



ANMC-Australian Nursing and Midwifery Council is in the progress of changing its name from the Australian Nursing Council (ANC)

Response to the Senate Community Affairs References Committee

Inquiry into Aged Care

July 2004

The Australian Nursing and Midwifery Council (ANMC) is pleased to provide the following comments in accordance with the terms of reference of the Senate Community Affairs References Committee Inquiry into Aged Care. ANMC applauds the Senate on the timeliness of the Inquiry and trusts the submission will be considered carefully and inform the deliberations and subsequent recommendations of the report.

The ANMC is the peak national nursing and midwifery organisation that was established for the purpose of bringing a national approach to nursing and midwifery regulation in Australia. The ANMC researches aspects of nursing and midwifery practice that pertains to role and scope of practice, standards for competence and education and publishes a number of position statements, competency standards and codes of professional conduct and ethical practice which apply nationally. It is in accordance with ANMC's mandate for regulation of nursing and midwifery in protection of the public that the following comments are made, addressing the terms of reference of the inquiry, into aged care from the perspective of the nursing discipline.

ANMC commends the commitment made by the Commonwealth to support older Australians in aged care facilities through capital works, funding initiatives for training of care staff, up skilling of personal care workers and the provision of funding for training programs for aged care residential facilities^(8, 9, 10, 11, 12). Despite the recent investment into aged care residential facilities in Australia, the Senate's attention is drawn to a number of complex issues attributed to the current health crisis within this setting. ANMC highlights that the provision of financial incentives for capital works and training of an unregulated workforce does not go far enough to redress the safety and quality of care requirements that the elderly in contemporary society deserve.

Safety and Quality Concerns

Credible evidence attests to a direct relationship between skill levels in nursing and the quality of care experienced by clients⁽⁷⁾. The view that unskilled, unregulated carers can assume the role and scope of practice of the nurse, for the care of the frail aged with complex care needs, must be dispelled if safety and quality of health care standards for the elderly are to be assured.

The complexity of health needs of the elderly continues to rise rapidly in the aged care health sector indicating that a skilled workforce is necessary. Resolving workforce issues is essential to preserving patient safety and the quality of care experienced by elderly Australians. Nurses today struggle with workforce shortages which impact upon safety and quality of health care services. Currently in Australia, due to the shortage of nurses the most vulnerable in our society are relegated in large part to an unregulated workforce with minimal skills that places them at increased risk²⁶⁾.

Unregulated Workers: Personal care attendants

As a professional discipline, nurses are regulated in their practice, thereby providing assurance of educational preparation and expectation to practice to established standards. Registered and enrolled nurses undertake educational preparation for their practice that requires the nurses comply with the ANMC validated Competency Standards, Code of Professional Conduct and the Code of Ethical Practice for Nurses in Australia^(3, 4, 5, 6). The role and scope of practice of registered nurses affords experience and expertise to undertake comprehensive assessment of the health status of the aged care client, the ability to critically analyse and determine priorities of care, safely and effectively intervene and evaluate the effectiveness of the interventions in optimising health outcomes for the client. The scopes of practice of registered and enrolled nurses as professionals who are legislated for their practice, is differentiated from that of the unregulated worker who is not under a regulatory framework. Whilst the adoption of an unregulated workforce for personal care and assistance with activities of daily living has flourished in the aged care and disability sectors over recent years, clear distinction must be drawn between personal care and nursing care for practice which is legislated.

In some jurisdictions unregulated workers are assuming personal care roles and in some cases working beyond their scope of practice. They may or may not have vocational training preparation. Their practice is not regulated and the infrastructure does not exist to do so. The ability to perform tasks in isolation does not equate to competence. The assumption that unregulated workers can provide the level of comprehensive assessment, critical analytical ability and evaluative expertise of the nurse to the frail aged care setting comes at major risk to the clients.

The Committee's attention is drawn to a most vexing issue that has only very recently come to the attention of ANMC. At a professional forum it was announced that Certificate III workers in isolated jurisdictions are being trained to assume tasks for clients in acute aged care facilities that require the competence of clinical assessment, analysis, problem solving and clinical evaluation; role responsibilities and functions that are the domain of nursing and totally outside the narrow task oriented ability of the personal care attendant.

With the introduction of the unregulated worker in the aged care sector, who may be trained to complete a task in an automatic style, without due consideration to the evidence basis that provides the foundation of practice, there is the potential for the body of nursing knowledge to be lost with a resultant increase in critical incidents to elderly clients and staff alike⁽¹⁹⁾. Evidence is currently available in certain situations where the reliance on the unregulated workforce has proven not to elicit best health outcomes resulting in both adverse and sentinel events⁽¹⁸⁾. The fact that extended roles of unregulated workers are supported in some jurisdictions does not warrant extension

more widely without credible evidence being made available that analyses the cost benefit relationships for the safety of the aged care community.

