having left the NSW Public Health sector after five years as a Registered Nurse in the acute mental health services. I hold undergraduate Degrees in Business and Nursing, a Master of Defence Studies Degree and a PhD (*Preliminary*). I am currently enrolled in a Master of Health Services Management Degree, which I hope to complete by late 2004. I am thirty-four years of age.

Having worked in the aged care services industry as a nurse manager for this relatively short period, (in conjunction with my experience as an Assistant Nurse from 1993-97) I feel that I have no choice but to highlight to the House Committee on Ageing my experiences as an aged care services manager of a Nursing Home.

The provision of on-going quality residential nursing care to elderly citizens within our community is in serious crisis. I currently roster eighteen Registered Nurses, (RNs) and thirty-three Assistant Nurses within my facility. The average age of my RNs is 51 years of age, with the vast majority aged between 48 to 55 years. I have a 70-year-old RN who comes in occasionally to assist with wound dressings because there are simply no other RNs available. I am currently rostered on for five days per week, however I am often called upon to relieve

RNs on leave because there are simply no other RNs available. Costs considerations prohibit the use of Agency staff so in their absence I am often forced to undertake two jobs. Ten-hour days are not uncommon, and 'homework' of one sort or another is considered the norm. For this privilege, I am remunerated less than my cousin who is in the building industry, and who will "not get out of bed for less than thirty five bucks *cash* an hour, mate".

In a typical day, the RNs will spend approximately 4 hours administering oral, rectal and sub-cutaneous medications, manage bowel motions, supra-pubic catheters and PEG feeds. They will then rush through their lunch break, *drowning* under the weight of an appalling regulatory documentation regime, while simultaneously organizing appointments, co-coordinating, (hard-to-get) Medical Officer house calls and managing all sorts of challenges from dietary anomalies to Manual Handling issues. This will take another four hours, by which time they will almost certainly go home thoroughly exhausted in preparation for another day.

The Registered Nurses are forced to accept overall responsibility for the care of approximately thirty residents and to supervise the staff attending to their needs. While our facility retains above industry-standard ratio levels of registered and non-registered nursing staff to residents, anecdotal evidence suggests that one RN to eighty, (or even one hundred) high-level care residents is sometimes occurring within the industry. No legally enforceable, (or adequately publically-funded) nurse-to-patient ratio exists to ensure the safe and adequate delivery of care to those most vulnerable members of our community; the disabled aged.

Loss of Registered Nurses

The Aged Care 'reforms', (?) of 1997 have totally failed to adequately provide for the safe delivery of adequate care for aged persons in residential care facilities, because they have simply failed to acknowledge that central to the ability to deliver adequate and quality care rests entirely upon that element which has been hitherto neglected, exploited and poorly recognized and remunerated; nursing staff. The

delivery of safe and effective health care to aged persons in residential care facilities is **directly linked** to the quality and quantity of nursing staff present therein. The provision of aged care services remains an essentially human-endeavor and cannot be replicated by machines. Failure to adequately recognize and remunerate this valuable resource within our industry has led to the inevitable flight of qualified registered nursing staff towards those industries, which adequately reward such skilled individuals. I know of colleagues who are RNs who have left the profession to go work as Travel Agents, ("Free tickets to Noosa every year, mate!") waitresses, theatre ticket cashiers, Bridge-Climb instructors and in one notable case, a Dog Catcher! The noted fallacy of RN vacancies within the general health care services is just that, a fallacy. I would argue that there are **plenty** of Registered Nurses within our community ranks. It is just that they are not nursing!

