



Senate Community Affairs References Committee Inquiry into Nursing

Submission from UnitingCare Australia

July 2001

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Introduction

UnitingCare Australia is the national agency for the national network of Uniting Church agencies dedicated to providing assistance to individuals, families and communities. Through its national UnitingCare network of over 400 agencies, the Uniting Church is one of the largest providers of community services in Australia and is the largest single provider of residential aged care in Australia. UnitingCare Australia works to ensure the effective funding and delivery of programs to meet the needs of those in our community who require help and support.

The Uniting Church, and the constituent churches from which it was formed, has had a commitment to the provision of community services for many decades. The Church is a recognised leader in the introduction of new and innovative services in areas such as: ageing and aged care, employment, families, children, youth, and disability.

The provision of services is a significant industry in its own right and is accessed by most Australians at some point in their lives. The work of the UnitingCare agencies is based on an ethos of honouring the dignity of all people, working toward the social good in community, restoring human relationships, and advocating for those most disadvantaged in our society. UnitingCare agencies are committed to working towards justice, equity and participation for all Australians. To do so, the Uniting Church commits 60% of the total funding for its community services from its own resources and provides services to over one million Australians.

As the largest single provider of residential aged care in Australia, the UnitingCare network is thus a significant employer of nurses.

In the provision of aged care services, it is clear that underlying demand for a range of quality services will increase because of the increasing numbers of the aged in our population: the present population of people aged 80 or more will increase by over 200% by 2030, compared to an overall population increase of 30%.¹

It is also clear that the paradigms of care are changing as noted by those examining the caring workforce in the aged care industry: *Care models over the last ten years have emphasised a continuum of care so that people moving into residential aged care can have changing levels of needs met with minimum disruption to their comfort and location...*² The Aged Care Act has enacted standards that are about creating a 'home like' environment, whilst increasing dependency levels provide challenges to the way we staff facilities in a way which recognises duty of care and manages complex care needs.

Therefore whilst this inquiry is focusing on nursing, including training and recruitment, the issue of providing well trained and appropriately paid care workers including nurses in aged care does not stop with the spot light on nursing. Nursing and other aged care worker training must be more responsive to the changing nature of the workplace and accommodate the specifics of aged care service delivery.

UnitingCare Australia supports:

- quality, accessible and affordable aged care to those who need it;
- an increase in funding for aged care based on real costs of providing care and providing and maintaining facilities;

¹ Madge, Alan. *Long Term Aged Care: Expenditure Trends and Projections*, Productivity Commission Staff Research Paper, Canberra, October 2000, Page 12, and accompanying Productivity Commission Information Releases, 31 October 2000

² *Industry Position Paper on Aged Care Worker Qualifications and Medication Administration*, National Accreditation and Compliance Forum, April 2001 (Draft)

- development of a National Benchmark of Care as the basis for Commonwealth funding of residential aged care, as recommended by the Productivity Commission in 1999; and
- inclusive within that benchmark recognition of the need for salary parity for aged care nursing personnel.

UnitingCare Australia welcomes the opportunity to respond to this inquiry. Our submission addresses both terms of reference with regard to aged care:

- A. the shortage of nurses in Australia and the impact that this is having on the delivery of health and aged care services; and*
- B. opportunities to improve current arrangements for the education and training of nurses, encompassing enrolled, registered and postgraduate nurses.*

Section A

Term of Reference:

The shortage of nurses in Australia and the impact that this is having on the delivery of health and aged care services.

1. The impact of underfunding aged care

There has been much attention focused on the changing context of aged care and the impact of this changing context on specific issues affecting the nursing workforce in aged care. ³³

In common with all other aged care providers of both residential and community-based services, UnitingCare agencies are finding it increasingly difficult to recruit and retain permanent registered nurses and competent, trained aged care workers. This situation is most acute in rural and remote regions where the situation has reached a crisis point.

The reports cited in Footnote three have identified the many reasons compounding the critical shortage of nursing impacting on the delivery of aged care services. Building on that evidence, the following section briefly identifies factors which compound to act as a disincentive for potential staff to seek qualifications and positions in aged care.

1.1. The wages differential, whereby wages for acute care nurses are up to 20% more than for aged care nurses, is a significant disincentive for nurses to work in aged care.

The Australian Nursing Federation (ANF) has documented this in a recent analysis of the nursing-wages' crisis confronting Australia's residential aged care sector ⁴¹.

