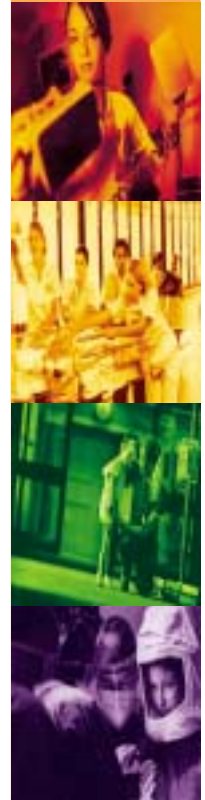


Report of the
West Australian Study of
Nursing and Midwifery

New Vision,
New Direction

2001





Report prepared for the Steering Committee of the West Australian study of Nursing and Midwifery
New Vision, New Direction

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Foreword by Judge Antoinette Kennedy

Hon RC (Bob) Kucera APM MLA
Minister for Health
10th Floor Dumas House
2 Havelock Street
West Perth WA 6005

Dear Mr Kucera

On behalf of the Steering Committee of *West Australian Study Nursing and Midwifery New Vision, New Direction*, which was established in October 2000, I am pleased to present this report.

The committee was very conscious of its responsibility in the preparation of this report and was aware of the interest that the study generated, not only in the nursing and midwifery profession but also by the whole health industry of Western Australia.

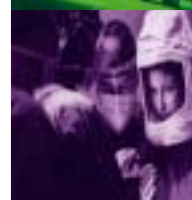
It was recognised early in the process that the task of producing a strategic framework for the nursing and midwifery profession is a complex and extensive one. The committee has identified areas within the industry that require further investigation and has made a number of recommendations. While some of the recommendations will require further work prior to implementation, they establish a sound framework that will offer improvements in the health system.

On behalf of the Steering Committee members, I am happy to commend this report to you.

Yours sincerely

Judge Antoinette Kennedy
Chairperson

November 2001



ACKNOWLEDGEMENTS

Members of the Steering Committee of *West Australian Study of Nursing and Midwifery New Vision, New Direction* wish to thank the Minister for Health, Hon. Bob Kucera APM MLA, for his commitment to this study.

This study would not have been successful without the contributions made by the Nursing and Midwifery Professional Associations and Colleges.

Finally, we thank all the individual nurses and midwives who participated in the focus groups and working parties for their commitment to the nursing and midwifery profession.

KEY TERMS

Nurse: A nurse who is registered in Division 1 under the Nurses Act 1992. "Division 1 shall contain the names and other particulars of those persons whose qualifications and experience have been approved in writing by the Board as rendering them capable of practising independently as professional nurses' (Western Australia Nurses Act 1992. Section 34. Pg 25).

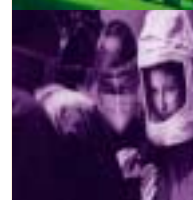
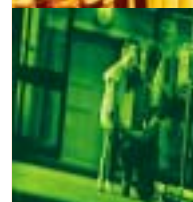
Midwife: A person who has successfully completed the prescribed course of study in midwifery and has acquired the requisite qualifications to be registered to practice midwifery in Division 1 under the Western Australian Nurses Act 1992.

Profession: For the purposes of this study, the nursing and midwifery disciplines are hereafter referred to as "the profession".



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EXECUTIVE SUMMARY

The New Vision, New Direction study was announced in August 2000. A Steering Committee was established in September 2000 and commenced meeting in October 2000. Her Honour Judge Antoinette Kennedy was appointed as the independent chairperson with representatives from health services, professional organisations, unions, health consumers, educational institutions, nurses and midwives constituting the steering committee. The Minister for Health, Hon Bob Kurcea APM, MLA broadened the Terms of Reference of the study in March 2001 to align it with Government's comprehensive strategy for addressing nursing and midwifery issues in the public health system.

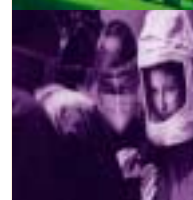
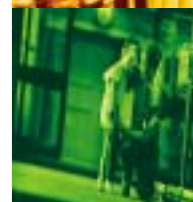
The *New Vision, New Direction Study* addressed five key focus areas in nursing and midwifery. These were workforce issues, professional standards, education, professional practice and leadership. Each of these five key dimensions has important components including career progression, professional staff development, a scope of nursing practice decision-making framework, and a workforce component including graduate transitions, refresher and re-registration programs.

The report on the *New Vision, New Direction Study* contains recommendations that have been developed after extensive consultation with the profession. The recommendations are contained within each of the study focus areas. While a number of the recommendations have been identified previously it was established that in order for a new vision for the profession to emerge these must be addressed. To implement the recommendations contained in this report a coordinated approach must be developed which is adequately resourced.

The vision for the profession is one of opportunities in which nurses and midwives will see an enhancement of their role and the strengthening of their professional practice with patients/ consumers. Increasingly nurses and midwives will become the principal coordinators of care and strong inter-professional practice will emerge. In order to achieve the vision, the study has identified a planned direction with strategies to guide the implementation.

MEMBERS OF STEERING COMMITTEE NEW VISION, NEW DIRECTION

Name	Title	Organisation
Judge Antoinette Kennedy	Chair, Steering Committee	Ministerial Appointment
Mr Phillip Della	Principal Nursing Adviser	Department of Health WA
Ms Dianne Le Cornu	Executive Director of Nursing	Private Hospital Director of Nursing Liaison Group
Ms Maxine Drake	Consumers' Representative	Health Consumers' Council (WA) Inc
Dr Aileen Donaghy	Representative	Australian Medical Association WA
Ms Heather Gluyas	Director of Nursing	Metropolitan Non-Teaching Hospital
Ms Chris O'Farrell	Executive General Manager	Department of Health WA
Associate Professor Bronwyn Jones	Head, School of Nursing and Public Health	Australian Council of Deans of Nursing
Mrs Ann Kelly	Manager Age Care Services	Brightwater Care Group (Inc)
Ms Marcia Kuhne	Representative	Chamber of Commerce & Industry
Prof. Margaret Nowak	Director	Curtin Graduate School of Business
Mr Mark Olsen	Secretary	Australian Nursing Federation - withdrew from study 14.03.01
Ms Jayne Reid	Secretary	Enrolled Nurse Association
Ms Jaynie Sands	President, Director of Nursing	West Australian Rural Directors of Nursing/Health Service Managers' Assoc.
Ms Vicki Stewart	Principal Legal Officer	Department of Health WA
Ms Pat Tibbett	Director of Nursing	Metropolitan Teaching Hospital
Ms Di Twigg	Chair – Steering Committee	Scope of Nursing Practice Decision Making Framework Committee
Prof. Bryant Stokes	Chief Medical Officer	Department of Health WA
Ms Margaret Watson	Chief Executive Officer	Nurses Board of Western Australia



1

INTRODUCTION

This study set out to establish a new vision and a new direction for the nursing and midwifery profession. In establishing a new vision it is important that existing limitations and barriers are removed. It became clear that unless the current issues facing the workforce were addressed as a matter of priority, a new vision could not be developed. Therefore, the report on the study contains a number of recommendations that require immediate attention and others which establish the framework for the future.

Overall, there are 61 recommendations. The Steering Committee recognises that a number of these are fundamental and have been identified in previous studies. The Committee also acknowledges that a number of previous recommendations from other studies have never been implemented.

If there is to be an improvement in the issues identified then a coordinated approach to the implementation of the recommendations is required.

Recommendation 1

That on approval of the recommendations by the Minister for Health the Department of Health establishes mechanisms and strategies including funding to ensure implementation occurs.

The Committee wishes to draw attention to the need for resources to implement many of the recommendations. It is accepted that health care resources are finite and it will be essential for cost effective options to be identified and implemented. This process will be assisted by the use of best practice principles and demonstration projects.

In conjunction with the implementation of the recommendations, the new vision for the profession will emerge. This vision will include the concepts of patient/consumer involvement, inter-professional practice, advanced and enhanced roles, and the establishment of strong collaborative partnerships among the profession, health service providers and education providers.



NEW VISION, NEW DIRECTION

Vision

Nurses and midwives practice with expertise which earn them trust and respect from the community. Their future role will be enhanced by a decision-making framework that focuses on achieving health outcomes. That framework will enable nurses and midwives to use their professional judgements within specific care contexts that allow them to determine their practice based upon agreed principles and competencies with the support from their peers.

Nurses and midwives will increasingly become the principal care coordinators and take on advanced and enhanced roles that are based on community needs. These needs will include access to high quality health care provided by highly skilled nurses and midwives who will be equal members of the comprehensive health team. Importantly the value of caring will be maintained in all aspects of nursing and midwifery.

Direction

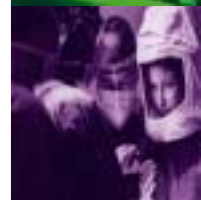
In order to ensure that the vision for the profession becomes a reality the creation of a nursing/ midwifery environment that has the elements of respect, growth and reward needs to be created. The strategies to achieve the vision will require nurses and midwives to be included in strategic decision-making, have enhanced career paths and a comprehensive transition from education to practice, as well as the development of visionary leadership and an investment in the long term future of the profession.

The Five Focus Areas

Each of the five study focus areas contain vision and direction statements that will serve to provide specific attention to each of these areas. The study focus areas are:

- Workforce
- Professional Standards
- Education
- Professional Practice
- Leadership

2



KEY POINTS

- ◆ The delivery of health care faces many challenges and changes, including an increase in demand for health services.
- ◆ Nurses and midwives make-up the largest single occupational group within the Western Australian Health Care System. In 2000, there were some 25,636 registered and enrolled nurses on the Nurses Board of Western Australia's register.
- ◆ The decrease in the participation rate of nurses and midwives in the workforce has impacted on the ability of health services to provide quality patient care.
- ◆ In order to face the challenges and opportunities of the future, strong nursing and midwifery leadership needs to be developed and maintained.



OVERVIEW

New Vision, New Direction aims to help nurses and midwives respond positively to new opportunities, and to establish the conditions for satisfying and rewarding careers. It provides strategic direction that will strengthen the contribution nurses and midwives make to the health of West Australians. It also acknowledges the vital role of nursing and midwifery within the health care system.

The study was commissioned at a time when it was clear that the nursing and midwifery profession were facing many changes. These changes were emerging from within and outside the profession and presented many challenges and opportunities.

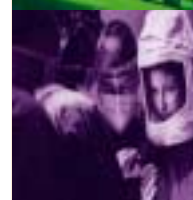
The demands for health care must be addressed within the context of social reality, resources, needs and knowledge. Nurses and midwives must embrace these parameters to ensure their value is appreciated and contributions are well received. The development of strong leadership in every avenue of nursing and midwifery must be supported and encouraged.

During the study, nurses and midwives indicated that the difficulties they faced in providing quality care related to barriers placed between them and consumers of their care. These barriers have led to a perception of not being valued by the system, which, in turn, has resulted in a decrease in the participation rates of nurses and midwives in the delivery of care. Nurses and midwives constitute the single largest occupational group within the Western Australian Health Care System.

In order to assist the nursing and midwifery profession to achieve its desired future it is important that strong partnerships be developed among education providers, health service providers, and professional nursing/midwifery organisations. In addition, the nurses and midwives must forge lasting relationships with the consumers of their care and other professionals within the health care industry.

The report, *New Vision, New Direction Nursing and Midwifery Study*, has been developed after extensive consultation processes across the professional groups and it pulls together the aspirations of nurses and midwives within the context of the new health care agenda.