The Commonwealth is currently undertaking research into safe staffing through the Australian Council for Safety and Quality in Health Care. In 2003, a task force charged with the responsibility of examining safe staffing factors at both macro and micro levels was established. The research is investigating client safety and quality in both health and non-health sectors and the associated risks pertaining to the skill level of the workforce. This evidence will be pivotal in informing the future policy direction of government and non-government sectors with regard to utilisation of a regulated versus unregulated workforce for the delivery of health care services ^(2, 25, 26).

The threat to the safety and quality care of the elderly posed by an unregulated workforce who purport to assume nursing roles and a scope of practice of nurses has resulted in a decline of care standards and a concurrent rise in adverse incidents. Aiken attests that there is direct evidence that the provision of care by nurses and not unregulated workers results in a significant reduction in adverse events ⁽¹⁾.

Workforce Management Concerns

With changing career and organisational structures nurses are increasingly being managed by those outside of the regulatory framework. Contemporary organisational structures have the potential to limit nursing work at a time when this work is of paramount importance for efficient and effective health care outcomes for clients. Within the context of the aged care sector organisational structures need to be redesigned to achieve a model by which:

- practice environments and care models are reconstructing;
- the nursing role are defined; *and*
- the autonomy of nurses to undertake their full role responsibilities is supported.

Educational Preparation of Nurses for Practice

As is recognised in Australia the role responsibilities of a registered nurse in contemporary health care demands bachelor degree level of preparation. Enrolment in nursing programs is on the decline due to a variety of factors, which include but are not exclusive to:

- More career choices for young Australians
- Reduced opportunities for career progression in clinical nursing and other areas of practice
- reward and conditions which are not commensurate with graduates from other professional disciplines; and
- the image of nursing within the profession and the community.

In order to meet the complex health needs in contemporary health care, Australia needs intelligent young people of both genders and culturally diverse backgrounds to enter the profession of nursing ⁽²²⁾.

The Image of Nursing in Aged Care

The constant downsizing and restructuring of health services indicates to prospective students of nursing that opportunity for career advancement, recognition and reward are limited and nursing is therefore viewed as an undesirable profession. ANMC commends the recent work of the Queensland University of Technology in the preparation of the Principles Paper commissioned by the Government ⁽²⁴⁾. ANMC believes that this work

will positively contribute to a change in image of nurses who practice in the aged care sector, through promotion of core values and learning outcomes in their educational preparation for practice.

Recent work undertaken by Peter Buerhaus and Staiger of the Harvard Nursing Research Institute indicated that without recognition of the value of nursing from within the profession, other professions, management and government, our capacity to retain those nurses currently practicing and attract young people to the profession is limited ⁽⁸⁾. There needs to be a strategic response by governments in collaboration with the profession to implement and sustain a marketing effort that addresses the image of nursing to nurses and the community ⁽²²⁾. The main aim of the strategy is to recruit quality students into nursing as a career and attract existing nurses back into the workforce and for the community to value the contribution of nursing.

Recruitment and Retention Concerns

Of major import to overcoming the crisis in aged care is the requirement to redress the complexity of long standing issues confronting the sector including the recruitment and retention issues of nurses as professional care givers ^(15, 16, 17). ANMC is particularly concerned about the professional nursing workforce in the aged care sector whose contribution is pivotal to the health and wellbeing of the elderly.

The current nursing shortage, high levels of job dissatisfaction, and reports of differing standards of health care are not isolated to the Australian experience nor to the aged care setting. Problems with work design, workforce management, recognition and remuneration threatens the provision of care for many communities globally and as such, resolving these issues is essential to preserving the safety and quality of nursing care communities require and the elderly deserve.

The factors attributed to the shortage of skilled nurses in the Australian context are complex and include:

- growth in demand for health services across all sectors including acute care settings, primary health care contexts and residential aged care facilities;
- the documented decline in undergraduate admission numbers and postgraduate nursing programs;
- increasingly being held responsible for the actions of an unregulated workforce;
- an ageing skilled nursing workforce;
- increased alternative career opportunities;
- reduced opportunities for career progression;
- lack of support for ongoing professional development; *and*
- image, recognition and reward problems attributed to societal views ^(8, 22).

The above recruitment and retention factors translate to the entire nursing workforce in Australia. In the aged care sector, these factors are further compounded by problems attributed to patient acuity and skill mix, workforce problems pertaining to respect, valuing, recognition and image, role ambiguity in aged care and issues of equity and remuneration which remain unresolved ⁽²³⁾. The current workforce shortages must be rectified and to do so requires examination of the issues which impact on why nurses have elected not to practice ^(14, 27).

In tabling this submission to the Inquiry, the Australian Nursing and Midwifery Council is pleased to provide further clarification of any discussion points raised herein and would welcome the opportunity to provide evidence at a public hearing.

Contact persons on behalf of ANMC

A handwritten signature in black ink, appearing to be 'L. LeBlanc', with a long horizontal flourish extending to the right.

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