UnitingCare Australia's position as to where the responsibility lies differs with the ANF for the following reasons:

1.2. The current underfunding through residential aged care subsidies makes it impossible for aged care providers alone to redress this in the current regulatory environment. The

³ See for example:

- a. Report of the Summit on promotion of Nursing in Aged Care. June 4, 1999 Sydney
- b. Evaluation of Nurse Labour Force Planning, Final Report, Dept of Human Services, Victoria, March 1999
- c. *Industry Position Paper on Aged Care Worker Qualifications and Medication Administration*, National Accreditation and Compliance Forum, April 2001 (Draft)

⁴ Australian Nursing Federation, *Quality Wages, Quality Staff, Quality Care*. ANF Federal Office, Canberra, June 2001.

Government's underfunding of aged care through the residential aged care subsidies is based on no agreed benchmark for salary costs.

The inadequacy of care funding in residential aged care over the last 3 years has been documented in a recent analysis, *Underfunding Aged Care* prepared by the Australian Institute for Primary Care at La Trobe University for the National Aged Care Alliance⁵. This report indicates a real decline in care funding at a time of rising demand for aged care services, and demonstrates a lack of transparency in the Government's claimed funding of residential aged care services.

Specifically, UnitingCare Australia submits that the Commonwealth Own Purpose Outlays (COPO) indexation method is an inappropriate method of indexing funds for residential care. COPO measures both wage and non-wage costs in ways that specifically exclude real costs for the aged care sector.

COPO's wage costs factor assumes productivity gain offsets that do not hold in the residential care sector, and thus compounds over time. COPO's non-wage costs factor excludes items from consideration whose price changes have a major impact on the provision of residential aged care services.

UnitingCare Australia maintains that the use of the more universal Average Weekly Ordinary Time Earnings or the Wage Cost Index for measuring wage costs, and the Consumer Price Index for measuring non-wage costs would be more realistic, and lead to subsidies which support better work environments within residential aged care facilities.

1.3 There is a need for an open and public inquiry into indexation in residential aged care.

While submitting that the situation of underfunding must be addressed urgently, UnitingCare Australia would support an open, public inquiry into the most appropriate method/s of indexing the subsidy for residential aged care.

2. Public perception of Residential Aged Care

Recent publicity on accreditation, particularly standards of care and complaint processes, has raised public and consumer expectations of service provision. One effect of this is that negative publicity surrounding the current accreditation processes has lowered the perception in which aged care is held by some in the community and in the workforce. It is unfortunate that the accreditation process tends to be conducted in a spirit of fault-finding and blame.

3. The trend towards employment of non-registered staff in caring for highly dependent residents has placed increasing demands on Division 1 registered nurses, both in terms of supervising those staff and provision of professional nursing care. This is a self-perpetuating, downward spiral: non-registered staff are employed because registered staff are not available, increasing the pressures on the registered staff, which adds to the sector's general inability to recruit and retain nurses in aged care.

4. The increased responsibility and accountability for providing quality care in an environment of continuous improvement, with diminishing resources, leads to intolerable pressure for many nurses. Furthermore, these conflicting demands can result in the professional integrity of nurses being compromised. For many nurses, the rewards of a career in

⁵ Australian Institute for Primary care, La Trobe University, for the National Aged Care Alliance, April 2001. *Underfunding Aged Care: An analysis of the adequacy of care funding in residential aged care.*

gerontology are outweighed by the unacceptable demands and stresses placed on their professionalism.

5. The short term solution to meeting staff shortage

The short term solution for UnitingCare facilities is to hire agency staff. This is problematic as such casual and temporary staff:

- are not always available: UnitingCare facilities indicate a need at times to access at least 10 agencies and still not find someone to fill a shift. Whilst this is a problem everywhere, it is a critical issue outside of metropolitan areas;
- are expensive; and
- regardless of how professional and committed they are, agency staff lack the sense of identifying with and belonging to a particular home or service, and in relating to the residents, all of which are vital to effectively providing quality aged care.

These problems are severely compounded in rural and remote areas.

Section B

Term of Reference:

Opportunities to improve current arrangements for the education and training of nurses, encompassing enrolled, registered and postgraduate nurses.