3



Scope of the Study

3.1

The scope of the study was encased within its terms of reference. In brief these were:

- ◆ facilitating the communication among the reviewers, health agencies, educational institutions and consumers;
- ◆ facilitating the collection and collation of information by the reviewers to support the review;
- ◆ ensuring the review process is conducted in a timely and appropriate manner;
- ◆ assessing any critical elements that are identified during the review process and considering the implementation of appropriate improvement strategies;
- ◆ assessing the interim report provided by the reviewers, including the options for the new framework for the profession and for providing advice on areas that may require further development;
- ◆ ratifying the final report and recommendations put forward by the reviewers before submitting the report to the Director General; and
- ◆ developing an implementation plan once the final report and recommendations have been endorsed by the Director General and Minister for Health.

Working Parties

3.2

The Steering Committee was assisted in their work by the establishment of a number of key working parties. A member of the Steering Committee chaired all the working parties whose membership was drawn from practicing, clinically-based nurses and midwives. This process allowed for the Steering Committee to obtain information directly from nurses and midwives who were involved in the particular area under review.

The working parties established were:

Advance Nursing Practice – established to identify pathways to advance nursing and midwifery practice that require a legislative framework.

Enrolled Nurse – established to review the issues that surround enrolled nurse pre-registration, post-registration and enrolled nurse practice.

Graduate Nurse – established to review the transition from university to clinical practice.

Workforce – established to develop a framework to increase the reliability and use of the labour-force data collection.

New Vision, New Direction Nursing and Midwifery Study

Terms of Reference for all working parties were established and in brief were:

- ◆ review issues and identify gaps;
- ◆ prepare strategies to address the issues and gaps; and
- ◆ identify options and make recommendations to the Steering Committee.

The discussion and recommendations of the working parties were forwarded to the Steering Committee for consideration. The specific recommendations of the working parties have been incorporated into the findings of this report.

In addition to these working parties, the Steering Committee worked very closely with the Nurses Board of Western Australia Scope of Nursing Practice - Decision Making Framework Committee, whose Chair was also a member of the New Vision, New Direction study. The Nurses Board of Western Australia also made recommendations to the Steering Committee on the scope of practice issues.

Project Initiatives

3.3

The New Vision, New Direction Steering Committee also initiated a number of projects that emerged as requiring attention during the study. These projects included:

Re-registration Courses – this project has commenced in conjunction with the Nurses Board of Western Australia. It is reviewing current re-registration requirements.

Re-design of the Nurse Labour-force Collection Form – this project has reviewed the format of the labour-force collection form and recommended its redesign. The new format has adopted a more user-friendly approach, and was used in the 2002 renewal of registration process.

Refresher Courses – the need to establish and fund refresher nursing and midwifery programs was identified during the study. Refresher courses conducted by all teaching hospitals have been funded.

Re-registration for Enrolled Nurses – it was identified that a need to re-establish this course was required. A new re-registration program for Enrolled Nurses has been written and approved by the Nurses Board of Western Australia.

Website – www.nursing.health.wa.gov.au – created as a communication tool within the profession and will provide access for nurses and midwives to professional links. The website will keep the profession informed on new initiatives and promote Western Australia in the National and International arenas.



Information Collection

3.4

The Steering Committee was cognisant of the value of information and data required for the study. The Committee decided that a multiple-method approach to the collection of data and information was appropriate. This approach allowed for the inclusion of different perspectives from all levels of stakeholders. The advantages to this multiple-method approach include:

- ◆ overcoming bias;
- ◆ increasing confidence in the findings; and
- ◆ improving the fitness of the findings across the health system.

A full description of the methodology used in the study is contained in Appendix 1.

Data Collection Tools

3.5

The mechanisms for data collection included:

- ◆ nursing Labour-Force Survey;
- ◆ workshops with the Panel of Professional Colleges and Associations;
- ◆ focus groups (n= 74);
- ◆ invitations for submissions to the Steering Committee (n=27); and
- ◆ working parties (n=4).

Nursing Labour-force Survey

3.6

The Department of Health actively manages the Nursing Labour-force Survey. The Australian Institute of Health and Welfare initiates the questionnaire, and the Nurses Board of Western Australia distributes the survey. The Department of Health enters the returns and forwards the data to the Australian Institute of Health and Welfare. The Steering Committee identified an opportunity to utilise the data for workforce planning.

The survey information, together with information held by the Department of Health workforce planning unit, was used by working parties and the Steering Committee during the study.

Workshops

3.7

A panel of nursing and midwifery professional colleges and associations was established to provide an avenue between these groups and the Steering Committee. The workshops provided an opportunity for discussion on the major professional issues concerning nursing and midwifery.

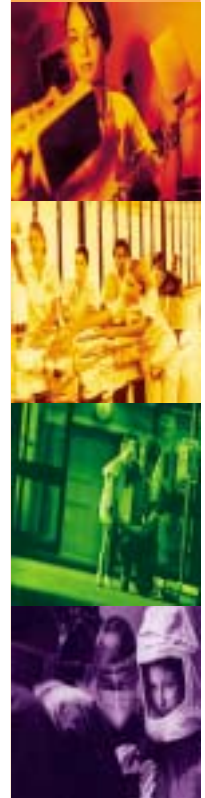
Focus Groups

3.8

A series of focus groups were conducted with nurses and midwives from a wide cross-section of the industry. The focus groups involved nurses and midwives at all levels and were conducted throughout the State. The following map shows the distribution.



A total of 74 focus groups were held across the State, including the metropolitan area, in the acute sector, community, aged care and special interest groups.



Invitation for Submissions

3.9

Invitations for submissions were distributed broadly. The invitations were made at a number of forums and advertised in the New Vision, New Direction newsletter. In addition, a number of nursing and midwifery organisations published the call for submissions in their newsletters.



A total of 27 submissions were received. The submissions were from individuals, small groups, health services and professional organisations. A detailed list of the submissions is contained in Appendix 3.

The Findings

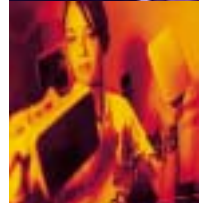
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The findings and the recommendations are discussed within the five key focus areas. In addition, important areas that relate to specific sections of the health care system are noted and appropriate discussion included in the body of the report.



4

Workforce



Vision

The future nursing and midwifery workforce will be appropriately educated, developed and distributed to meet the health needs of the West Australian community. Nurses and midwives in the workforce will be valued and recognised for their contribution to health care delivery.

Direction

Workforce issues are complex and the many stakeholders hold different perspectives. In order to establish a vision for the workforce and for it to be achieved, a common understanding needs to be established. This can only be accomplished by a formal process of open discussion and debate among nurses/midwives, employers, educators, consumers and professional organisations.

KEY POINTS

In order to address the challenges that face the nursing and midwifery workforce:

- ◆ *The work environment needs to be family-friendly and work stress needs to be addressed.*
- ◆ *Staffing, including staff mix and utilisation of workforce, must be managed effectively and reflect the future needs of nurses and midwives to ensure the delivery of quality care.*
- ◆ *The participation rate of nurses and midwives in the workforce needs to be addressed by innovative strategies.*
- ◆ *The professional development of nurses and midwives must be enhanced by career links, positive preceptors and career pathways.*

Staffing Levels

4.1

Workforce issues emerged as the central theme in this study. It was expressed by nurses and midwives that they are working in a stressful environment characterised by increasing workloads and decreasing participation rates. The challenge is to address the environmental work issues that will lead to an increase in the participation rates. Central to all information obtained regarding the workforce was the issue of staffing levels. Staffing levels are viewed differently by each of the stakeholders and it was noted that there was no widely accepted benchmarks. In the absence of these guidelines the complexity of nurse/midwifery staffing has seen the development of diverse systems.

Staffing systems have included the development of nurse hours per patient day, nurse patient ratios and patient acuity systems. While each system has its advantages, none provided a complete solution to this multi-faceted issue.

Recommendation 2

That the Director General ensure the development of a comprehensive strategy to determine what types of nursing and midwifery resources are required for clinical/community settings based on a needs analysis.

Recommendation 3

That the Department of Health, with key stakeholders, establish strategies to address identified workforce deficits in nursing and midwifery specialties.

Working Environment

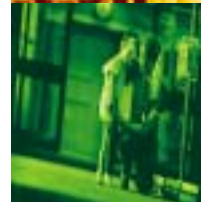
4.2

Working conditions emerged as a reason why nurses and midwives were not participating in the workforce. The decrease in participation rates in permanent employment was a result of nurses and midwives choosing agency and casual employment options. Conditions that were associated with this movement were the lack of flexible working hours, lack of childcare, minimal promotional opportunities, lack of staff development opportunities, accommodation difficulties for rural employees and the lack of a career pathway leading to autonomy and recognition.

The work environment issue needs to be addressed on a system-wide level and include the adoption of family friendly principles. The adoption of these principles will require a shift in the management style of the workforce and organisational culture.

Recommendation 4

That the Director General gives priority for health services to implement family friendly employment initiatives, within 12 months of the release of this report.



Workplace Stress

4.3

Participants of the focus groups also indicated that workplace stress had increased and that this was associated with the lack of equipment, decreased resources available and inflexible management practices. Nurses and midwives indicated that they were often not provided with information regarding policy changes or directions of the health service. This has resulted in an environment of uncertainty and mistrust. Management strategies to address workplace environmental stress that have been identified previously in nursing and midwifery research need to be enacted. These strategies include:

- ◆ flexibility in employment options;
- ◆ options for nurses and midwives to select specific rosters; and
- ◆ workplace stress must be reduced and employee assistance programs need to be enhanced and offered freely.

Workplace stress associated with an increase in demand and throughput of staff or patients was a common theme that emerged from the focus groups. Associated issues that were identified included staffing levels, skill mix and increased application of medical technology. It was noted from the collected information that the development of a planning model to provide a method of determining appropriate long-term nursing and midwifery staffing was the key to reduce work-load related stress. This area must be addressed.

Recommendation 5

That health services actively manage workplace stress that has been identified from the working environment. This is inclusive, but not limited to, provision of adequate equipment, other resources, information regarding policy and service direction and other local issues.

Recommendation 6

That health services actively work with staff towards removing inflexible practices that inhibit nurses and midwives accessing employment. This may be achieved by funding arrangements to encourage innovative practice.

The development of a planning model assumes that accurate, comprehensive and reliable data can be obtained. It was the experience of this study that Western Australia does not have current comprehensive data that can accurately predict future supply of nurses and midwives. The Australian Health Workforce Advisory Committees have, from a national perspective, reviewed the development of workforce models. In the absence of comprehensive and reliable data, accurate projection models cannot be developed.

Thus, work must be commenced on establishing and improving the nurse Labour-force Data Collection Survey in this State. Combined with this improvement in data collection and management, the need to establish labour- force planning models must be progressed. The models must include supply and demand for nursing and midwifery care.

New Vision, New Direction Nursing and Midwifery Study

Recommendation 7

That the Department of Health develops a planning model to provide a method of determining appropriate nursing and midwifery staffing levels required to meet service requirements.

Recommendation 8

That the Department of Health utilises the nurse Labour-force Survey statistics to project the nursing and midwifery workforce needs.

