

# ROYAL COLLEGE OF NURSING AUSTRALIA

30 August 2002

Mr Adam Cunningham  
Inquiry Secretary  
Standing Committee on Ageing  
Parliament House  
CANBERRA ACT 2600

Dear Mr Cunningham

Thank you for inviting Royal College of Nursing, Australia (RCNA) to make a submission to the Standing Committee on Ageing's *Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years*.

The College welcomes the Inquiry and sees it as an important opportunity to develop solutions to the wide-ranging challenges and implications brought about by the ageing of the Australian population.

The Executive Director and/or other representatives of the College are happy to appear before the Senate Committee if required and expand on any of the matters raised in this submission.

Yours sincerely

**Rosemary Bryant FRCNA**  
EXECUTIVE DIRECTOR

## **Royal College of Nursing, Australia (RCNA)**

### **Submission to the Inquiry into the Long-Term Strategies to Address the Ageing of the Australian Population Over the Next 40 Years**

**August 2002**

#### **Introduction - About RCNA**

Royal College of Nursing, Australia is the national, professional organisation for Australian nurses. The College was established in 1949 and until the early 1990's was a provider of formal ongoing education for nurses who wished to gain higher qualifications in nursing. Following the completion of the transfer of nursing to the higher education sector in 1993, the College refocused its functions to encompass continuing professional development and policy analysis and development. In 1997 the College became the Australian representative to the International Council of Nurses.

#### **General Comments on this Submission and the Inquiry**

Given that the themes listed to be covered by the Inquiry are very broad, and given the core business of the College, we will not respond to all the themes listed. but instead will focus our response on health and nursing issues.

As the leading professional nursing organisation in Australia, our primary concern is that the Committee gives due recognition to the fact that nurses are the largest group of health and aged care workers and provide up to 90% of primary health services for older people. Nurses are, and will continue to be, the most important care givers as the population ages, and as such; nursing workforce issues need to be addressed as a priority in order to ensure the future care of older people in our community.

In addition, the ageing of the population means that there will be increased need for health promotion and management of chronic illness, particularly for those living in the community. Nurses are the ideal group to provide this type of care -which is another reason for the need to address nursing workforce issues as a matter of priority.

Earlier this year the comprehensive and long-running Senate Community Affairs Reference Committee's Inquiry into Nursing. released its final. report containing 85 recommendations. The College views the Inquiry as important for identifying the wide range of nursing workforce issues that need to be addressed by and for the profession.

However, while the College supports almost all of these recommendations, and while it is useful to have had such a thorough review, it is unrealistic to think that all these recommendations will be adopted in' the short to medium term. Some sort of prioritisation process is required, without which we run the risk of the report being viewed as too difficult and too expensive to implement.

The College believes the following recommendations (which have come out of the Senate Inquiry into Nursing) need to take priority in order to best address the health needs of. Australia's older people into the future:

*Recommendation 7:* That research be undertaken to examine the relationship between health care needs, nursing workforce skill mix and patient outcomes in various general and specialist areas of care, with a view to providing "best practice" guidelines for allocating staff and for reviewing quality of care and awarding accreditation to institutions.

*Recommendation 28:* That nurses be informed of their continuing education ' support and. options and encouraged to undertake continuing education courses. *Recommendation 34:* That Commonwealth and State governments promote` an support the development and introduction of Nurse Practitioners across Australia as a viable component of healthcare services.

*Recommendation 56:* That experienced, skilled and educated nurses be recognised and rewarded, both financially and through promotional opportunity, for the work they perform in decision making and the management and coordination of patient care across the continuum of care.

The reason for putting priority on these recommendations is extrapolated in the rest of this submission.

## **Specific Comments and Further Recommendations**

### *1. Qualifications of the Aged Care Nursing Workforce*

The serious shortage of nurses employed in healthcare is one of the most pressing issues facing the profession. While the shortage affects a wide variety of nursing specialties, two areas where this is experienced most acutely are aged care and community nursing. The shortages have brought a number of changes to the nursing workforce structure. One of the more disturbing changes is the increase of unqualified workers; providing nursing care.

