



# NURSING & MIDWIFERY IN TASMANIA



**ANMF**  
TASMANIAN BRANCH

Australian Nursing and Midwifery Federation (Tas Branch) April 2014

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# ABOUT THE AUSTRALIAN NURSING AND MIDWIFERY FEDERATION (TASMANIAN BRANCH)

**The Australian Nursing and Midwifery Federation (ANMF) are the largest union and professional body for the nursing workforce in Tasmania.**

We operate as the State branch of the federally registered Australian Nursing and Midwifery Federation. The Tasmanian Branch represents over 6,500 members and in total the ANMF across Australia represents over 250,000 members of the nursing workforce.

The ANMF (Tas) has a democratic structure. Elected delegates attend an Annual Delegates Conference, which is the principle policy making body of the union. It is the membership that drives the agenda of the union. In addition to the annual conference, the Branch has an elected Council and Executive group, which in turn have decision-making responsibilities between conferences. The Branch Council is the governing body of the union.

The core business of the ANMF is the industrial, educational and professional representation of the nursing workforce and the provision of a high standard of leadership and service to members. This includes concentrating on topics such as education, policy and practice, industrial issues such as wages and professional matters and broader issues which affect health such as policy, funding and care delivery. ANMF also actively advocates for the community where decisions and policies are perceived to be detrimental to quality health outcomes. ANMF (Tas) is influential in the provision of health education and research via the ANMF (Tas) Health Education and Research Centre (HERC).

ANMF (Tas) is not affiliated with any political party but is keen to influence and seek policy responses of political parties and candidates regarding issues relevant to the nursing and midwifery professions.



# UNDERSTANDING OUR VALUES AND TENSIONS

**“Health is a measure of the degree to which the society delivers a good life to its citizens.”**

*Sir Michael Marmot, Chair of the Commission on Social Determinants of Health*

Any discussion of health policy must start with consideration of how governments plan to address the social determinants of health. The contribution of nurses to the health and well being of communities, society is almost incalculable. As the largest health profession, with multiple specialties, nurses work everywhere health care is provided. No other health professional groups do this. Nurses have the capacity to save lives, prevent complications, promote wellbeing and save money. Failing to invest in nursing has profound social and economic impacts.

Nurses advocate for individuals within complex health systems and mediate the competing demands of patients, families, carers, the environment at points of immediate care, the system and society to achieve the best possible outcomes. Therefore the contribution of nursing to the health, wellbeing and productivity of individuals and communities is vital.

However, decision makers often do not fully recognize and value the contributions nurses and midwives make. At a time when our communities need more (not fewer) nurses a culmination of economic, social, political and health pressures is taking its toll on the retention of nurses. It is time governments and the community considered the risks of failing to invest in nursing, and the consequences of this are enormous.

We believe health is the foundation for everyday living and that health care is a universal human right



## NURSING VALUES

**Caring** – Nursing is indispensable, knowledgeable and human caring. Caring is physical, technical and interpersonal work and characterizes our concerns for the whole person, to the common good and to those who are vulnerable.

**Professionalism** – Nursing is regulated by the community (through government) and is accountable to the community for its practice, standards, conduct and education. Integrity is evident in our practice and reveals our commitment to honesty, veracity and the way we work with others.

**Advocacy** – Nurses keep the system safe. The nurse is the critical link between the patient and the system. Social justice advocacy is integral to nursing practice and is expressed in the professional codes that guide nursing practice.

**Holism** – Nursing practice affirms the uniqueness of and differences between persons, ideas, values and ethnicities.

# THE NURSING WORKFORCE



The nursing workforce is employed in a range of categories including registered nurses, registered midwives, enrolled nurses, assistants in nursing and extended care assistants. They are employed in a wide range of workplaces across the public, private and not-for-profit health sectors such as health and community services, aged care, universities, the armed forces, statutory authorities, local government, offshore territories and more. Our members work across a variety of settings from rural and remote locations to urban municipalities and in a full range of classifications from entry level to senior management.

The nursing workforce promotes good health, prevents illness and provides care for the ill, disabled and dying. Most work in an area of clinical practice such as midwifery, medical, surgical, aged care, critical care, perioperative, emergency, general practice, community health, mental health, family and child health, rehabilitation and disability, rural and remote health and occupational health and safety. Some also work in other significant roles which include management, education, and research and health policy development.