Participation Rates

4.4

The low participation rate of nurses and midwives who are registered but not working in the industry needs to be addressed as a matter of urgency. In addition, agency and casual employment options are currently viewed favourably by nurses and midwives, which creates problems for continuity of patient care and maintenance of clinical competency. This is especially the case for the younger nurses/midwives who have identified the need for greater employment flexibility and increased leisure time, and a decreased need of job security.

This is an important area, as the younger generation of nurses and midwives have clearly indicated their choice for greater flexibility in employment. Therefore, management of this needs attention as these nurses and midwives will increasingly become the major source of labour. Specific strategies that were identified included the establishment of casual pools within health services that offered employment conditions similar to those of nursing agencies.

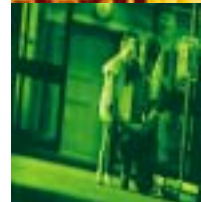
The high level of nurses and midwives choosing agency employment has limited the recruitment and retention into the system. Employed nurses and midwives have expressed concerns regarding the high use of agency staff, as this impacts on the continuity of care. The study received a number of suggestions from nurses and midwives on the need to address the agency usage as a matter of urgency.

Recommendation 9

That health services be encouraged and supported in developing strategies to address the high utilisation of agency nurses.

Recommendation 10

That the Department of Health establishes a Demonstration Project using Best Practice principles to reduce the reliance on staffing from nursing agencies. This should be developed within six months from the release of this report.



Flexible Working Staff Arrangement

4.5

The participants of the focus groups and members of the professional workshops all indicated the need to develop flexible working arrangements, relating to both hours of work and days of work. While the principles of alternative rostering have been operating in the past, the incorporation of flexibility is now required. The principles of flexible working conditions should be revisited by health services to include accommodating rosters and days off work. Flexibility must be defined by the nurses and midwives themselves.



Childcare

4.6

Childcare access, including affordability, also emerged as a central theme. Many participants in the focus groups raised this issue. It was indicated that the lack of affordable childcare for shift workers limited the participation rate of nurses and midwives in employment.



The Steering Committee was made aware of a number of childcare initiatives that could be incorporated in the workplace. The initiatives include:



- ◆ childcare coordinators employed on site to assist nurses and midwives in accessing childcare that would suit hours of work; and
- ◆ health service-sponsored vacation care for school children either on site or in the local proximity.



Recommendation 11

That health services actively facilitate the development of childcare services that supply care appropriate to their staff's needs. This may include the option of employing childcare coordinators, on-site / off-site childcare and vacation childcare.

Support

4.7

Nurses and midwives clearly identified that after-hours support for non-nursing duties was either limited or non-existent. This placed increased pressure on their ability to provide quality care. Once this pressure becomes too high, nurses and midwives stated that they simply left the health services. Many of them choose to work for nursing agencies.

Support services must be introduced to reduce the burden of identified non-nursing duties on the workforce, especially after hours. The reduction of the burden will lead to a probable increase in the participation rates of nurses and midwives. Thus, costs associated with this strategy may be offset by the reduction in agency fees and recruitment costs.

Recommendation 12

That health services actively review, as a matter of urgency, the provision of support services for nurses and midwives in the clinical areas. All health services must address deficient areas and report their implementation plans within six months of the release of this report.

Security

4.8

The lack of security in many workplaces is causing stress. This was raised by nurses and midwives participating in this study. Improving the working environment to support and protect nurses and midwives from violence and intimidation at work must be addressed as a matter of priority.

Changes in social expectations about the provision of health care and the increased misuse of drugs and alcohol within the community have heightened nurses and midwives' exposure to attack. In particular, nurses and midwives in rural practice and those in emergency departments have reported feeling vulnerable to attack. Strategies to address this problem must be managed both locally and from a Statewide perspective as a matter of priority.

It is imperative that nurses, health service providers and external agencies send a clear message to the public that violence against nurses/midwives is unacceptable. Health services must prepare strategies for reducing violence and educate staff to enable them to deal with security issues. Partnerships with external agencies to deal with local crime reduction must be fostered. Health services are encouraged to be proactive in dealing with security issues and developing strategies to decrease potential risk to staff.

Local strategies can include development of policies to minimise potential security threats, regular review of security procedures and monitoring of staff ability to respond to security threats.

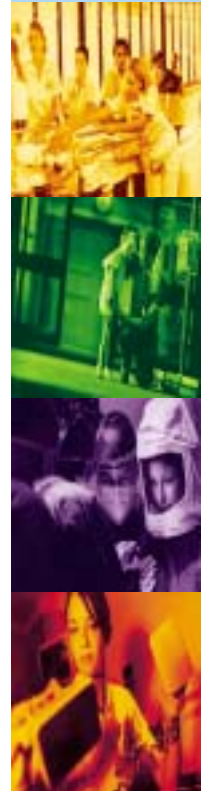
Recommendation 13

That the Department of Health and health services develop strategies to minimise potential security threats to the workforce as a matter of priority.

The external threat to nursing/midwifery has been identified along with workplace bullying that occurs within the profession. Bullying has been the subject of reports from the Australian Nursing Federation and a theme emerging from focus groups. The profession has reported bullying occurring between nurses/midwives and between other health disciplines. The need for nurses and midwives to nurture and care for each other and refuse to tolerate bullying was identified.

Recommendation 14

That the nursing and midwifery profession develops strategies that empower nurses and midwives to eliminate workplace bullying. Health services develop organisational cultures that do not support workplace bullying.



Culture of Silence

4.9

Inherent to the working role of nurses is the experience of witnessing adverse events, errors and, more rarely, negligence of practice. Currently the culture of health care tends to conceal these events from patients, for the purposes of protecting reputations and minimising risk of litigation.

Concealment of mistakes where harm has been caused to the patients has a severe negative psychological impact on nurses and midwives. It also has impact on the professional integrity of nurses and midwives and their relationships with patients.

Quality improvement systems and incident monitoring processes must provide a means for nurses to contribute information based on their unique perspective of the processes of health care delivery. Nurses and midwives who witness and report on adverse events must be protected from retribution, intimidation and loss of employment or prospect of advancement.

The culture of silence in this respect needs to be challenged at both local management levels and at the professional leadership level. It is the role of nursing leaders to work with health professionals to challenge this culture of silence.

Enrolled Nurse Workforce

4.10

There are 5,137 enrolled nurses registered with the Nurses Board of Western Australia, with approximately 1,303 employed in the public sector (Labour-force Survey 1999). The enrolled nurse workforce is largely employed in general nursing and gerontology and its scope-of-practice is governed by health service policies.

Enrolled nurses report that they frequently work below their competency level. Examples of inhibiting policies that limited the scope of enrolled nurse practice were identified by focus group participants. These included the restrictions placed on medication administration, wound management and intravenous therapy management. It was stated that while they were prepared educationally with no legal restrictions, individual health services restricted practice through policy. The need to address these restrictive policies was clearly identified.

Recommendation 15

That the Principal Nursing Adviser establishes a framework to ensure that the utilisation of enrolled nurse skills is optimised throughout the health industry.

Recommendation 16

That a specific project officer be employed to assist in the development of a framework that identifies policy and practice issues for the enrolled nurse workforce that maximises the scope of enrolled nurse practice. Once identified, education strategies be implemented for the industry.

New Vision, New Direction Nursing and Midwifery Study

The attraction and retention of enrolled nurses into the nursing professions was identified as a major concern. The average age of an enrolled nurse is 42 years and both the focus groups and working parties identified the need to plan for future workforce.

Recommendation 17

That the profession recognises the advanced skills of senior enrolled nurses and develop the role in conjunction with the Nurses Board of Western Australia Scope of Nursing Practice – Decision Making Framework.

Flexibility of Movement

4.10

A theme that emerged for nurses and midwives was the inability to move across specialties and within the industry without loss of pay and status.

The participants indicated that this limited the ability of experienced nurses and midwives to move into a variety of speciality areas. It emerged as a concern that many nurses and midwives, especially those from the rural sector, were constantly required to demonstrate their competencies at differing health services. This issue impinges on professional practice and the valuing and recognition of prior experience. Strategies identified include portability of competencies that are linked with established standards. Further discussion of competency development and credentialling will be included under professional standards.

Recommendation 18

That opportunities for nurses and midwives be provided to allow movement across specialty and health service areas without financial or professional loss.

Preceptoring

4.12

Preceptoring was viewed as adding stress to nurses and midwives. This arose because of the lack of recognition of the value of preceptoring by many within health care.

Participants of the focus groups and written submissions identified this concern as it added to workplace stress. These included the issue of preceptoring undergraduate, graduate and nurses returning to the workforce. They felt overwhelmed with the added responsibility of caring for students and at the same time, the need to maintain quality patient care for their caseload.

As nurses and midwives are often directed to take on the role without support, many choose agency employment as an alternative to avoid preceptor responsibility. It was identified that preceptors are essential for the smooth transition from university to registered nurse and positive experiences would influence the new graduate to remain in the profession.



New Vision, New Direction Nursing and Midwifery Study

Participants of focus groups and the Graduate Nurse Working Party identified the following strategies to address preceptor issues:

- ◆ all preceptors to have formal education;
- ◆ accredited preceptor courses be established to support future career development;
- ◆ rosters have specific time allocated for preceptors to spend time with preceptees;
- ◆ selection of, or rewards for, preceptors should reflect the importance of this role;
- ◆ ongoing support for preceptors be provided by staff development nurses who are based in clinical areas;
- ◆ organised preceptor meetings with the universities to inform nurses and midwives of the academic requirements of courses; and
- ◆ all graduates are provided with an identified graduate coordinator for problem resolution.

Recommendation 19

That health services ensure preceptors are allocated specific non-clinical time with graduates.

Recommendation 20

That health services develop ways of selecting and rewarding preceptors to enhance the role and ensure their importance and status are recognised.

Recommendation 21

That the health industry develops standards of support and settings required for graduate clinical placements and a mechanism for ensuring the standards are maintained.

Career Link

4.13

In creating tomorrow's nursing and midwifery workforce, modern career pathways need to be developed. Modern career pathways need to be established early in the education process and commence in secondary schools. The study became aware of the Commonwealth Enterprise Career Education Foundations, "Creating Tomorrow's Workforce Today" initiative. This initiative involves secondary school students participating in structured work programs in the health care industry. On completion of this structured program, successful participants are awarded a Certificate Two qualification. Work on the feasibility of establishing a similar program in Western Australia has commenced.

Recommendation 22

That the feasibility of establishing a Career Link program for secondary students specific to health be completed and implemented if appropriate. Career Link Programs would provide articulation into carer, enrolled nurse and registered nurse programs.

A theme emerged from focus groups indicating that exposure to the profession prior to commencing undergraduate nurse education would confirm to school students that they had made the right career choice. There was concern that many nursing students were not aware of the demands of the profession prior to entering undergraduate education.

New Vision, New Direction Nursing and Midwifery Study

The difficulty in providing work experience for students in busy clinical areas was seen as a deterrent. The program developed by Enterprise Career Education Foundation, "Creating Tomorrow's Workforce", has provided an innovative solution to exposure to the health industry.

Strategies identified included:

- ◆ offering cadetships for high school students planning to enter the profession as a career;
- ◆ supporting structured workplace learning in high school;
- ◆ investigating possible work experience options for students; and
- ◆ involving university departments in providing opportunities for work experience for secondary students.

Recommendation 23

That work experience options for school students need to be expanded within the health care industry.

Special attention needs to be paid to increasing the representation of Indigenous people in the profession. Increased participation in the health industry will lead to Indigenous people having increased access to culturally appropriate health care, that would result in improved health outcomes.