That the Committee specifically makes recommendations on:

- (i) nurse education and training to meet future labour force needs,**
- (ii) the interface between universities and the health system,**
- (iii) strategies to retain nurses in the workforce and to attract nurses back into the profession including the aged care sector and regional areas,**
- (iv) options to make a nursing career more family friendly; and**
- (v) strategies to improve occupational health and safety.**

This submission will not address each of these questions separately, however the following sections contain options and recommendations in relation to the above.

1. Strategic options to improve this situation

UnitingCare Australia advocates a national strategic response to the current crisis in order to put in place long term measures to address nurse staffing levels and skills mix.

2. Quality assurance in service delivery

A more positive approach to quality assurance is required than was evident from the first round of accreditation, which was marked by inconsistency and subjectivity:

- this will help reduce the stress which many providers, staff, and residents experienced during the first round off accreditation; and
- it will help improve the public perception of aged care as a rewarding and worthwhile environment in which to work.

UnitingCare Australia supports the principle of accreditation, but submits that the current process lacks independence, accountability, and consistency. It is thus contributing to and compounding, rather than solving, many of the current problems confronting the industry in providing quality aged care.

3. Training and education

There should also be a national strategic approach to nurse training and education, which utilises the best available resources, both academic and practical. Currently there is a disjunctive between the changing needs and demands of care recipients and the nature of the training for care workers. This is exacerbated by the lack of national consistency in the types of education and training available, differences in State and Territory legislation, and industry based decisions regarding work practices in facilities.⁶

Residential aged care facilities have initiated a number of projects and collaborative arrangements that have facilitated a greater focus on career pathways possible in aged care. For example, a number of UnitingCare agencies and facilities are developing collaborative arrangements in nursing training and education with the universities.

Blue Care Queensland, the umbrella organisation for UnitingCare ageing and disability services in Queensland, has this year entered into a collaborative partnership with the Queensland Institute of Technology (QUT) to develop post-graduate-level courses in aged care nursing (graduate certificate, graduate diploma, and masters).

The arrangement involves a mutually beneficial staff exchange. Blue Care seconds a staff member to QUT to teach 1 day per week, and a QUT nurse researcher works with Blue Care aged care facilities and community nurses one day a week facilitating action research initiatives.

In Sydney, the UnitingCare agency, Wesley Gardens, has a memorandum of understanding with La Trobe University for a collaborative partnership to enhance research and development in nursing. A La Trobe University Teaching Aged Care Service (TACS) in gerontological nursing and a Gerontological Nursing Professorial Unit and Clinical School has been established at Wesley Gardens.

The objectives of this partnership are to:

- promote interdisciplinary and inter-institutional collaboration in health care delivery and research;
- establish a reputation as a leader in gerontological nursing research;
- establish a leading centre for honours and postgraduate research training in nursing and health care.
- establish a centre of excellence for undergraduate and postgraduate education in nursing and health care.

Wesley Gardens also operates a nursing refresher course to help prepare registered nurses to re-enter the workforce. UnitingCare Australia commends the submission of Wesley Gardens to this Inquiry for your consideration.

UnitingCare Australia believes that training and education initiatives like these need to be more widely available, and supported and promoted by government.

At the moment there are a number of important initiatives in nurse training and education but there is an absence of an overall whole of government and industry developed coordinated response. For example, the Enterprise and Career Education Foundation (a new organisation building on the Australian Student Traineeship Foundation), has been working to create closer relationships between schools and industry. In particular it has been successful in establishing

⁶ See the paper on *Aged Care Worker Qualifications and Medication Administration*, National Accreditation and Compliance Forum, April 2001 (Draft)

school - industry links and developing structured workplace learning opportunities for young Australians.⁷⁷

Such initiatives are an excellent start in creating greater awareness of vocational pathways for young people but there is little recognition of them by professional bodies or a commitment to maintain these initiatives beyond pilot funding, or integrate them as part of a broader national strategy.

However it is exactly such initiatives which have begun to prove worthwhile as indicated by the increasing number of students taking up such options. It is incumbent on the committee to recognise these developments as they are allied to *strategies to retain nurses in the workforce and to attract nurses back into the profession including the aged care sector and regional areas*.

In addition, the day-to-day training needs in aged care facilities that will ensure that staff are adequately and appropriately skilled in contemporary practice also need to be addressed in aged care facilities. Ongoing in-service training, which is part of accreditation, requires allocation of financial and human resources to purchase expertise for educating staff, and time to do so. This is crucial to the development of a sound staff education and training program, but is not currently funded.

