

Senate Inquiry into Nursing

Introduction

The Health and Community Services Union (HACSU) represents approximately 8000 members working in all areas of the health industry. 25% of those members are Registered and Enrolled nurses.

It is apparent to HACSU that the nursing shortage is impacting considerably on the ability of Nurses to fulfil their roles to the level they believe is necessary for the delivery of quality care. Nurses are working harder and longer hours with increased stress and pressure. Working “smarter” is not an option and neither is the replacement of Registered Nurses with Enrolled Nurses or unqualified carers.

There needs to be recognition of the fact that the needs of the public are not being met by allowing this situation to continue and genuine commitment must be given to alleviate the crisis.

This situation has not taken anyone by surprise, previous investigations have been ignored and past Governments have refused to take the appropriate action to prevent it.

There is a large amount of cynicism amongst our members that this inquiry will not change things. As a result more and more nurses will give up in despair and leave the profession and discourage others from becoming nurses.

The best advertisement for the profession is happy nurses, but current practitioners are unable to give any hope to those contemplating following in their footsteps.

Surveys of our members in the public, private and aged care sectors indicate that nurses believe that they are no longer able to deliver patient care that is safe, and of a standard of which they can feel proud.

The current shortage forces them to accept unsafe workloads that increase the level of stress due to frustration because only minimum standards of care can be maintained. There is genuine concern for the safety of patients. Job satisfaction is at an all time low.

i) Nurse education and training to meet future labour force needs

We believe the current arrangements of training nurses through an undergraduate program at tertiary institutions is appropriate and do not advocate a return to the hospital based system.

We do, however, believe there is scope for the greater integration of hospitals in the course curriculum. We consider that a greater component of 'on the job' experience should be built into the course. One of the concerns expressed by nurses is the lack of practical experience recently graduated nurses have and the extra pressure this places on more experienced nurses. Whilst this is understandable and in part unavoidable the current nursing shortage is placing greater strain on nurses and supervision of new graduates becomes an additional workload.

Employers need to take more responsibility for the education of nurses, both at the undergraduate and post graduate levels. Financial or in kind support for employees wishing to undertake the undergraduate degree should be considered by employers as a means to improve the situation regarding the shortage of nurses.

The average age of the registered nurse is 47 years. It is clear that the shortage is going to greatly increase in the near future unless action is taken.

Traditionally female school leavers provided the required nurse numbers but nowadays young women have far wider career choices. Nursing does not appear to be an attractive career choice for young people because of shiftwork and the workload and the wide range of career choices available.

Nursing must be promoted as a worthwhile career choice that offers much scope for professional and personal development, security of employment and a great variety of career and travel options. This campaign must be aimed at young people whilst still a high school as well as those who are at pre tertiary level.

Nurse education must be adapted to better prepare our students for the realities of nursing. Quality preceptor ship is very important and can often be the determining factor as to whether a graduate continues with her career. Unfortunately due to the increasing workload experienced by nurses in the clinical area fewer nurses are volunteering for this role. They do not feel that they are able to give students the quality time that is required.

Recognition of the preceptor role, employer assistance with HECS fees, re-entry programmes and the provision of paid study/professional development leave is needed

ii) Interface between universities and the health system

There is a requirement for a more active and more visible interface between the universities and the health sector. There are few joint appointments and these are primarily in the public sector. Certainly in Tasmania there appears to be very little interface between the university and the health sector in general.

It may be of assistance to newly graduated nurses to have ongoing contact with the university as a source of support and advice. This may also alleviate the pressure on more experienced nurses who are expected to act as preceptors.

iii) strategies to retain nurses in the work force and to attract nurses back into the profession including the aged care sector and regional areas

Shortages in rural areas is reaching crisis point. This results in nurses working excessive amounts of overtime, double shifts, day shift followed by night shift, night shift followed by afternoon shift within the same 24-hour period. Nurses are often unable to take annual leave or long service leave due to the constant demand and absence of relief staff.

Nurses need financial encouragement to work in rural and remote areas. The additional costs associated with relocating to a rural area and the social and financial disadvantage needs to be recognised and compensated. The incentives currently being considered for medical practitioners to locate in rural areas should also apply to nurses.

In the aged care sector the inadequate funding for aged care facilities results in nurses being considerably disadvantaged in their pay and conditions of employment in comparison to their colleagues in the hospital sector. This in turn leads to a differentiation in the quality of care which is afforded across the sectors.

We have surveyed our members in aged care and the results revealed they are particularly concerned about the level of documentation that is required. The concern is that this takes them away from the bedside, and that patient contact; something that makes the job worthwhile, is reduced. Duties and roles that were once considered the domain of nurses have been taken over by others and in many cases by carers with few if any qualifications.

There is a definite trend to extend the role of the untrained health care worker. This concerns our nurse members, because they remain accountable for the actions of these workers who do not have the training and skills required of nurses.

The general public has an expectation that when they are hospitalised they will be cared for by nurses. Nurses are often placed in unsafe working environments. They are unable to leave because of their duty of care and yet at the same time they are held accountable if unable to deliver a safe level of nursing care to their patients.

Whilst there are protocols for nurses to implement during such a crisis i.e. informing the person in charge and so on upwards through the chain of command this is time consuming, ineffective and does nothing to alleviate the immediate crisis. This in turn leads to frustration and a “what’s the point” attitude.

If an incident occurs the Registered Nurse is held accountable. To assist nurses who are confronted with this situation the following should be put in place:

- Issue firm guidelines as to what nurses/employers should do under such circumstances

- Put pressure on employers to ensure that staffing levels are safe/close beds/refuse admissions
- Consultation with parties particularly healthcare consumers
- Implementation of safeguards to ensure safe staffing levels rather than waiting to conduct an investigation into an incident and enforcing penalties upon nurses after the event

Fear of the unmanageable work loads and the awesome responsibilities that this carries is a very effective deterrent and ways to alleviate this would induce nurses to remain nursing or encourage those who have left the profession to return.

iv) options to make a nursing career more family friendly

The majority of nurses are women, who are the primary family caregivers. Despite all the rhetoric to the contrary it is often impossible for nurses to combine family and careers. Paid maternity leave is not available to all of our nurse members and should be introduced for all women. Access to part time work upon return to work after the birth of a child is frequently resisted by employers and drives many nurses out of the workforce for extended periods.

Paid maternity and paternity leave, easier access to part time work, assistance with child care costs and placements and a greater understanding on the part of employers would all assist in making workplaces for nurses more family friendly.

v) strategies to improve occupational health and safety

Occupational health and safety issues are directly related to the increasing pressure and stress nurses are facing. Nurses, employers, health consumers should be educated regarding the health dangers and risks involved with working large amounts of overtime.

The importance of OH&S should be an integral part of a nurses' education. Employers also should be made aware of the dangers of excessive hours and increased stresses nurses are facing.