Recommendation 24

That initiatives to attract Indigenous people into the nursing and midwifery profession be identified, resourced and implemented as a matter of urgency.

Career Pathway

4.14

During consultations nurses and midwives indicated a strong desire for an identifiable career pathway that was valued, supported and that allowed for flexibility.

The current career pathways for nurses and midwives contain a number of barriers that inhibit progress, flexibility and movement across the industry. The concept of a fully articulated career pathway that had multiple entry points was raised by a significant number of nurses and midwives. This pathway could see the articulation of the current carer with a Certificate Three qualification with the enrolled nurse with a structured program of education. This articulation could also be enhanced for enrolled nurses moving to registered nurses. While this articulation is possible at present, there are significant barriers, including study time and financial and geographical distance limitations that inhibit smooth articulation.

Recommendation 25

That programs to assist in the articulation of the career pathway for health care workers, nurses and midwives be established and supported.



New Vision, New Direction Nursing and Midwifery Study

It was evident from the information collected from the focus group participants that often it was not a new career structure that was wanted but the re-establishment of positions that have been removed. The participants identified that the loss of the ward-based staff development nurse had caused difficulties with orientation, ongoing staff development and preceptorship. The combination of positions at Level Three, for example the combination of the clinical nurse specialist and nurse manager roles, was viewed as limiting the access to promotion by nurses/midwives at Level One and Three. It was also viewed that the combined role did not facilitate the development of clinical advanced practice. The participants therefore suggested that the re-establishment and review of the current career structure was required prior to considering alternatives.

In addition, nurses and midwives also expressed concerns regarding career progression. Currently, the view is that career progression is blocked at the Level One to Level Two promotional positions for registered nurses and that the advanced enrolled Level Five is too restrictive for enrolled nurses. An examination of career pathway, ladders or structures should be undertaken to allow a balance between increased promotional opportunities for nurses, midwives and health service needs.

Recommendation 26

That a review of the current nursing and midwifery career structure be undertaken to ensure that they align with the requirements for nurses and midwives to provide quality patient care, and the need to attract and retain high performers into the nursing and health industry.

Recommendation 27

That the proposed review of the current nursing/midwifery career structure should be undertaken via a consultative process involving health services, nurses, midwives and their unions. That the proposed career structure include options for nurses and midwives to move across the health industry in leadership and management positions.

Nursing as a Profession 4.15

Currently, aspects of the image of the profession in the eyes of other professionals is negative. This view is detrimental to the viability of the profession. Nurses and midwives also report a lack of cohesion and unity within the profession, which contributes to weakening the status of nursing and its appeal. Nurses and midwives have a role in re-defining the statue and value of their profession in relation to other health providers, particularly medical practitioners, and new entrants to their profession and fellow nurses.

An alternative, which can be pursued, is illustrated by the following:

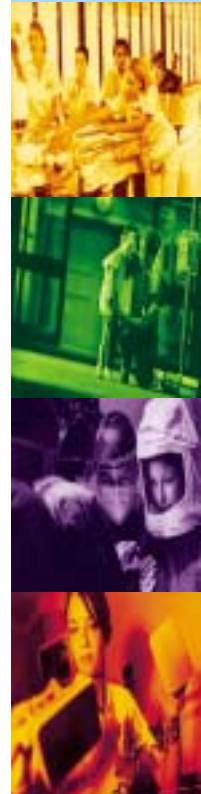
“The power of nursing and midwifery lies in its ability to provide knowledgeable care and to use that knowledge to bring a quality dimension to patient care. Contrary to the impression that caring is the prerogative of nurses there are many people who can and do care. Nursing and midwifery should be identified by the provision of knowledgeable care and the profession must adopt strategies to market nursing and midwifery to the wider profession and public” (Bishop & Scott, Page 7).

Undergraduate students reported that nurses would ask “why are you doing nursing?” and focus groups confirmed that they would not recommend nursing as a career choice to family members, re-affirming that nursing is not a worthwhile profession. There is a general negative image of nursing portrayed by both the profession and the media. However, some specialities are perceived as more negative than others.

Developing a positive image of the specialities and marketing it to members of the profession is essential. Professional organisations, colleges and health service organisations can be the champions for this attitude and cultural change. Internal marketing is essential before effective external marketing can be attempted. Currently, the Department of Health actively markets the profession to potential nurses but the negative image and dissatisfaction of the profession itself influences the retention of new nurses within the industry. It is, therefore, essential that organisations actively promote activities that express the importance of the role of nursing and midwifery in provision of health care.

Recommendation 28

That nursing/midwifery leaders, professional colleges, associations and health services develop and implement a communication strategy that will promote a positive image of the profession. Nursing and midwifery leaders must ensure a cultural change occurs that empowers nurses and midwives to value each other within the profession.



5



Professional Standards

Vision

Nurses and midwives will embrace the process of credentialling, as it provides recognition for advanced practice. The profession and the community will value nurses and midwives who are credentialled as advanced practitioners.

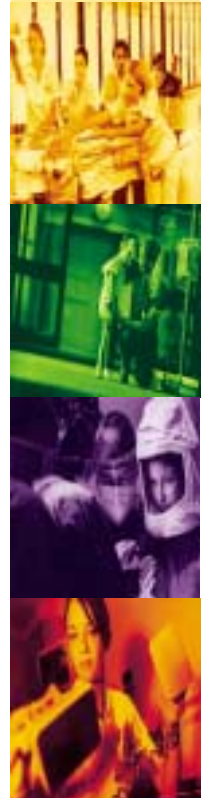
Direction

The direction for the development of credentialling will be by a consultative process involving all key stakeholders. This development will be consistent with the national approach; however, it will consider State requirements. The development approach will be based on evidence available and will consider legal and financial implications.

A professional body will accredit education courses that are prerequisite for credentialling.

KEY POINTS

- ◆ *Nurse/midwife credentialling is emerging as an international trend.*
- ◆ *Nurse/midwife credentialling must acknowledge and recognise the value of this specialised preparation and advanced practice.*
- ◆ *The credentialling process must be cognisant of State and speciality needs which are of value to the nurse/midwife and the consumers of their care.*



Credentiailling

5.1

The international move to the credentiailling of nurses/midwives with specialised skills was referred to by individuals and professional nursing and midwifery organisations. In Australia, a project funded by the Commonwealth Department of Health and Aged Care has established a feasibility project on nurse credentiailling. This project was coordinated by the Royal College of Nursing Australia and has recently been released.

One reason for the move to credentiailling is the incentive it provides to professionals to specialise. This has particularly been the case in the United States of America with the credentiailling of critical care nurses. In Australia individual specialties such as critical care, mental health and midwifery have developed independent credentiailling programs. Additional credentiailling of specific tasks, such as Pap smear providers, has occurred. The rationale given for specific tasks being credentiailled has been related to the provision of identification numbers to access pathology services.

Recently specialties, such as gerontology, have expressed interest in examining the feasibility of credentiailling. It is apparent that the lack of a coordinated approach limits recognition and the value of the process. While it is recognised that the Australian project will offer some direction to this process, there are specific State issues that need to be addressed. The area of credentiailling Pap smear providers and home birth practitioners needs attention. The Pap Smear Providers Credentiailling Project was established in 1998 and, at this time, the process ensures the provision of specific identification numbers. A submission from the manager of the Cervical Cancer Prevention Program requested that a review be established to determine the feasibility of aligning the Pap smear providers to an advanced nurse practice in Women's Health. This review should be established within the framework of an evaluation of the program.

Recommendation 29

That development of a credentiailling framework for advanced nurse/midwifery practice be established. This framework should be consistent with the national approach. Areas that require immediate attention are credentiailling for nurse pap smear providers and home birth practitioners.

Recommendation 30

That a process be established for the accreditation of education programs that are required for credentiailling of advanced nurse/midwifery practice.

Recommendation 31

A consultative process to establish the credentiailling framework and accreditation process be implemented.



New Vision, New Direction Nursing and Midwifery Study

Currently, the credentialling program for home birth practitioners is conducted by the Australian College of Midwives Incorporated. This is a national program which is administered through the College's office in Melbourne. Submissions from independent home birth midwives and the community midwifery program suggest that this program 'does not meet local requirements'. While this may be considered controversial, it suggests that the issue of local requirements be examined. This examination should include the feasibility of establishing a State credentialling program that meets the requirements to practice as a home birth practitioner working in Western Australia. The program would also include the home birth policy and guidelines for management of risk factors as produced by the Department of Health.

Further work in the area of credentialling will need to be undertaken in Western Australia utilising the national report for nurse credentialling.

Consistency of Competency Development

5.2

Health services have required nurses and midwives to achieve annual mandatory competency or skills. Evidence from participants of the focus groups indicates that this causes difficulties. The difficulties include, limited or no access to education sessions regarding the required competencies and limited or no assistance to nurses and midwives to achieve them. It was noted that this was not the case in all health services, with some services providing excellent support.

The issue of different requirements and support for the maintenance and testing of competencies has caused difficulties and frustration. The frustration for nurses and midwives is associated with accessing the courses and the need to demonstrate their skills each time they move between health services. It is apparent that each health service establishes its own requirements and there is no health system standard. Nurses and midwives participating in the focus groups have called for a standardised approach to be developed that would allow movement across the health system without the need to be tested each time.

Recommendation 32

That the Principal Nursing Adviser's Office in conjunction with industry stakeholders and nursing/midwifery organisations establish consistent competency guidelines and principles to be implemented within the West Australian Government Health Industry.



Professional Portfolio

5.3

It was identified that the issue of competency development has been somewhat ad-hoc. Individual organisations and associations have developed different competency standards which have then been implemented independently throughout the health system. This issue needs to be addressed to ensure benefits to nurses/midwives, health services and clients are achieved.

Nurses and midwives acknowledged that it is a professional responsibility to maintain competencies to practice. There was significant support for the development of a professional portfolio for nurses and midwives. The portfolio would be linked to competency development from undergraduate education to advanced practice. This concept requires a coordinated approach and has many stakeholders. It was noted that with the Nurses Board of Western Australia's intention to move to auditing currency of practice for registration, the concept of a professional portfolio would assist nurses and midwives in this process.

Recommendation 33

That consultation with the relevant stakeholders occur to develop the concept of a professional portfolio that includes nurses and midwives competencies and professional development.



6

Education



Vision

Educational preparation of nurses and midwives that is enhanced by transition programs will allow graduates to consolidate their knowledge, skills and competencies. This will be achieved in an environment that values and supports graduates.

Direction

A transition to practice program will be established, providing a seamless process that incorporates performance management and values the preceptor and preceptee.

KEY POINTS

- ◆ *Graduate Nurse Programs are worthwhile to assist newly graduated nurses with their transition into the workforce.*
- ◆ *A comprehensive review of undergraduate enrolled nurse education and the development of post-registration courses is required.*
- ◆ *Scholarships are necessary to encourage further development of the profession.*
- ◆ *The cost of postgraduate studies is a deterrent to nurses and midwives undertaking further qualifications.*

Undergraduate Nurse Preparation 6.1

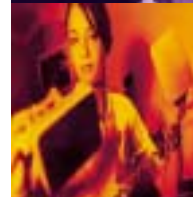
While the scope of this study did not focus on the initial preparation of nurses, a number of issues were identified. The major issue was concerned with the clinical experience available to undergraduate students. Nurses and midwives participating in the focus groups indicated that the amount of clinical experience in the university programs was insufficient. A number of the participants indicated that a return to hospital-based courses would be preferable to increase clinical experience. It was, however, noted that a national review of nurse education was being conducted and issues of this nature were being addressed in that review. It was also important to note that the Commonwealth Department of Education, Youth and Training Affairs was responsible for undergraduate nurse and midwifery education. It is therefore suggested that the area of undergraduate preparation be revisited on the release of the national nurse education reviews. This suggested review should focus on assessing the recommendations in a West Australian context.