The current level of underfunding works to prevent such initiatives as those undertaken by some parts of the industry from becoming more widespread. There needs to be a whole of government response to progress a greater commitment to education and training and a commitment to fund and/or provide incentive for these initiatives.

4. Nursing workforce issues

With regard to the committee's addressing of the third and fourth specific issues on which it has been asked to make a recommendation:

- (iii) *strategies to retain nurses in the workforce and to attract nurses back into the profession including the aged care sector and regional areas; and*
- (iv) *options to make a nursing career more family friendly,*

UnitingCare Australia commends for the committee's consideration the January 2001 response by Geriactn (NSW) Inc. to the New South Wales Nursing Workforce Research Report.⁸⁸ Geriactn notes the impact of salary structure/parity and wage entitlements:

- *... nurses returning to the workforce, choosing to work in aged care, like to work near home and school, work part time, choose their shifts and be able to work shorter or longer shifts as family commitments alter or their health dictates. The (aged care) industry has capitalised on this in their recruitment and models of rostering. However ... as family circumstances change the issues of the 'image' of working in aged care and inequity in salary structure and wage entitlements between the public and private sectors has become the incentive to move on in many cases...*
- *While the aged care industry has current incentives, not always offered by other specialties, to attract nurses back to nursing and to keep them there, there is an imperative to market a career path in gerontological nursing and to formally support and develop new graduates and returning nurses into the role of a gerontological nurse.*

⁷⁷ This is a Department of Education, Training and Youth Affairs Initiative, see website at www.ecef.com.au

⁸⁸ This Geriactn document is available on the net through <http://members.ozemail.com.au/~geriactn/>

- *The issues of wage parity, award entitlements and lack of a clinical career pathway in the aged care sector continues to plague the specialty.*

The difficulty in recruiting and retaining staff in the current funding situation makes it very difficult to provide stable, family-friendly workplaces. However UnitingCare facilities strive to ensure that their working environments are both family friendly and demonstrate sound occupational health and safety standards. It is however, unrealistic to determine that even a family friendly workplace is a 'trade-off' for salary parity.

The issue of salary parity must be addressed within the industrial environment and the funding regimen for residential aged care.

The establishment of scholarships to assist registered nurses to undertake post basic education studies in aged care, is an initiative that needs to be put in place as part of a national strategic approach. This would particularly assist single parent registered nurses raising families who would like to study but cannot afford the costs.

The aged care industry could also consider adopting the strategies that healthcare facilities in the United States adopted some years ago and which is still being adapted in various ways around the world. The concept that is referred to is "Magnet Hospitals". This concept was adopted as a mechanism to address the issue of staff shortages and change the culture of workplaces. Extensive research has been documented in the nursing literature over the years on the "Magnet concept".

Magnet organisations retain staff and have waiting lists of staff wanting to come to work at these facilities. It involves changes in management practices, human resource practices, employment opportunities, education and training, and quality management practices. Magnet organisations are viewed as being great places to work, one where staff's views are truly valued and where the emphasis is on client/resident care and outcomes.

5. Medication management

Medication management in aged care is clearly an important issue with wide-ranging ramifications, including the areas of quality assurance, staffing skills, and accreditation. There is significant activity in relation to this issue. As previously cited, the Aged Care Worker Qualifications Working Group of the National Compliance and Accreditation Forum has developed a draft *Industry Position Paper on Aged Care Worker Qualifications and Medication Administration* as a response initiated by the Minister for Aged Care's concerns that the current workforce profile and qualification of staff did not meet industry needs.

In addition, the Australian Pharmaceutical Advisory Council (APAC) has established a working party to rewrite the *Integrated Best Practice Model for Medication Management in Aged Care Facilities* (IBPMAC). Its intention is to be able to recommend by the end of this year a completely rewritten guide on medication management which will:

- be a comprehensive manual to cover all situations, and be accepted as the standard by all States (who currently have different laws and regulations governing this), and the Aged Care Standards and Accreditation Agency;
- address the question of who may administer and develop guidelines; and
- seek to incorporate the work of residential facility staff in a community setting, such as the increasingly important Community Aged Care Packages.