The RNs within my facility are without doubt, the most dedicated, hardworking nurses I have ever had the privilege of working with, and are far more experienced and proficient in the delivery of nursing care than any I have met in the Public health system. They are daily required to manage a wide and complex variety of physical and mental diseases and disorders, which go beyond any that I have encountered in my years as a nurse in the public health sector. The days of simple aged care residents moving into a nursing home to quietly wait for their 'end days' are long gone. Most new residents entering high level care residential facilities have increasingly complex physical and emotional needs, and often require complex management of a wide variety of health concerns, including pain management, bowel and elimination management, social/familial management, feeding regimes, mobility and transfer requirements, psycho-social needs and palliative care needs. Indeed within the last twelve months, I have personally observed increased acuity levels of new residents entering my facility, both from the general community and as referrals from the public hospital system. (In this respect I would refer you to the NSW Nurses' Association submission to the House of Representatives Inquiry on Ageing, dated 04 July 2003; Section 4 *Current and future need for nursing services*). Most of the RNs are highly skilled, (indeed one is a qualified midwife) very

experienced in their field and often take on additional responsibilities, (such as Continence Management and Fire Safety) to assist with the on-going management of the facility and the delivery of safe and effective care to the residents. Such is their devotion, that one RN is often found staying back late in the afternoon, (without pay) to ensure that the next days' provision of Incontinence pads is adequately managed. We are literally surviving on the unpaid goodwill and 'rubber bands and paperclips' of a few dedicated and devoted nursing staff. Anecdotal evidence from colleagues within the industry would seem to suggest that this is now, (shamefully) considered the 'norm'. Little wonder therefore, that the average age of RNs in aged care facilities is now 54 years, (National Review of Nursing Education, 2002, p. 20). We are in a state now where the aged are nursing the aged!

Nurses: An Irreplaceable Resource

The RNs who make up the central and most valuable core of nursing staff within my facility are totally disillusioned with the current state of aged care management by the respective Commonwealth and State governments. They feel entirely and justifiably betrayed by a system which focuses upon highlighting the negatives of an industry, neglects their real and highly trained contribution to the field of aged care, (which seems to think that those nurses working in aged care are there simply to play Bingo, provide Valium and Panadol and cleanse the dentures of the 'dead and dying') and focuses upon the residents as 'Categories' instead of unique individuals deserving of quality care. They view the Accreditation processes and the investigative powers of both the Commonwealth and State government as being over-bearing, highly wasteful in terms of resources, adversarial in nature and overly-focused upon the mountain of paperwork necessary to ensure compliance to the multitude of Standards and to ensure Residential Classification Scale, (RCS) payments are at the highest level possible, (just to remain financially viable) regardless of the cost to the resident, their family and to the staff who have to deal with the wandering, abusive demented and demanding patient simply because he/she's a 'Category 1'.

Failure To Support Nursing Staff

To add insult to injury, they are constantly and regularly threatened by family with litigation, media exposure and referral to the Health Care Complaints Commission for even the smallest of non-sensical complaints. I can attest to this, as my role within the industry ensures that the vast majority of such (often vexatious, derogatory and defamatory) complaints are directed to me to deal with in the initial stages of the Complaints Resolution mechanism. Indeed, the 1997 *Aged Care Act* clearly identifies the responsibilities of the approved provider to provide a mechanism for the resolution of Complaints against the approved provider, (Section 56-4) and in conjunction with the investigative powers afforded to the various Commonwealth and State statutory bodies, (i.e., the NSW Health Care Complaints Commission, the NSW Nurses' Registration Board, NSW Department of Health, (Private Health Branch) and the Aged Care Standards and Accreditation Agency) provides a powerful 'weapon' to the family member who would find great pleasure in utilizing such vast resources to cope with their own *personal demons* of gradually losing a loved one to a debilitating disease and unable to 'lash out' at any one. The aged care service provider, (and the RN in particular) are often the first and most regular targets of such individuals who are in no mood to be counseled about the course of such illnesses and/or the limitations placed upon the aged care service provider to effectively 'cure' the individual of their illness. Family members, (can, and do) often dictate the degree of clinical and pharmacological care directed to their family members in residential aged care, threaten 'all hell' if it is not forthcoming and are quick to access the various internal and external complaints resolution mechanisms for the slightest, self-perceived, (and often entirely unfounded) allegation of 'neglect'. RNs are often caught between the various 'warring factions' of family members and are often the first to be blamed if something goes wrong, regardless of reason or natural disease outcome. RNs often complain to me of being spoken to and treated 'like we're idiots', or 'like we're their slaves' and are often subjected to the most offensive and derogatory language by family members, (including whistling at a staff member, [akin to calling a