The participants of the study felt that the quality of clinical experience needed attention at a State level. While many suggestions have been made, the issue is complex and will require the establishment of strong collaboration among the profession, health service providers and the academic sector. Partnerships will need to establish a clinical experience framework that will ensure the students receive comprehensive and quality experience. The framework should include the development of standards for clinical experience and clinical teaching. Information obtained during the study indicates that students who had positive clinical experience with good clinical teachers are more likely to remain in the profession after graduation.

It was noted that all undergraduate nursing education programs in Western Australia are now filled and the attrition rate from the courses has decreased. In order to increase the supply of graduate nurses entering the workforce, an increase in the number of undergraduate university places must occur. For this to happen, negotiation with the Department of Education, Youth and Training Affairs for additional HECS places must occur. This discussion needs to be coordinated and supported by the university schools of nursing and midwifery.

Recommendation 34

That the Director General, on the release of the National Nursing Education Review, establishes a process to review and implement the recommendations in a West Australian context. In addition, the Director General establishes a process to identify the number of additional HECS undergraduate places required for nursing and commences discussion with the Department of Education, Youth and Training Affairs to secure them.



Graduate Nurse Transition

6.2

In the 1990s the Graduate Nurse Program was established throughout Australia to assist newly graduated nurses with their transition into the workforce (National Review on Nurse Education in the Higher Education Sector 1994). The Graduate Nurse Program was identified as worthwhile in Western Australia by a study that was commissioned to evaluate its effectiveness. (The Evaluation of Graduate Nurse Program in Public Sector Hospitals in WA, UWA 2000).

Participants of the focus groups and graduate nurses on the Graduate Working Party supported this view. To improve the effectiveness of the transition and to ensure that graduates remain within the nursing profession, several factors were identified. The issues are interwoven with workforce and preceptor strategies identified earlier in the report.

It should, however, be noted that some 21 per cent of graduates in the evaluation survey indicated that they were dissatisfied with the structure and organisation of programs and a further 18 per cent indicated dissatisfaction with support they received. Clearly, work to improve the graduate nurse program is required. In an earlier effort, the Department of Health provided specific funding for the enhancement of clinical supervision for graduates. While a sum of \$1,058,500 was allocated over three years, it appears to have had little or no direct impact.

The Steering Committee established a Graduate Nurse Working Party to develop an approach that would lead to improvement. Recommendations from the working party are incorporated in the sections on preceptoring, education and graduate programs.

Coordinated Approach Graduate Program

6.3

In Western Australia, Graduate Programs are offered by a number of facilities - large, small, private and public. The programs vary in length (12-18 months), clinical rotations and study days offered. Clinical rotations in each placement are determined by the amount of support available and deficits in staffing. Minimum core principles for programs, as identified, can smooth the transition period. The principles should include a period of reduced workload initially for preceptor and graduate to enable the graduate nurse to make the transition into the workforce.



New Vision, New Direction Nursing and Midwifery Study

The minimum core principles are as follows:

- ◆ graduate programs should be a minimum of 12 months with at least two rotations;
- ◆ there should be a minimum of two days orientation, one day corporate and one day graduate program;
- ◆ the Graduates should be rostered with their preceptor for two supernumerary shifts and have the same roster as their preceptor for two weeks. Graduates should have a reduced workload for five days;
- ◆ there should be a minimum of four study days during the 12 months;
- ◆ assessments should be competency-based and documented by the preceptor with a minimum of three assessments per rotation;
- ◆ preceptors should have a minimum of two hours per fortnight rostered non-clinical time allocated with the graduate for clinical supervision, debriefing and education sessions; and
- ◆ standards for graduate clinical placement and clinical educators should be developed to ensure appropriate clinical experience occurs.

Restrictions on Graduate Placements

6.4

There has been a perceived view that all graduate programs should be provided in acute care. The reality of the changing health care system and Western Australia's population requirements may see less nurses working in hospitals. Graduates wish to be exposed to specialities and community nursing to broaden their experience throughout their graduate programs. Creative graduate placements can assist in the retention of graduates and in providing registered nurses that are motivated to lead the changing focus of health care.

Support for Graduate Programs

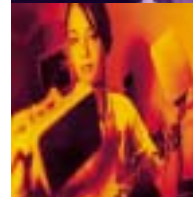
6.5

The need to support graduate programs in areas such as funding, clinical ward-based staff development and management support emerged during the study.

Funding for graduate support is only included in the Teaching Training Development and Research health service allocation to teaching hospitals. It has been identified that the nursing and midwifery education component should be a separate line item, so funds can be allocated to graduate programs, evaluated and accounted for.

Recommendation 35

That continued funding for graduate transition programs be provided and key performance indicators be developed for reallocating funding based on successful programs.



New Vision, New Direction Nursing and Midwifery Study

Staff development nurses on the ward/unit would assist in the practical/clinical skill development where the clinical staff are unavailable to assist in supervision of complex procedures. This assistance would extend to the preceptors as support and resource. All graduate nurses should have access to a graduate program. The industry has sufficient places for graduates but these do not coincide with the exit points of the university. As some graduates may have to wait several months for a position after registration, they may choose to find work with a nursing agency or outside a graduate program. This decreases the opportunity for a supportive environment that allows for consolidation of skills.

Recommendation 36

That universities investigate the options of staggering graduation to coincide with industry intakes for graduate programs to ensure that all graduates have the opportunity to participate in a program.

It is essential that graduates are assisted to consolidate skills in a supportive and nurturing environment. This needs to be acknowledged by management and senior nurses. University preparation does not provide extensive clinical experience that allows new graduates to be industry ready.

Recommendation 37

That partnerships between university, industry and other key stakeholders be strengthened to ensure that graduates receive a smooth transition.

Recommendation 38

That industry and universities examine the option of a centralised coordinator of clinical undergraduate placements and that they invest in and support the development of this concept.

Postgraduate Education

6.6

The changes experienced by the nurses and midwives over the last decade has required nurses and midwives to maintain and upgrade their clinical skills and education. In particular, nurses and midwives wishing to undertake postgraduate qualifications identified the cost of the courses as a major deterrent to undertaking such qualifications.

Participants of the focus groups also expressed concern that gaining further education did not improve career advancement. Another factor was the cost of further education when already burdened with HECS liability. No increase in remuneration also deterred many nurses and midwives from undertaking further education.

Nurses and midwives indicated that they needed financial support to proceed with postgraduate studies. While scholarships and employment options have existed in the past, these have been limited due to available financial resources. In particular areas where there are identified workforce shortages, funding needs to be allocated. This should include scholarship and employment options.

Recommendation 39

That the Principal Nursing Adviser's Office be provided with sufficient funds to allocate scholarships for post-graduate courses based on identified workforce needs.

It was also reported that nurses were happy to undertake practical hospital-based programs but were concerned that these programs did not provide credits towards tertiary qualifications. Nurses and midwives expressed the need for courses to be linked to a framework that could be used to further their career path. Recognition of prior learning or clinical experience towards exemptions for relevant units was also a concern for many nurses and midwives. The quality of post-registration courses was raised as an issue and it is imperative that courses be linked to the Australian Qualification Framework.

Recommendation 40

That service providers offering education programs seek to accredit courses under the Australian Qualification Framework or provide education in partnership with the tertiary sector.

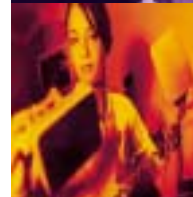
Enrolled Nurse Education 6.7

A working party was convened to identify the issues of enrolled nurse education. The working party identified that enrolled nurse education needed to be addressed at two levels, initial enrolled nurse education and the post-registration level. The working party's attention was drawn to the disappointment of enrolled nurses when the translation of their Associate Diploma under Australian Skills Framework was classified at a Certificate 4 level under the new Australian Qualification Framework. It was also apparent that the option of traineeship was emerging in sections of the industry. The working party, therefore, recommended that a comprehensive review be undertaken with dedicated project support. The review must anticipate the future skill and knowledge requirements for enrolled nurses and the courses required.

Recommendation 41

That a comprehensive review of undergraduate enrolled nurse education be conducted including the course level and the level of qualification awarded.

The utilisation of the enrolled nurse skills varies between health services. One issue identified that contributes to this is limited post-registration courses available for enrolled nurses. To ensure that enrolled nurses have a career path and develop clinical skills, it was recommended by the working party that post registration courses be developed.



New Vision, New Direction Nursing and Midwifery Study

Recommendation 42

That enrolled nurse post-registration courses be developed based on workforce needs, and priority be given to the following courses in the first instance:

- ◆ *Maternity/Paediatric*
- ◆ *Community*
- ◆ *Rehabilitation*
- ◆ *Operating Theatre*
- ◆ *Orthopaedics*
- ◆ *Acute Care*
- ◆ *Aged Care*

The working party was cognisant of the need to attract nurses back to the workforce and identified a lack of re-registration and refresher courses for enrolled nurses. It was considered that enrolled nurse re-registration courses needed to be established as a matter of priority. After a survey of education providers, it was agreed that Royal Perth Hospital should be supported to develop a re-registration course. Royal Perth Hospital is a major health service provider that employs and utilises enrolled nurse skills effectively. Funding from the New Vision, New Direction study was made available and the course has now been developed. It was also apparent that a more flexible approach to re-registration was required.

The need to support newly graduated enrolled nurses was also identified. It was suggested that a development program, which would allow enrolled nurses to experience specialties within a supported and structured program, should be developed and implemented.

Clinical experience programs should include rotation into the clinical specialties. Any graduate program for enrolled nurses will reflect the principles and recommendations identified earlier in this report for all nurses.

Re-registration Refresher Courses 6.8

An initiative established during this study was the development and funding of specific refresher and re-registration courses. Refresher courses are aimed at nurses/midwives who are still registered, but have been out of direct clinical practice. The courses were established in the teaching hospitals and offered free of charge. These courses were successful in attracting nurses/midwives back to the workforce.

Re-registration courses have been offered in the past and their success in the attraction of nurses/midwives has varied. Support for these courses in the past has been by direct funding to the education provider, who has then been able to charge additional fees. During the study it was agreed to fund the total cost of specific registration courses and not require the participants to pay additional fees. This change resulted in the funded re-registration course to be fully subscribed and participants were required to work in the Government health system upon graduation.

Refresher and re-registration courses need to be allocated specific funding in order to attract nurses and midwives back to the workforce, as this is a much cheaper option than increasing the student numbers. The courses need to be made available to all nurses and midwives.

Recommendation 43

That sufficient funds be allocated to the Principal Nursing Adviser to ensure that an identified number of refresher/re-registration courses are funded each year to meet identified needs.



7



Professional Practice

Vision

The advancement of clinical practice will be based on knowledge and evidence that focuses on achieving health outcomes. Professional strategies incorporating a decision making framework that include principles for practice, self-regulation and professional empowerment will enhance this development.

Direction

The establishment of advanced practice roles for nurses and midwives will be based on identified needs and evidence, and guided by principles contained within the Scope of Nursing Practice-Decision Making Framework.

