



Queensland Nurses' Union

**Submission to the
Senate Finance and Public Administration Committee
Inquiry into Residential and
Community Aged Care in Australia**

1.0 Introduction

The Queensland Nurses' Union (QNU) welcomes the opportunity to provide a submission to the Senate's Inquiry into Residential and Community Aged Care in Australia. We ask the Senate to read this document in conjunction with the major submission of our federal body, the Australian Nursing Federation (ANF), and those of other state branches of the ANF.

2.0 About the QNU

The QNU is the principal health union operating in Queensland. It is registered in this state and in the federal jurisdiction as a transitionally registered association. In addition, the QNU operates as the state branch of the federally registered ANF.

The QNU covers all categories of workers that make up the nursing workforce in Queensland including registered nurses, enrolled nurses and assistants in nursing employed in the public sector or the private and not-for-profit health sectors. These, and other aged care workers are vital in providing the expert care that elderly Australians need. Our members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management.

Membership of the QNU has grown steadily since its formation in 1982 and as at June 2008 was in excess of 34,000 and still growing. Like the nursing profession as a whole, the overwhelming majority of our members are female (93%).

The QNU has a democratic structure based on workplace or geographical branches. Approximately 250 delegates are elected from the branches to attend the annual QNU conference which is the principal policy making body of the union. In addition to the annual conference the QNU has an elected council and an elected executive, which in turn have decision-making responsibilities between conferences. Council is the governing body of the union.

The QNU is party to over 200 enterprise agreements which cover a diverse range of health facilities and other non-health establishments that provide nursing services (eg schools, local councils, prisons and factories). We therefore have a clear and comprehensive understanding of the complexity of contemporary health service delivery as well as the diversity of locations where health services are delivered.

3.0 The QNU's Aged Care Campaign

Aged care is a critical issue facing our nation. Currently, there are some 2.8 million Australians – about 13 per cent of the population – aged 65 and over. Estimates indicate that this number will triple in 40 years (Commonwealth of Australia, Department of Ageing, 2008). The rising dependency on aged care that this forecast suggests coincides with a national shortage of nurses, particularly in the aged care sector where there has been a significant decrease in the number of licensed nurses in the last ten years.

Lack of wage parity with other areas of nursing, onerous workloads, and an inadequate mix of nursing staff necessary to meet the increasingly complex needs of residents in aged care facilities, exacerbate the recruitment and retention problems in this sector. The QNU recognises that there are a number of measures that may hold back the exodus of nurses from the aged care sector, including the following:

3.1 Establishment of minimum nursing staff levels and an appropriate skill mix of nursing staff (assistants in nursing/carers, enrolled and registered nurses) throughout the aged and community care workforce;

The ever increasing acuity levels and complex care needs of residents in aged care facilities, and of community members receiving aged care services, has placed extra demands on all levels of nursing staff. It is vital that there are adequate numbers of registered nurses employed in aged care services to provide supervision and support to enrolled nurses and assistants in nursing/carers. Changes in enrolled nurse training over the last ten years has led to enrolled nurses performing more complex nursing activities, including administration of medications. Assistants in nursing/carers have also been required to take on additional nursing activities, and now provide care to residents with more complex needs. The QNU therefore calls for mandated minimum staffing levels in residential aged care facilities, and an appropriate nursing skill mix that will enable delivery of appropriate standards of care.

3.2 Closing the wages gap and maintaining wage parity for nurses working in aged care;

Prior to 1996, there was generally parity between nursing wages in the public acute hospital sector and residential care establishments. Since that time, the gap has widened considerably as nurses in the private and public acute sectors have obtained more favourable outcomes through enterprise bargaining. The wages gap between nurses working in the aged care sector and nurses working in the public hospital sector currently stands at around \$250.00 per week (Australian Nursing Federation, 2008). Such a significant disparity makes it virtually impossible to attract adequate numbers of nursing staff.

In the 2008 federal budget, the Rudd government promised a \$407.6 million boost for the aged care industry, bringing the total additional payments to \$2 billion over four years. This also included extra money for infrastructure, 2000 extra transitional care beds, and a commitment to establishing minimum staffing levels in aged care. However, this does not address the serious wages disparity for nurses working in aged care and those in other sectors.

3.3 Mechanisms to ensure openness and transparency for taxpayer funding and accountability in how providers spend this funding;

While we recognise and appreciate the Rudd government's commitment to the aged care sector, the QNU seeks the implementation of mechanisms to monitor how aged care providers spend allocated funding. Funding in residential aged care should include a transparent and accountable allocation of the health and aged care component with a separate allocation of funds for accommodation and other services accounted for independently.

3.4 National licensing of all direct care staff.

Assistants in nursing/carers assist with the provision of nursing care under the supervision of a registered nurse. Currently these members of the nursing team are not included in the statutory regulatory schemes for health professionals. The QNU believes that these members of the nursing team should be subject to statutory regulation/licensing.

Assistant in nursing/carers are integral to the nursing workforce. The Union believes that licensing of assistants in nursing/carers would have an overwhelmingly positive impact on

recruitment and retention of nursing staff, by providing a distinct career pathway for these workers. In addition, licensing of direct care staff would promote protection of recipients of aged care services by, for example, mandating minimum training levels and adherence to professional standards. Licensing of direct care staff would also contribute significantly to ensuring that the roles of all levels of nursing staff are clearly defined, thereby contributing to maintenance of optimum standards of care for older Australians.

4.0 Relevant Data

In 2001, 2004 and 2007, the QNU commissioned extensive exploratory studies by the University of Queensland and the University of Southern Queensland into the major factors impacting upon nursing work in Queensland and their work satisfaction (Hegney, Tuckett, Parket & Eley 2007). The study surveyed members of the QNU who were employed in the public, private and aged-care sectors. Some of the major findings relevant to the aged care sector were:

- Ongoing differences among the sectors, particularly between the aged care and the public and private sectors. For example, nurses employed in the aged care sector were:
 - less likely to be able to complete their work in the time available,
 - more likely to say there were insufficient staff,
 - more likely to report their workload as 'heavy',
 - more likely to see work stress as high,
 - more likely to believe morale was poor and deteriorating, and
 - less satisfied about their level of remuneration than nurses in the other sectors.
- Nurses in the aged care sector were the least likely to state that they could complete their job satisfactorily and were most likely to believe that there were insufficient staff employed in their work unit,
- 95% of all nurses in aged care believed that work stress was 'high' (Hegney et al, 2007).

Of significance to this submission, were the researchers' comments on the aged care sector which emerged as

'... bleak; where nurses are time-starved, poorly staffed, poorly paid, overworked and more stressed than other sector nurses. Whilst targeted attention needs to be given to aged care nurses, high work stress and load, rising work hours, a remuneration-skill mismatch and a nursing workforce morale that is less than robust also require attention in equal measure across the nursing workforce generally.'
(Hegney et al, 2007).

The QNU believes that the future of the aged care nursing workforce relies on overcoming the obstacles produced by poor remuneration and heavy workloads to enable nurses to provide the high level of quality care that they aspire to.

References

Australian Nursing Federation (2008) *Nurses' Paycheck* 7(4).

Commonwealth of Australia, Department of Ageing (2008) *Report on the Operation of the Aged Care Act 1997 1 July, 2007 – 30 June, 2008*.

Hegney D., Tuckett A., Parker D. & Eley R. (2007) *Your Work, Your Time, Your Life Report of Results*.