In Australia there is wide acknowledgment of the looming crisis in the ageing nursing workforce resulting in the imminent retirement of nurses. The Health Workforce Australia project there will be a national shortage of 109,000 nurses by 2025. **The average age of registered nurses in Australia is 44.5yrs and nine out of 10 nurses are women. The proportion of nurses and midwives aged 50 or older is 38.6%.** This data

provokes concern among the profession but should also invoke alarm in decision makers and governments.

The retention and recruitment of nurses into the workforce is crucial to replace and sustain a nursing workforce able to contribute to the:

- health of communities,
- support of vulnerable groups in the community
- delivery of patient centered quality care
- Cost effective delivery of health services

One key strategy to the retention of nurses to the profession is the provision and commitment to the employment of new graduate nurses.

We believe that the state and federal governments must inject urgent transitional funding into the health sector to employ the many graduate nurses who annually miss out on graduate places.

**Our new graduate nurses and midwives are a precious resource, an investment for the future...**

Figures:

**NATIONAL:**  
**Nurses and Midwives – 345,955 (Registered)**

**TASMANIA:**  
**Nurses – 7622 (61% Tas Health professionals)**  
**Nurse and Midwife – 688**  
**Midwife – 10**

# HOW THE ANMF(TAS BRANCH) WORKS IN PARTNERSHIP WITH THE DHHS.

Since 2010 the ANMF and THO/DHHS have agreed that a partnership approach is the best way to address nursing, midwifery and health issues. This continues a focus on optimising the use of nurses and midwives within the health system including advancing strategies such as increasing the numbers and areas of practice for Nurse Practitioners and Eligible Midwives utilising their expanded practice to offer responsive contemporary evidence based services to the community.

This partnership approach also enables the expansion of midwifery led models to ensure that services responsive to the identified needs and wishes of individual women and their families are readily available. Working arrangements: Further developing best practice rostering guidelines, fatigue management strategies and flexible work arrangements.

## CLASSIFICATION AND CAREER STRUCTURE:

Reviewing and enhancing the nurses' classification and career structure, paying particular attention to the generic level statements and definitions in key roles such as Enrolled Nurses and Nurse Unit Manager and a focus on advanced practice across all levels and the four streams—clinical; management; research and education.

Advanced practice is a 'level of practice' rather than a role that allows nurses to work to the full scope of professional practice across a range of settings and promote service models which meet the needs of the patient population.

During the 2010 negotiations, the ANMF and THO/DHHS agreed that further work is required during the life of the agreement to promote effective workload management and to focus on system improvement and productivity enhancements driven by nurses and midwives that includes:

- **Devolution of adequate authority to empower nurses and midwives in management positions;**
- **Advanced practice roles;**
- **Career and classification structure enhancements to support innovation;**
- **Sustainability and responsiveness**

The existing structures to enable this partnership approach are established meetings between the Branch Secretary and DHHS representatives including:

- Monthly meeting with the Chief Nurse and Midwifery Officer
- Bi-monthly meeting with the Secretary of DHHS
- Ad-hoc meetings with the Health Minister
- 3 monthly meetings – Safe Staffing Steering Committee (DHHS)



# CATEGORIES OF NURSING WORK



## REGISTERED NURSE—RN

RNs must be registered with the Nursing and Midwifery Board of Australia (NMBA) the independent statutory body that regulates nursing in Australia. RNs in Queensland must complete an NMBA approved three year Bachelor degree at University. RN's plan, implement and evaluate nursing care and supervise the work of enrolled nurses and assistants in nursing. The RN is the constant presence in patient care 24 hours a day, seven days a week, managing the relationships between doctors, specialists, administrators, patient/clients and families.



## MIDWIFE

Like RNs, midwives are registered with the NMBA. The midwife practises in a variety of settings such as birth centre, hospital maternity unit or community. Midwives provide care to women during pregnancy and childbirth, and for the newborn up to six weeks of age. The majority of currently practising midwives are registered nurses with an additional postgraduate qualification in midwifery. The introduction of direct entry undergraduate midwifery programs for people without an undergraduate nursing qualification is relatively recent. Currently, midwives work within a scope of practice as defined by the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Midwife (2006).



## ENROLLED NURSE - EN

The EN must also be registered with the NMBA and must complete an NMBA approved Diploma at an approved Vocational Institution. The EN provides direct nursing care and observes and reports changes in an individual's health status. ENs with NMBA authority to administer medication can administer prescribed drugs, under the supervision of an RN.