KEY POINTS

- ◆ *Enhancement of professional practice must be based on evidence which includes the ability of the nurse and midwife to provide quality care.*
- ◆ *The development of Scope of Nursing Practice-Decision Making Framework has the real potential to empower nurses and midwives.*
- ◆ *The implementation of Nurse Practitioners should proceed, once the governing legislation is enacted.*
- ◆ *The enhanced role of the midwife should be implemented within the Western Australian Government Health Industry.*



Clinical Governance

7.1

Central to professional practice is the responsibility of caring for consumers of our health care system. With the numerous changes that have occurred in recent years, unprecedented challenges for nursing and midwifery practice have emerged. In order for the profession to meet these challenges, the capacity for caring will need to be maintained.

The concepts that were addressed by this focus area included quality, decision making and future practice requirements. Underpinning future advances in professional practice is clinical governance, which will contribute to health outcomes. Clinical governance provides an opportunity for the nursing and midwifery profession to ensure clinical excellence can be achieved. The profession must embrace the concept of clinical governance to ensure that evidence-based practice is incorporated to guarantee that improvements in practice are achieved.

During the study a number of initiatives in the development of clinical governance and evidence-based nursing and midwifery practice were identified. The Joanna Briggs Institute has established a West Australian Centre. The centre's activity included workshops in rural and regional centres on how to implement evidence-based practice. Workshop participants have identified that the work should continue to be supported.

Recommendation 44

That the Department of Health continues to support nursing and midwifery leadership into the development of clinical governance.

Recommendation 45

That the Department of Health continues to support and disseminate the development of evidence-based nursing and midwifery practice.

Decision Making Framework

7.2

The current practice of decision making is firmly established in rules and regulations which are restrictive to the advancement of practice. The study acknowledges that a new framework is needed. In conjunction with the Nurses Board of Western Australia, the Department of Health has established a review of the Queensland Nursing Council's Scope of Nursing Decision Making Framework. As the Nurses Board of Western Australia is responsible for the regulation of nursing practice, a Committee of the Nurses Board of Western Australia is leading this work. Strong links with the study were established and the Department of Health provided initial funding to the Nurses Board of Western Australia.

New Vision, New Direction Nursing and Midwifery Study

Subsequent progress on evaluating the Queensland Nursing Council's Decision Making Framework has been made. The New Vision, New Direction Steering Committee has been kept informed and supports the continuation of the project. The final outcome of the project will be a recommended decision making framework for delegation of care among nurses and to unregulated health care workers. It should be noted the delegation refers to care and not nursing and midwifery care. Guidelines to establish advanced nursing and midwifery practice are also to be included along with principles for collaboration and work with other health professionals.

The Scope of Nursing Practice-Decision Making Framework offers real potential to advance the professional practice of nursing and midwifery. This potential includes the ability to empower nurses and midwives to practice according to principles, instead of restrictive policies.

Recommendation 46

That the Department of Health, in conjunction with the Nurses Board of Western Australia, continues to support the development of Scope of Nursing Practice-Decision Making Framework and its implementation.

Recommendation 47

That a framework be developed and implemented for determining advanced practice.

Issues surrounding advanced nursing and midwifery practice emerged during the study. While the Scope of Decision Making Framework will assist in future developments, some areas will require legislative and policy changes.

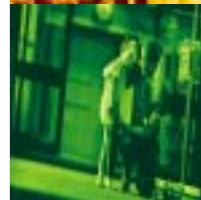
An advanced nursing and midwifery working party was established to assist in determining these areas. The working party identified that there was a clear need to provide consistent definitions, which should be used. After an extensive literature review the following definitions were agreed on:

Advanced Practice

'Nurses practicing at this level may be educationally prepared at postgraduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision making. Nurses working at an advanced practice level are able to work autonomously, initiating the care process, as well as in collaboration with other health care professionals' (Royal College of Nursing Australia, 2000).

Nurse Practitioner

'The nurse practitioner is a registered nurse educated to function in an advanced clinical role. The scope of practice of the nurse practitioner will be determined by the context in which the nurse practitioner is authorised to practice and will include legislative authority not currently within the scope of nursing practice' (National Nursing Organisations, 2000).



Nurse Practitioner 7.3

Participants of focus groups and submissions received indicate strong support for the implementation of the nurse practitioner role. The Steering Committee was informed of the Remote Area Nurse Practitioner Project Report 2000. The report included submissions to draft legislation for the implementation of the role.

Recommendation 48

That the implementation of the nurse practitioner role should proceed once the legislation governing the role has been enacted.



Enhanced Role of the Midwife 7.4

In reference to the enhanced role for midwives, a reference committee to review the recommendations from National Health Medical Research Council 1998 report, *Review of Services Offered by Midwives*, was established. This reference committee reviewed the report's recommendations and suggested an operational framework for the implementation of the enhanced role in the Western Australian Government Health Industry. This would see midwives with enhanced roles, initiate and interpret routine diagnostic tests and initiate and administer certain pharmacological substances during uncomplicated pregnancy, labour, birth and the postnatal period. This would broaden the scope of midwifery practice by legitimising the enhanced role of the midwife that has developed over recent years.

Recommendation 49

That the implementation of the enhanced role midwife within the Western Australian Government Health Industry occur.



8

Leadership



Vision

Nursing and midwifery leadership is required at every level to lead the profession into the future. Leaders will establish direction, empower individuals and teams, and focus on achieving a common goal of enhancing the profession.

Direction

Future nursing/midwifery leaders need to be identified, supported and developed. Support for nurse/midwife leaders will be enhanced by the appointment of clinical chairs that work across the health industry. The establishment of a professional nursing body that has input into strategic health policy will allow nursing and midwifery leadership to be demonstrated.

KEY POINTS

- ◆ *Leadership is essential to ensure the enhancement of the professional contribution of nurses and midwives.*
- ◆ *The need to establish a professional voice for nursing and midwifery strategic health policy was identified.*
- ◆ *The role of Chief Nursing Officer, as a member of the Health System Executive, should be established.*
- ◆ *Succession planning for future nurse/midwife leaders should be incorporated into human resource development plans.*

Leadership

8.1

The development of strong leadership roles within the profession will have significant impact on the other focus areas identified in this study. Promoting leadership in nursing and midwifery involves influencing the culture of the profession so that nurses and midwives identify the leadership potential in their roles. Focus group participants and submissions received identified the need to develop and support visionary strategic leadership within the profession. Nursing and midwifery leaders were seen to have a strategic role, which included identifying, developing and mentoring nurses for the future. The focus should be on a commitment for providing quality client care and an attractive career path for nurses and midwives. We need nursing and midwifery leaders who can establish direction and purpose, as well as inspire, motivate and empower the profession around common goals and produce real improvements in clinical practice, quality and services.

Nursing and midwifery leaders need to be visible and provide a strong voice for nursing on professional issues and decision-making bodies.

Nursing Council

8.2

A number of strategies were identified to assist in creating visionary leadership for the profession such as the creation of a professional council that would be the voice of the profession. There are a number of organisations that represent nurses' interests, including the Australian Nursing Federation for industrial issues and other professional colleges. Creating a State council with membership from current colleges and associations would focus on promoting the profession. This council would provide a conduit for all colleges and associations with respect to professional issues and would encourage debate and input into health policy and change at a strategic level.

The profession supports the Principal Nursing Adviser position and recommends that this position becomes the Chief Nursing Officer. The role of the Chief Nursing Officer should be supported by positions from nursing specialties and midwifery. The Chief Nursing Officer would represent the profession on health system policy development and planning at a State and national level.

Clinical Chairs

8.3

Funded joint appointments between industry and universities of Clinical Chairs in major specialties will enhance the development of partnership and collaboration within nursing and midwifery. These appointments will provide clinical leadership and strategic direction for nursing and midwifery. It was noted that four clinical nursing chairs had been previously identified. These were in the specialties of critical care, clinical nursing, gerontology and palliative care.



Succession Planning

8.4

Development and support for future leaders is vital to ensure the professions continue to develop and are equipped to meet the challenges of the future. Succession planning can be utilised to encourage and develop aspiring leaders to challenge the status quo of the profession today.

Nurses and midwives contribute to organisational and strategic management and the opportunity to develop skills should be encouraged at all levels with a special emphasis on clinical leadership.

Directors of Nursing should be involved at health service executive level. Directors of Nursing at smaller health services must be supported in their roles through the Principal Nursing Adviser's Office.

Recommendation 50

That the role of the Principal Nursing Adviser be changed to Chief Nursing Officer and that the Chief Nurse be a member of the Health Systems Executive Planning and Policy Committees.

Recommendation 51

That the senior nurse in all health services, however titled, be a member of the executive planning and policy committee.

Recommendation 52

That the Chief Nursing Officer establish a professional nursing council with an independent chair appointed by the Minister for Health which allows the nursing and midwifery professions to have input in strategic health policy.

Recommendation 53

That joint appointments with research focus be progressed between industry and academia as a matter of urgency.

Recommendation 54

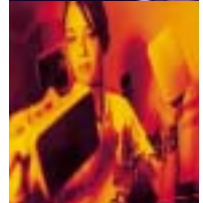
That investment in leadership development for nurses and midwives occur.

In order to meet the requirements of recommendations concerning the future role for the Chief Nursing Officer, an appropriate staffing level needs to be established and funded. The staffing establishment should include the identified positions for marketing, rural support, project development and management of attraction innovations, including scholarships and specific education programs. In addition, adequate clerical support is required.

Recommendation 55


That the Chief Nursing Officer be provided with a funded staffing establishment that allows for infrastructure support and for the identified programs to be managed.

9



Rural

KEY POINTS

- 
- ◆ *The working conditions of rural and remote nursing and midwifery need to be specifically addressed in areas of:

accommodation;
access to transport; and
access to information technology.*
 - ◆ *That rural and remote nursing experience be recognised as a speciality in career pathways.*

Rural Workforce Issues 9.1

There are issues unique to rural and remote practice, which are related to the demographic, social and economic reality of rural and remote life.

Isolation caused by distance from basic social and commercial amenities has raised issues of concern. These issues specifically relate to working conditions and broader professional concerns of inadequate recognition and opportunities for nurses and midwives.

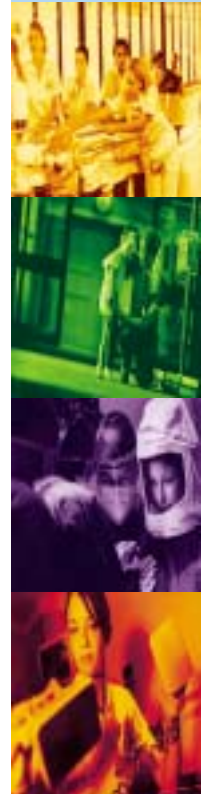
Rural and remote area nurses and midwives reported that other professionals such as doctors, psychologists, teachers and police officers who worked in similar conditions received more benefits. They believe that these benefits were given in recognition of professional capabilities and were necessary to maintain an adequate standard of living. The benefits included travel and relocation subsidies, cars for personal use, access to communication technologies and educational opportunities.

Accommodation, however, was the most central concern, especially in more remote communities. Access to communication technologies rated the next highest source of frustration. With isolation from family and friends, access to Internet and e-mail would alleviate personal and professional isolation.

Many nurses on employment contracts do not have transport or use of a car. It was identified that access to transport would improve satisfaction. Focus groups reported that nurses and midwives at some health services felt isolated by the combination of lack of transport, shared accommodation that made no provisions for family and friends visiting, and the nurse/midwife being unable to leave the health service on their days off.