family pet dog] swearing, raising of voices and abusive phone calls from family members wondering why they weren't notified about a bruise or a skin tear upon a resident. When informed that a message was left upon their answering machine, (and in any case, the legislative restrictions of the State Privacy laws forbid the divulging of such sensitive and private information) the reply is, "Don't get smart with me!" The RNs feel isolated, unsupported and totally defenseless against such malicious and unfounded accusations and are aware that even the mere suggestion of impropriety is enough to forever taint the reputation of a good nurse. In the words of one, (clearly devoted and demoralized) colleague; "There's no one here to speak up for us in this industry". For this abuse and threats to career, professional status, reputation and livelihood they are paid the *princely sum* of about \$23 per hour pre-tax, (Woolworths Pty Ltd currently pays about \$25 per hour to stack shelves of an evening shift) and despite the ongoing empty rhetoric from the community and Governments alike, (that nurses are 'valued members of any health care services industry') they remain demoralized and disillusioned with a system which allows them to be paid 18% less than their public sector counterparts, (NSW post-July 1, 2003) and yet expects so much more than would be expected from the public health sector where the RN-to-patient ratios are often no more than 1:15-20, (maximum) and in association with the ability to access a wide variety of generally well funded auxiliary health care services, (i.e., transport, physiotherapy, human resources, administrative, etc). (Incidentally, we are also thankfully blessed by an excellent higher management team which recognizes and supports the nursing staff in their endeavors to provide on-going quality care to residents and provides a variety of benefits, scholarships and other rewards to enhance the morale, working ethic and professional status of the nursing staff working within the facility). Little wonder therefore, that when I queried one Agency RN why she was working for an Agency, the reply was simple but true; "Great hourly rate. Minimal responsibility. No crap from management or Government Agency for documentation!" To this, I had no effective reply.

Assistant Nurses: The 'Nuts and Bolts' of an Entire Industry

The Assistant Nurses within the facility are an all together entirely neglected, abused and horrendously over-worked and shamefully remunerated resource within the aged care services industry. On a daily basis, they are expected to provide 'Platinum' service to all residents in their care, (despite the restrictions of both time and effort) are subjected to the most outrageous and offensive verbal and physical abuse from residents, (and their families) and are required to complete an endless amount of paperwork to justify the RCS claims of residents and/or their own position. One Assistant Nurse was at pains to acknowledge to me that, "I didn't come into nursing to fill out forms all day!" weeks before she resigned and left to go work for an Agency. They are constantly required by residents and families alike to keep the residents dry at all times, maintain a stable weight, move residents from one position to another on a constant basis and entertain them at all times. For this, they are 'rewarded' with \$12 per hour, (pre tax), and are expected to provide 'service with a smile' regardless of cost to personal and/or familial health. Anecdotal evidence from colleagues would seem to suggest that many high level care residential care facilities are literally surviving on the goodwill of current, (ageing) regular assistant nursing staff and more expensive Agency staff. The continued neglect of such a valuable resource and their subsequent movement away from an industry which undervalues their contribution to the delivery of safe and effective health care to ageing residents will ultimately result in the inevitable and entirely predictable collapse of a viable aged care services industry. (In this respect, I would refer you to the submission presented by the NSW Nurses' Association to the House of Representative Inquiry on Ageing, dated 04 July 2003; Section 5 *Aged care nursing workforce issues*).