# NURSE PRACTITIONER

**“If nurse practitioners were able to practice to their full potential, innovative and effective models of care would be introduced thus meeting the changing needs of the population without additional resources.”**

The nurse practitioner role is dedicated to providing expert and innovative care in areas of need and is designed to take specialty services to where there are significant gaps in service delivery.

Nurse practitioners are highly qualified, highly experienced nurses who are regulated by the NMBA. A nurse practitioner is a registered nurse who works autonomously and collaboratively in an advanced and expanded clinical role with:

- A Masters Degree or equivalent; and
- Proven extensive expertise in specialised clinical fields/s.

A nurse practitioner assesses and manages patients and can independently:

- refer patients to other health care professionals including specialists;
- prescribe medication in their area of clinical expertise;
- order medical tests;
- conduct advanced clinical assessment;
- initiate, interpret and respond to diagnostic tests; and
- initiate and monitor therapeutic regimes.

Nurse practitioner accreditation is a rigorous process including extensive education and assessment of advanced-level experience in a specialised clinical

field (e.g. emergency services, heart failure, etc). The number of Nurse Practitioners in Australia is now 1000, providing services in rural and remote areas to large urban hospitals. Nurse Practitioners work across primary health care, chronic disease management and emergency care.

Nurse practitioners do not replace doctors—their role is different.

Nurse practitioners are not physician assistants—their role is different.

The number of Nurse Practitioners employed in DHHS is 12. However, there are accredited nurse practitioners who are unable to find employment. There are systematic, legislative and local barriers which deny the profession from working to their full capacity.



# EFFECTS OF THE NURSING SHORTAGE

**“The Future Shape of the Nursing Workforce: A Synthesis of the Evidence of Factors that impact on Quality Nursing Care” Report” , which; ...found compelling evidence for building the future nursing workforce around the registered nurse role. This was demonstrated in terms of improved patient safety, quality of care and patient outcomes.**

There are significant risks to patients from understaffing and inadequate skill-mix, including compromised safety and diminished quality of care; increasing morbidity (incidence of disease) and mortality (death rate); and an increased occurrence of adverse or sentinel events (injury or death resulting from a health care intervention, not the underlying condition of the patient). These factors can also increase the length of stay for patients in health care settings (Armstrong, 2009) .

Misplaced efforts to cut costs and achieve financial savings in health care through constraints on nurse staffing are actually driving up economic costs, affecting service delivery and health care practice, and compromising patient safety (Heggen & Wellard, 2004).

Health Workforce Australia (HWA) have released their modelling for the nursing and midwifery and medical workforce to 2025. Health Ministers were fully briefed on this worrying workforce predicament at a meeting in late April 2012.

Nurses must be involved in efforts to create environments and conditions of employment that are conducive to providing safe, high quality care and that are consistent with the values and ethics of the profession. Adverse events are considered to cost Australia \$4 billion annually, nurses are intrinsic to ensuring patient safety. Significant economies are possible through increasing nurse staffing and so avoiding adverse events.



Nurses and midwives are integral leaders of quality and safety and have the potential to make a significant impact on compliance with the National Safety and Quality of Health Service (NSQHS) Standards.

***Effective nurse staffing no longer can be left to the whims of opinion, tradition or financial concerns alone.***

***Excellence in staffing is a dynamic, evidence driven process that results in the efficient use of qualified staff to achieve the best use of resources to achieve the best possible outcomes for patients, families, the workforce and the organization***

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<http://hdl.handle.net/2440/77059>

Armstrong, E 2009, *Ensuring quality, safety and positive patient outcomes: Why investing in nursing makes Sense*, Australian Nursing Federation, Melbourne.

Heggen, K & Wellard, S 2004, 'Increased unintended patient harm in nursing practice as a consequence of the dominance of economic discourses' *International Journal of Nursing Studies*, 41 (3): 293-298

*ibid*

# THE FACTS ABOUT WORKLOADS.

Nurses being forced to leave tasks undone due to excessive workloads is a common feature of Australian Healthcare settings. Nurse staffing and nursing workloads are directly linked. Inadequate staffing and overwhelming workloads not only reduce nurses' abilities to deliver all necessary care, but also predisposes nurses to increased fatigue and increases the risks of errors. In considering the contribution of workload to patient outcomes, it is important to think not only of the work that nurses do but also the care they do not do.