The inability to utilise a car for staff development has the broader implication of limiting the professional networking. Lack of staff development opportunities was also considered to be a deterrent to attracting and retaining nurses and midwives to rural and remote practices. It was identified that distance and the lack of staff to cover rosters limited the opportunities for attendance at regional staff development centres. This coupled with added costs for staff development increased the feeling of professional isolation.

The nurses and midwives employed in rural and remote health services practise in diverse and challenging environments. They reported that the current career structure does not recognise this level of expertise. Recommendations for career pathway are included on page 27 of this report.



New Vision, New Direction Nursing and Midwifery Study

Career pathway and level of support for rural nurses has been identified as a concern. In some health services the position of Director of Nursing/Health Service Manager has been combined. This position places major stress on staff involved and it receives no professional support. The role needs to be reviewed and a support structure put in place to assist in the maintenance and development of strong leadership in the rural sector.

Recommendation 56

That the rural and remote health services review the combined Director of Nursing/Health Service Manager roles and the support structure available to the position.



Recommendation 57

That the Department of Health develops a framework to provide professional support to the Director of Nursing/Health Service Managers in rural and remote practice.



Recommendation 58

That rural and remote health services review the accommodation facilities provided for nurses, midwives and students. Accommodation facilities should be provided to attract nurses and midwives with families to practice in rural and remote settings.



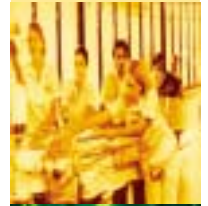
Recommendation 59

That rural and remote health services review the use of, and access to, information technology for nurses/midwives and ensure adequate access and associated training is provided as a matter of urgency.



10

SPECIALITIES



Aged Care Nursing

10.1

Nurses in Australia care for the aged in a range of settings including acute care hospitals, community care programs, and long-term residential facilities in urban, rural and remote environments. The community image of aged care has contributed to facilities experiencing difficulties in attraction and retention of nurses. There is also a significant wage disparity between nurses in aged care and those working in the acute sector. Aged care employer groups and relevant industrial organisations and funding bodies must work together to develop a strategy to move towards wage parity between aged care and acute care nurses.

As the aged care industry continues to experience difficulty in attracting nurses, it is timely to examine the skill mix and staffing levels required. The focus groups identified that delegation issues to unregulated workers caused significant workplace stress. The Nurses Board of Western Australia Scope of Nursing Practice Decision Making Framework Project will address some of these issues, ensuring that identification of the appropriate skill mix will contribute to reducing this burden on nurses.

Documentation required by the Resident Classification Scale Validation process is reported by nurses to take a significant amount of time to complete. Nurses view this time as unproductive and state it does not contribute to improving resident care. The majority view is that documentation should be evidenced-based and designed to contribute to quality care.

The care requirements of the aged have increased and are more complex, while avenues for specific professional development have been limited. The aged care sector needs to develop a strategy to encourage nurses to engage in advanced study in gerontic nursing and explicitly reward nurses who complete advanced studies. The nursing profession should identify and develop the roles to accommodate the knowledge and skills of the advanced gerontic nurse.

Recommendation 60

That this report is forwarded to the federal Minister for Health and Aged Care and the Commonwealth Department of Health and Aged Care to inform its workforce planning committee.

Recommendation 61

That the Chief Nursing Officer continues to work with the Aged Care Industry in developing local strategies to address the issues raised. These issues include educational opportunities, attraction issues and evidence-based nursing practice.

Community Nursing 10.2

Community health nursing has a long history in Western Australia. Its scope of practice is concerned with the health needs of communities, groups, families and individuals. It involves provision of an array of services to a wide variety of clients but the goal is always to improve the health of the overall population.

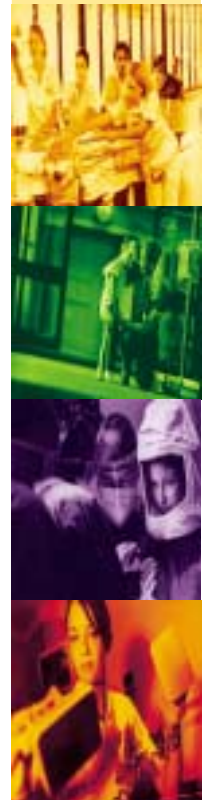
The role of the community health nurse has expanded to become an integral part of primary health care delivery in Western Australia. As members of the multi-disciplinary Primary Health Care team, community health nurses are involved in the coordination of care and services that aim to promote health and prevent disease, as well as to enable and facilitate self-determination in health care.

It was reported by community nurses that community health nursing over the past 10 years has become fragmented and eroded as a result of health service integration and devolution of the central policy unit. Despite many positive outcomes from health service integration, it has also led to a level of disintegration of community health nursing. This has resulted in the lack of strategic direction across health services, lack of interdepartmental communication and a lack of quarantined funding which is perceived to have led to financial priority being given to acute care services. Over the past ten years, community health nursing has seen the erosion of senior nursing positions, especially the loss of Level Four and Five positions across the State. The loss of those nurses with specialisation in community health has reduced the level, quality and quantity of clinical support and development to community health nurses. This has eroded the career structure for community nurses and there are now very few community Level Three positions available.

Attraction of staff into community health has raised the need for a second year graduate program working in all areas of the community and need for refresher program for community nurses that have not practiced recently.

Community health nurses require specialised knowledge and skills to be able to function in diverse community settings. Specialist education for community health nurses' must aim to extend and broaden the nurses existing knowledge and develop common core competencies for all community nurses. Community nurse education should be at a postgraduate level and articulate with other nursing, midwifery and allied health courses with flexible delivery for rural and remote nurses.

Community nurses have identified the need for leadership positions within the speciality and need for joint appointments of Clinical Chairs of community health as discussed in the body of the report. This process will be enhanced by identified positions within the proposed career structure review.



Mental Health Nursing 10.3

The major focus for mental health nurses was the issue of educational preparation for this speciality. It was reported that the undergraduate comprehensive program requires more time allocated to skills utilised in mental health practice. The identification of competencies and skills required for the undergraduate program should be developed between industry, university and the Australian and New Zealand College of Mental Health Nurses.

Postgraduate education was also raised as an area that needs to be addressed within the context of practice and career opportunities in advanced practice for this speciality.

It was noted that currently there are difficulties in attracting nurses to specialise in mental health nursing. While the Department of Health has provided funds for postgraduate courses, they have not attracted sufficient numbers. The Steering Committee was made aware of a project funded by the Mental Health Division to specifically attract nurses to mental health. It was agreed that this program should continue.



SUMMARY OF RECOMMENDATIONS



New Vision, New Direction Nursing and Midwifery Study

Recommendation 1

page 6

That on approval of the recommendations by the Minister for Health the Department of Health establishes mechanisms and strategies including funding to ensure implementation occurs.

WORKFORCE

Recommendation 2

page 17

That the Director General ensure the development of a comprehensive strategy to determine what types of nursing and midwifery resources are required for clinical/community settings based on a needs analysis.

Recommendation 3

page 17

That the Department of Health, with key stakeholders, establish strategies to address identified workforce deficits in nursing and midwifery specialties.

Recommendation 4

page 17

That the Director General gives priority for health services to implement family friendly employment initiatives, within 12 months of the release of this report.

Recommendation 5

page 18

That health services actively manage workplace stress that has been identified from the working environment. This is inclusive, but not limited to, provision of adequate equipment, other resources, information regarding policy and service direction and other local issues.

Recommendation 6

page 18

That health services actively work with staff towards removing inflexible practices that inhibit nurses and midwives accessing employment. This may be achieved by funding arrangements to encourage innovative practice.

Recommendation 7

page 19

That the Department of Health develops a planning model to provide a method of determining appropriate nursing and midwifery staffing levels required to meet service requirements.

Recommendation 8

page 19

That the Department of Health utilises the nurse Labour- force Survey statistics to project the nursing and midwifery workforce needs.

New Vision, New Direction Nursing and Midwifery Study

Recommendation 9

page 19

That health services be encouraged and supported in developing strategies to address the high utilisation of agency nurses.

Recommendation 10

page 19

That the Department of Health establishes a Demonstration Project using Best Practice principles to reduce the reliance on staffing from nursing agencies. This should be developed within six months from the release of this report.

Recommendation 11

page 20

That health services actively facilitate the development of childcare services that supply care appropriate to their staff's needs. This may include the option of employing childcare coordinators, on-site / off-site childcare and vacation childcare.

Recommendation 12

page 21

That health services actively review, as a matter of urgency, the provision of support services for nurses and midwives in the clinical areas. All health services must address deficient areas and report their implementation plans within six months of the release of this report.

Recommendation 13

page 21

That the Department of Health and health services develop strategies to minimise potential security threats to the workforce as a matter of priority.

Recommendation 14

page 21

That the nursing and midwifery profession develops strategies that empower nurses and midwives to eliminate workplace bullying. Health services develop organisational cultures that do not support workplace bullying.

Recommendation 15

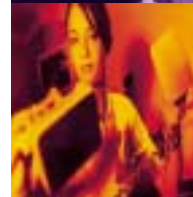
page 22

That the Principal Nursing Adviser establishes a framework to ensure that the utilisation of enrolled nurse skills is optimised throughout the health industry.

Recommendation 16

page 22

That a specific project officer be employed to assist in the development of a framework that identifies policy and practice issues for the enrolled nurse workforce that maximises the scope of enrolled nurse practice. Once identified, education strategies be implemented for the industry.



New Vision, New Direction Nursing and Midwifery Study

Recommendation 17

page 23

That the profession recognises the advanced skills of senior enrolled nurses and develop the role in conjunction with the Nurses Board of Western Australia Scope of Nursing Practice – Decision Making Framework.

Recommendation 18

page 23

That opportunities for nurses and midwives be provided to allow movement across specialty and health service areas without financial or professional loss.



Recommendation 19

page 24

That health services ensure preceptors are allocated specific non-clinical time with graduates.



Recommendation 20

page 24

That health services develop ways of selecting and rewarding preceptors to enhance the role and ensure their importance and status are recognised.



Recommendation 21

page 24

That the health industry develops standards of support and settings required for graduate clinical placements and a mechanism for ensuring the standards are maintained.



Recommendation 22

page 24

That the feasibility of establishing a Career Link program for secondary students specific to health be completed and implemented if appropriate. Career Link Programs would provide articulation into carer, enrolled nurse and registered nurse programs.

Recommendation 23

page 25

That work experience options for school students need to be expanded within the health care industry.

Recommendation 24

page 25

That initiatives to attract Indigenous people into the nursing and midwifery profession be identified, resourced and implemented as a matter of urgency.

Recommendation 25

page 25

That programs to assist in the articulation of the career pathway for health care workers, nurses and midwives be established and supported.

New Vision, New Direction Nursing and Midwifery Study

Recommendation 26

page 26

That a review of the current nursing and midwifery career structure be undertaken to ensure that they align with the requirements for nurses and midwives to provide quality patient care, and the need to attract and retain high performers into the nursing and health industry.

Recommendation 27

page 26

That the proposed review of the current nursing/midwifery career structure should be undertaken via a consultative process involving health services, nurses, midwives and their unions. That the proposed career structure include options for nurses and midwives to move across the health industry in leadership and management positions.