The College supports the recommendation from the Senate Inquiry into Nursing which states that the minimum qualifications for health staff working in aged care facilities or in the community should be . equivalent to the Australian Qualifications Framework Certificate Level III. This is essential to ensure that personal care staff have some understanding of the needs of older people. Given the shortage of nurses, it is also essential for maintaining adequate staffing levels in aged care.

It is vital, however that there continues to be at least a proportion of registered nurses in aged care facilities who have completed not only undergraduate education but who have formal qualifications in gerontological nursing. Without the presence of these specialist skills, older people remain vulnerable to a significant lack of knowledge in their care providers. Specialist gerontological nurses are highly skilled professionals who also are the role models and mentors of lesser skilled care staff, and are necessary to provide them and newly graduated RNs with direction and guidance in their care of the aged.

The College trusts that the Committee will see the advantages in at least striving towards a future RN work force that is equipped with the specialist knowledge and skills of gerontological nurses. To this end, measures should be put in place which increase the numbers of RNs working in aged care who have postgraduate gerontological nursing qualifications. These measures could include:

- a) Expanding to metropolitan areas the recently announced aged care scholarship scheme for rural and remote nurses to undertake tertiary study in gerontology.
- b) Increasing government support and assistance fore the expansion of the use of nurse practitioners across the country, including in aged care.

In addition, the Department of Health and Ageing commissioned. a recently released report *Recruitment and Retention of Nurses in Residential Aged Care*. The report examines the following issues:

- the key reasons for nursing attrition in the residential aged care sector
- factors that would encourage qualified nurses to return to residential aged care and community frail/aged care settings
- strategies to facilitate nurses returning to the residential aged care sector, and
- the provision of re-entry courses specific to residential aged care nursing.

The researchers' findings indicated that the aged care nursing workforce could be boosted significantly if a number of changes were made to working conditions, such as increased staffing and pay, and improved access to continuing professional education and re-entry training. The report and its findings are commended to the Committee.

## *2. Infrastructure to Support Nursing in Rural and Remote Australia*

The intent of the current Commonwealth funded nursing scholarship schemes is strongly supported by the College as they have the potential to significantly improve the recruitment and retention of registered nurses practising in regional Australia. However, the College sees it as counterproductive to increase the numbers of students from rural and remote areas through scholarship schemes; in isolation, without also addressing the infrastructure and resource requirements of the clinical settings into which these students will be placed (and indeed need to be placed to fulfill the objectives of the scholarship schemes).

The Victorian Universities Rural Health Consortium recently produced a report *Clinical placements in Victoria: Issues affecting coordination in nursing and medical education* which makes a number of recommendations about how these resource and infrastructure requirements can be met. The College strongly supports these recommendations and urges the Committee to implement them in Victoria as well as in other states, as most of the recommendations have nationwide applicability.

## *3. The Need for Different Models of Residential Aged Care*

The past five years have brought major changes to residential aged care. The most important of these has been the push for older people to remain in the community as long as possible. With the increasing diversity of health care needs within the older population, further changes and more flexibility in terms of models of care provided is important. For example, some people improve after a short time in residential care and therefore options need to be made for residential care transition programs where people can go to a facility, receive some expert care and then return home.

The changes in residential aged care will continue to bring new challenges including the responsibility of ensuring nursing and care staff have the skills to operate within them, and already significant knowledge gaps are already emerging. For example, the shift towards "ageing: in place" has led to a 'devaluing of clinical care- in residential care because of the emphasis` on a social view of care. The lack of ongoing professional development in high acuity is now starting to show, as nurses have lost their clinical.. skills and the workforce issues are such that high performers are no longer attracted to aged care. The complex co-morbidity of many residents means they are quite sick, not just frail due to age. Often these frail people are in community care with supported packages, thereby making residential care an extension of the hospital now but with the home as the focus. There are currently inadequate resources to deal with this.

The recommendations outlined in this submission, including the expansion of nurse practitioner programs, increasing funding and infrastructure resources to support nurses' education in aged care, and improving the wages and' employment conditions of aged care nurses, are the most important steps to ensuring that the services provided in current and future models of residential and community aged care can be skilfully provided for generations to come.