## HOW ARE NURSING NUMBERS DETERMINED?

### WHAT IS THE NURSING HOURS PER PATIENT DAY (NHPPD) – A TOOL FOR NURSING WORKLOAD MANAGEMENT?

In 2004, the NHPPD was established to match local nursing resources with local health needs to manage nurses' and midwives' workloads. The NHPPD was developed in collaboration with DHHS and the ANMF (TAS BRANCH) to balance nursing workloads (supply) with service provision (demand) and forms part of the agreement applying to nurses working in the public sector.

The NHPPD is the industrially mandated mechanism for nurses in the public-sector, to make their workplaces safer and workloads more manageable. This tool enables nurses to use their professional judgement in the opening or closing of beds.

Nurses often find themselves under immense pressure from hospital managers to open beds despite not having enough nurses to do so safely. This is why the NHPPD model says that bed closures will be managed in accordance with an integrated and planned bed management strategy employed at the facility level.

The NHPPD is not:

- a budget exercise to cut nursing positions; or
- about fitting nursing hours into a budget.

Unfortunately the implementation of past versions of the NHPPD in the workplace has been inconsistent. We believe that although the NHPPD is methodologically very sound, it is not properly applied in some instances. To achieve the full value of the NHPPD staff must be delegated the authority to apply the NHPPD framework with confidence.

## THE CURRENT ISSUES

It is not uncommon that:

1. Both unpaid and paid overtime is being used to address the understaffing of health facilities.
2. Part time nurses are doing additional shifts and are not given the opportunity to increase hours permanently.
3. Night duty shifts are not being filled, nor are positions on sick leave and other leave in many workplaces.
4. Surgery or other medical procedures are being cancelled.

Through inappropriate implementation of the NHPPD as a cost saving measure, DHHS has come to rely more on agency and casual nursing staff—employment arrangements that ultimately cost more.

***Nurses in an Australian study of 286 wards within 27 hospitals reported tasks undone one very shift, while 39.5% of nurses were unable to even comfort or talk to their patients on their most recent shift ....***

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Duffield, C et al. 2008, *Glueing it together; nurses their work, environment and patient safety*, University of Technology Sydney.

# WORKFORCE DEVELOPMENT

Safe staffing levels and appropriate skill mix have been identified by Tasmania nurses, midwives, assistants in nursing/midwifery as the most important factor impacting on patient care and their decision to remain in the workforce. This fact has been confirmed by a Monash University survey which identified that high workloads resulting from inadequate nurse/midwife-to patient ratios was the critical issue for the majority of nurses/midwives (one third) considering leaving the profession. We need to build a workforce that will meet the future demand, particularly given the ageing workforce which has a high proportion of baby-boomers who are planning to retire in the next five to ten years in Tasmania.

This requires investment by government to ensure that nurses and midwives are professionally prepared for change in models of care and organisational culture. We need investment in collaboratively developing the long-term solutions that will ensure the recruitment and retention of the specialist, highly-skilled clinicians needed to ensure optimal patient entered care and to attract our future workforce. We must ensure that all available graduates are given the opportunity to transition into the nursing and midwifery workforce. This will mean investing now for the future.

The ANMF (Tas Branch) continues to believe the DHHS should use the period ahead to develop additional skills in specialist areas of practice amongst the new workforce. Areas such as mental health, critical care, emergency nursing, oncology and aged care will desperately need experienced and specialist prepared staff in the coming period.

The ANMF (Tas Branch) believes that Enrolled nurses have an important and unique role in the delivery of nursing care to clients. We do not, however, believe that it is appropriate to substitute enrolled for



registered nurses. The role of enrolled nurses must be valued and nurtured in its own right given the valuable contribution they make as part of the nursing team. The ANMF (Tas Branch) submits that governments must commit to ensuring that ENs continue to be trained in adequate numbers into the future, particularly given the current trend of one third later converting to a registered nursing qualification.