6. National Benchmark of Care

A strategic approach should also include the development of a National Benchmark of Care as the basis for Commonwealth funding of residential aged care, as recommended by the Productivity Commission in its 1999 report *Nursing Home Subsidies*.⁹⁹ This Productivity Commission report criticised the Government's current system of calculating the subsidies for residential aged care facilities as being:

not linked transparently to the cost of providing a benchmark standard of care. In effect, the quality of care could become a residual balancing item, irrespective of the accreditation, certification and other regulations aimed at promoting quality care. Quality care is central to the well being of nursing home residents, and the standard of care supported should be a conscious and transparent decision.

While addressing the crisis in underfunding, UnitingCare Australia submits that it is important to establish the framework for this national benchmark of care as an essential prerequisite to effectively addressing the longer term issues of nursing staffing levels and skills mix.

To this end, UnitingCare Australia is undertaking national benchmarking research through the initiative of Blue Care Queensland and the Queensland Institute of Technology's Centre for Nursing Research, aimed at examining the relationship between clinical care indicators and quality of life of residents living in aged care facilities.

This UnitingCare Australia benchmarking research will be vital in establishing the framework for moving towards developing a National Benchmark of Care as the basis for government funding of aged care.

This innovative research will be conducted in 4 phases over 3 years. Phases 1 and 2 are now under way. Phase 1 will:

- develop a comprehensive set of clinical care indicators which may be used to identify trends and benchmark quality care for residents living in aged care facilities;
- develop a consistent approach to clinical care indicators which may become a standard part of each aged care facility's record keeping in order that appropriate reports may be created and compared;
- undertake a study to validate the reliability and validity of clinical care indicators;
- undertake an evaluation of the approach developed to recording the clinical care indicators.

Phase 2 of this research will:

- measure the quality of life of residents living in aged care facilities in order to identify trends and benchmark quality care;
- develop a consistent approach to recording quality of life of residents in aged care facilities which may become a standard part of each aged care facility's record keeping in order that appropriate reports may be created and compared;
- undertake an evaluation of the approach developed to record the quality of life of residents.

If successful, this will lead to phase 3 in 2002, the examination of the relationship between clinical care indicators and quality of life indicators. Phase 4 in 2003 will involve linking these benchmarks to levels of staffing and skills mix.

While there is considerable literature demonstrating the relationship between pain and quality of life, little work has been undertaken which examines the relationship between clinical care

⁹⁹ Productivity Commission, 1999. *Nursing Home Subsidies*, Canberra

indicators and quality of life for care recipients in aged care facilities, therefore this research is crucial.

This research will also be crucial and timely to UnitingCare Australia's advocacy in support of government accepting the Productivity Commission's 1999 recommendation to introduce aged care funding based on benchmarks of care.

UnitingCare Australia is confident that this benchmarking research initiative will contribute to gaining a greater appreciation of the way forward in regard to the requirements of the aged care workforce.

Conclusion

In particular UnitingCare Australia makes the following recommendations:

- 1.** Whilst this inquiry is focusing on nursing, including training and recruitment, the issue of providing well trained and appropriately paid care workers including nurses in aged care does not stop with the spot light on nursing. **Nursing and other aged care worker training must be more responsive to the changing nature of the workplace and accommodate the specifics of aged care service delivery.**
 - 2. The current underfunding through residential aged care subsidies** makes it impossible for aged care providers alone to redress the wages differential in the current regulatory environment. The Government's underfunding of aged care through the residential aged care subsidies is based on no agreed benchmark including for salary costs. The Commonwealth Own Purpose Outlays (COPO) indexation method is an inappropriate method of indexing funds for residential care. An open, public inquiry must be conducted into the most appropriate method/s of indexing the subsidy for residential aged care.
 - 3.** UnitingCare Australia advocates **a national strategic response** to the current nursing shortage crisis in order to put in place long term measures to address nurse staffing levels and skills mix.
 - 4. A strategic approach must also include the development of a National Benchmark of Care** as the basis for Commonwealth funding of residential aged care, as recommended by the Productivity Commission in its 1999 report *Nursing Home Subsidies*.
 - 5.** UnitingCare Australia supports the principle of accreditation, but submits that the current process lacks independence, accountability, and consistency. Sector and **public confidence in the system needs to be supported through an improved accreditation process.**
 - 6.** There needs to be **a whole of government response to progress a greater commitment to education and training** and a commitment to fund and/or provide incentives for these evidence based, effective initiatives.
 - 7.** The **issue of salary parity must be addressed** within the industrial environment and the funding regimen for residential aged care.
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