The Struggle to Recruit and Retain Adequate Nursing Staff

Dr. Southcott, we are at the ultimate crossroads for the future of good quality aged care service provision for our ageing populace. I personally know of no other industry, which is as poorly funded, staffed and supported by government bodies and the community, as is residential aged care in the year 2003. Excellent nursing and management staff are

being driven out by excessive documentation requirements, shamefully low remuneration, recognition and respect, poor acknowledgment of skill base and the hitherto unchallenged and a widely accepted belief that one would only go to work in an aged care residential facility if one were, 'desperate for work, incapable of working as a *real nurse* (in the generalist hospital industry) or looking to wind-down one's career as a nurse'. The struggle to attract and retain appropriately qualified Registered nursing staff has become now almost impossible, (given the large disparity between public sector and aged care RN wage rates) while Assistant Nurses are 'grabbed onto' at any moment to fill in roster vacancies, regardless of suitability to work, education and/or experience. Agency staff have become the norm, while one spends most of the day justifying one's own existence to residents, family members and government agencies who seem more intent upon 'exposing' the 'scandals' of nursing home 'neglect' while ignoring the very real and devoted actions of a dedicated group of staff who are regularly bringing in gifts from home to share with residents, staying back horrendously long, (and generally unpaid) hours and who are literally keeping the industry viable. 'Poaching' from other aged care facilities has now become a favoured 'sport' for aged care service managers, while most of the Registered and non-Registered nursing staff within my facility work two, (or more) nursing jobs. Not only is such a situation damaging to the physical and mental health of the nurses concerned, but also detrimental to the care needs of the residents who are entitled to the best quality care at all times. Such a situation is unsustainable and intolerable in the long-term. I fear that a time will come in the not-too-distant future when the vast majority of such dedicated staff will ultimately retire from their positions within the industry, and I too, will be forced to re-assess my own position within an industry which seems so intent upon devaluing nursing staff in the way that it has to date and unfortunately, seems intent upon doing so in the future. We are increasingly weary, tired and becoming de-moralized at the current lack of any genuine leadership within the various State and Commonwealth government agencies to address, (or even recognize the existence of) the very real problems existing within the aged care services industry. As the Australian

populace continues to rapidly age, (Australian Bureau of Statistics; [http://www.abs.gov.au.html-Accessed 24/5/2003] those of us within the aged care services sector remain highly fearful of a future where aged persons seeking residential care will be unable to access quality health care as a result of years of neglect by various government agencies of that most valuable resource which is so essential for the delivery of safe, effective and quality health care to aged persons; Registered nursing staff.

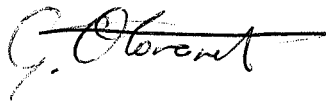
No Incentive to Enter Aged Care Nursing

Currently, there exists no real incentive for RN University graduates to enter the aged care field. No University RN graduate in receipt of a \$10,000 HECS debt upon graduation would see any use in going into aged care when half of one's day is occupied with documentation, while the other half is left to attending to the highly complex and certainly more comprehensive care requirements of up to forty to fifty residents with no real time left to attend to each resident for more than few minutes. And with the ultimate insult left to the RN upon receipt of his/her pay-slip; 18% less than your colleague in the public hospital down the road. At this point in time, a career as a nurse in the aged care services industry looks decidedly unappealing, and one I could not recommend in the current climate of poor funding, poor staffing levels, and poor remuneration of all those dedicated individuals who wait with bated breath in the hope that something concrete in the way of improvements to wages and working conditions for all individuals currently working in aged care will come out of the various Commonwealth government Reviews and Inquiries relating to the aged care services industry. The failure to adequately recognize, support, encourage and remunerate those working in aged care, from Assistant Nurses through to Administrators will result in the inevitable and entirely foreseen disintegration of a viable and efficient residential aged care services industry within the next five to ten years, as those currently employed within the industry either retire and/or seek better remuneration, respect and rewards elsewhere. Those who would suffer the greatest are unfortunately, those who could least cope with the loss

of such a large number of qualified personnel; the disabled aged individuals of residential care facilities.

Dr. Southcott, my colleagues and I await the outcome of your Inquiry with great interest, in the hope and anticipation that it may generate and directly lead to policy change which would secure a financially viable, and appropriately staffed aged care services industry. Thank You for the opportunity afforded to me to contribute to the Inquiry into Ageing.

Respectfully and Sincerely Yours,

A handwritten signature in black ink, appearing to read 'G. Otomancek', with a long horizontal stroke extending to the right.

Goran Otomancek RN
BBus/BNurs (UWS),
MDefenceStud (UNE).