The employment of undergraduate nurses or midwives (in the position of Assistants in Nursing [AIN] or Assistants in Midwifery [AIM]) is positive to the extent that the AIN/M provides basic nursing care under the direct or indirect supervision of the registered nurse/ midwife and in collaboration with enrolled nurses. However, the ANMF (Tas Branch) considers that, in the main, the role of the AIN should act as a supplement to, and not substitute for, registered or enrolled nursing staff. In particular, it is emphasised that the AIN role is not commensurate with the future role of the undergraduate nurse or midwife, nor is it a clinical placement. However, it does provide the future graduate with clinical exposure and an

appreciation of working within the health care sector. As such, it is inappropriate that any supplementation of the nursing and midwifery workforce is by an AIN or AIM, and not by other

The ANMF (Tas Branch) asserts that the introduction of new workforce roles must be progressed on the basis of shared decision making, inter professional collaboration, the maintenance of autonomy of practice and premised on exploring the benefits to the community from new workforce roles.

The ANMF (Tas Branch) believes this can best be achieved by the implementation of a state-wide professional development framework that ensures all nurses and midwives have access to:

- Clinical practice development opportunities from graduate programs (for enrolled, registered nurses and midwives);
- Clinical skills (including specialist) development opportunities in areas of practice demand, clinical skills maintenance opportunities including annual competency updates;
- Dedicated Nurse/Midwifery education facilitator positions maintained and supplemented within and across health units and/or services;
- Reform of the teaching grants to ensure the adequacy of funding to meet workforce demand, acquittal against the purpose for which the grant is made and transparency in its allocation and management;
- Clinical leadership development should be available to all new level 2 nurses/midwives within the first 2 years of their appointment at this level. Further clinical leadership development should be provided to all level 3 appointments within the first 12 months of their appointment;

- Clinical management development opportunities should be provided to all service co-ordinators and managers within the first year of appointment;
- One hundred advanced clinical practice scholarships should be made available for the next three years to support the development of Nurse/Midwifery Consultant or Nurse practitioner roles;
- A framework for fast tracking middle level nursing/midwifery leadership roles should be implemented over the next 5 years with education assistance available to support nurses and midwives who are identified as Emerging leaders to develop knowledge and skills that will assist them to assume management and leadership roles as others retire from the workforce;
- Mentoring programs by experienced executive level nurses and midwives to assist with succession of senior nurses in the future.



# SNAPSHOT OF CURRENT KEY ISSUES

## 1. *Strategic Planning*

- a. Lack of State-wide strategic plan and clear direction.
- b. ANMF supports single funding model through Federal Government
- c. All health services should be integrated to ensure the continuum of care. ANMF supports Family Child Health to be transferred from Human Services to Health. Child Protection to continue to be managed through Human Services.
- d. Clinical Lead Group to be broadened to include stakeholder representation eg ANMF
- e. Tasmanian Health Assistance Package; ANMF supports re-allocation of funding (see previous ANMF proposal) Consultants reports on efficiencies, governance and redesign should be made public.

## 2. *Governance and accountability*

- a. Tension and inefficiency with three Tasmanian Health Organisations and DHHS. Duplication, decision making, accountability and lack of consistency (policy) across state impacting on efficiency.
- b. Service Level Agreements must ensure ability to meet Accreditation standards, and direct ongoing and annual audits to ensure transparency of financial expenditure.
- c. Royal Hobart Hospital redevelopment – lack of accountability of expenditure waste, poor project planning and management to date. Significant risk to patient and staff safety with proposals for decanting, particularly in mental health.
- d. Efficiencies across the THO's with introduction of combined services eg purchasing and implementation of integrated IT systems which includes payroll, clinical, rostering statewide.
- e. A review of the private patient trust scheme to open for operational use and fair distribution.



### 3. *Nursing and midwifery issues*

- a. Lack of implementation of the new career structure resulting in many industrial disputes and low morale eg no nurse practitioner candidate positions have been advertised or filled
- b. Graduate employment reduced resulting in around 50% of new graduates unable to secure employment in graduate program/transition to practice program.
- c. New public sector EBA- need commitment to commence work on key issues eg career structure review and negotiation process
- d. Inconsistent lack of authority for senior nursing positions eg RHH Nurse Unit Manger needs approval from Director of Nursing for purchasing pens and yet NUM LGH can approve items up to \$5000
- e. Commitment ANMF key stakeholders in all health issues for consultation and partnership approach.
- f. Immediate implementation of workplace safety campaigns to reduce numbers of workplace injuries and violence affecting nurses.



# WHERE TO GO FOR MORE INFORMATION

1. A submission by the Queensland Nurses' Union to the Queensland Government for the 20012-2013 State Budget, February 2012.
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