Recommendation 28

page 27

That nursing/midwifery leaders, professional colleges, associations and health services develop and implement a communication strategy that will promote a positive image of the profession. Nursing/midwifery leaders must ensure a cultural change occurs that empowers nurses and midwives to value each other within the profession.

PROFESSIONAL STANDARDS

Recommendation 29

page 30

That development of a credentialling framework for advanced nurse/midwifery practice be established. This framework should be consistent with the national approach. Areas that require immediate attention are credentialling for nurse pap smear providers and home birth practitioners.

Recommendation 30

page 30

That a process be established for the accreditation of education programs that are required for credentialling of advanced nurse/midwifery practice be established.

Recommendation 31

page 30

A consultative process to establish the credentialling framework and accreditation process be implemented.

Recommendation 32

page 31

That the Principal Nursing Adviser's Office in conjunction with industry stakeholders and nursing/midwifery organisations establish consistent competency guidelines and principles to be implemented within the West Australian Government Health Industry.



New Vision, New Direction Nursing and Midwifery Study

Recommendation 33

page 32

That consultation with the relevant stakeholders occur to develop the concept of a professional portfolio that includes nurses and midwives competencies and professional development.

EDUCATION

Recommendation 34

page 35

That the Director General, on the release of the National Nursing Education Review, establishes a process to review and implement the recommendations in a West Australian context. In addition, the Director General establishes a process to identify the number of additional HECS undergraduate places required for nursing and commences discussion with the Department of Education, Youth and Training Affairs to secure them.

Recommendation 35

page 37

That continued funding for graduate transition programs be provided and key performance indicators be developed for reallocating funding based on successful programs.

Recommendation 36

page 38

That universities investigate the options of staggering graduation to coincide with industry intakes for graduate programs to ensure that all graduates have the opportunity to participate in a program.

Recommendation 37

page 38

That partnerships between university, industry and other key stakeholders be strengthened to ensure that graduates receive a smooth transition.

Recommendation 38

page 38

That industry and universities examine the option of a centralised coordinator of clinical undergraduate placements and that they invest in, and support the development of this concept.

Recommendation 39

page 39

That the Principal Nursing Adviser's Office be provided with sufficient funds to allocate scholarships for post-graduate courses based on identified workforce needs.

Recommendation 40

page 39

That service providers offering education programs seek to accredit courses under the Australian Qualification Framework or provide education in partnership with the tertiary sector.

New Vision, New Direction Nursing and Midwifery Study

Recommendation 41

page 39

That a comprehensive review of undergraduate enrolled nurse education be conducted including the course level and the level of qualification awarded.

Recommendation 42

page 40

That enrolled nurse post-registration courses be developed based on workforce needs and priority be given to the following courses in the first instance:

- ◆ Maternity/Paediatric
- ◆ Community
- ◆ Rehabilitation
- ◆ Operating Theatre
- ◆ Orthopaedics
- ◆ Acute Care
- ◆ Aged Care

Recommendation 43

page 41

That sufficient funds be allocated to the Principal Nursing Adviser to ensure that an identified number of refresher/re-registration courses are funded each year to meet identified needs.

PROFESSIONAL PRACTICE

Recommendation 44

page 44

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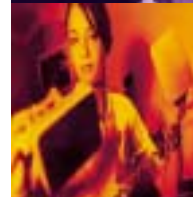
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LEADERSHIP

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RURAL

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SPECIALITIES

Recommendation 60

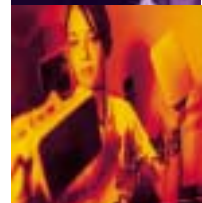
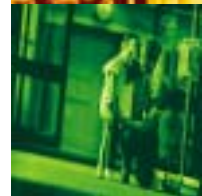
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Recommendation 61

page 56

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12



Appendix

APPENDIX 1

METHODOLOGY

The information in this study has been collected from a number of sources including focus groups, submissions, and information from previous studies conducted by the Department of Health and other organisations.

FOCUS GROUPS

Seventy-four focus groups were held around the State involving over 958 nurses from very different practice settings including remote areas, community metropolitan and rural hospitals both small and large. The value of holding focus groups is twofold. Local issues generally translate into the wider arena and lessons may be learnt that have far wider applications. Importantly, nurses and midwives have a voice and are heard within a context that has the potential to be productive and produce positive results. This type of approach offers participants the opportunity to recognise that others share their beliefs, feelings and views, and creates licence to articulate and participate in a relatively safe environment (Scott & Bishop). Nurses and midwives articulated that they have felt disempowered and feel that their concerns have not been heard. The focus groups provided the opportunity for nurses and midwives to understand that others in the profession are experiencing the same issues and needed to be able to articulate their concerns and provide collegial support to each other within this changing environment. The age of participants ranged from undergraduate students of 18 years, to nurses and midwives in their late 50s, thus providing a breadth of life experience and professional expertise.

Participants were divided into randomly selected groups. To ensure that they felt comfortable and were aware of the task required a short presentation of the study was given. It was essential at this stage to encourage participants to be open and free with their thoughts by assuring them that direct comments will not be attributed to named individuals.

All comments were transcribed verbatim and themed into the five focus areas identified within the study. At the conclusion of the focus groups, all recurring themes were identified and included within the body of this report.



WORKING GROUPS

During the term of the study working groups were identified to examine and report back to the Steering Committee on various issues. Working parties convened included:

- ◆ Advanced Nursing Practice Working Party
- ◆ Aged Care Advisory
- ◆ Enrolled Nurse Education
- ◆ Graduate Nurse Working Party
- ◆ Panel of Professional Colleges & Associations
- ◆ Workforce Data Working Party

Terms of Reference for all working parties were established and confirmed by the Steering Committee and members of the working parties. The final reports and recommendations from each working party has been incorporated into this report.

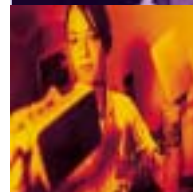
SUBMISSIONS

Invited submissions listed in Appendix 3 formed an invaluable source of data, and recommendations and strategies from these were also incorporated into the body of this report. While there were many challenges and strategies identified during the data collection, the main issues were themed. Nurses and midwives identified the need to move forward and to form strong collegial relationships that would strengthen the nursing and midwifery profession. This data has been given freely by nurses as a method of moving towards improving health care and client outcomes.

APPENDIX 2

SUMMARY OF FOCUS GROUPS

DATE	VENUE	GROUP	NUMBER
13.11.00	Department of Health	Midwives	13
13.11.00	Mercy Hospital	ORNA (theatre)	32
01.11.00	Department of Health	Aged Care Level 3s	15
27.11.00	Department of Health	Aged Care Managers	5
30.11.00	Osborne Park	Level 1 & 2	20
04.12.00	Meekatharra	Level 1, 2 & 3	8
11.12.00	Carnarvon	EN Level 1 & 2	7
18.12.00	Osborne Park Hospital	Level 3	8
16.02.01	Bunbury	DON / HSM	9
19.02.01	Fremantle Managers	Level 4	7
26.02.01	Royal Perth Hospital	Level 3	17
26.02.01	Royal Perth Hospital	Critical Care Nurses	22
01.03.01	Fremantle	Senior Nurses	25
06.03.01	Fremantle	Community Nurses	6
06.03.01	KEMH	Masters Students	4
		Midwifery	
07.03.01	Hilton Community Ctre	School Health Nurses	6
13.03.01	Fremantle	Emergency nurses	6
15.03.01	Rockingham Hospital	Level 3 Nurses	20
17.03.01	Como	Community Nurses	35
		Special Interest Group	
19.03.01	EN West Link Conference Rural	Enrolled Nurses	-
21.03.01	Fremantle	Level 1 & 2	35
22.03.01	Sir Charles Gairdner Hosp.	All Levels	8
26.03.01	Royal Perth Hospital	Level 1 & 2	6
27.03.01	Bunbury Regional Hospital	Level 3	6
27.03.01	Bunbury Regional Hospital	Level 1 & 2	8
28.03.01	Hilton Community Ctre	Child Health Nurses	18
29.03.01	Bentley	RN Level 1 & 2	6
29.03.01	Merredin	DON/HSM Wheatbelt	8
02.04.01	Collie	All	8
02.04.01	Harvey Yarloop	All	6
05.04.01	Manjimup	All	9
05.04.01	Bridgetown	All	5
06.04.01	Margaret River/Augusta	Level 3	8
06.04.01	Busselton	All	25
09.04.01	Department of Health	Enrolled Nurses	8
17.04.01	SJOG Murdoch	Level 3 and Senior RNs	20



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12.04.01	Royal Perth Hospital	Coordinators	2
19.04.01	Broome Hospital	EN	8
23.04.01	KEMH	Midwives Level 3	6
24.04.01	SJOG	Level 1 & 2	15
24.04.01	KEMH	Midwives Level 1 & 2	9
22.04.01	SJOG	Level 3 & 4	16
27.04.01	PMH	Level 1 & 2	9
30.04.01	Mount Hospital	Level 1, 2 & 3	20
01.05.01	PMH	Level 3 & 4	6
04.05.01	Narrogin	Community Nurses	16
08.05.01	Child Health Nurses	Paediatric and Child Health Nurses Assoc	24
09.05.01	Albany Hospital	Community	6
09.05.01	Albany Hospital	All levels	12
15.05.01	SCGH	All Levels	15
14.05.01	Kalgoorlie, Laverton, Lenora	DON/HSM & Senior Nurses	10
14.05.01	Kalgoorlie	All Levels	20
15.05.01	Esperance	Coordinators	6
15.05.01	Esperance Hospital	All Levels	25
16.05.01	Kalamunda Hospital	All Levels	30
17.05.01	SCGH	All Levels	15
18.05.01	Bunbury	Community & NGOs	40
23.05.01	Bentley	Level 3 & 4	20
22.05.01	SJOG	Level 3	18
24.05.01	RPH	Theatre Nurses	40
25.05.01	Curtin University	Nurse educators	9
18.06.01	Broome	Community Health	-
18.06.01	Broome	Hospital	13
19.06.01	Derby	Community Health	7
19.06.01	Derby	Hospital	12
20.06.01	Fitzroy Crossing	Community Health	12
20.06.01	Fitzroy Crossing	Hospital	5
21.06.01	Halls creek	All	1
22.06.01	Wyndham	All	4
22.06.01	Kununurra	All	21
25.06.01	Graylands	Level 3, 4 & 5	27
26.06.01	Swan District Hospital	All	20
17.07.01	Karratha	All two sessions	21

Total 958

APPENDIX 3

SUBMISSIONS

- ◆ Credentialling of Pap smear Providers, 1 February 2001
- ◆ Refresher Skills, Royal Perth Hospital, 14.03.01
- ◆ Mental Health Representation on the Steering Committee and Mental Health Education, 10 January 2001
- ◆ Workforce Issues, 6 February 2001
- ◆ Five Focus Groups, Royal Perth Nursing Executive, March 2001
- ◆ Association of Paediatric and Child Health Nurses (WA Inc) Five Focus Areas, 10 April 2001
- ◆ Private submission, Career Structure at Sir Charles Gairdner Hospital, 10 April 2001
- ◆ Australian College of Midwives, 24 April 2001
- ◆ Mental Health Nurses Consumer Health Council, 22 May 2001
- ◆ Credentialling, Royal College of Nursing, September 1996
- ◆ Leadership Developing Nursing/Midwifery Leadership, November 2000
- ◆ Sir Charles Gairdner Hospital Executive, 5 Focus Areas, 28 May 2001
- ◆ Nursing Study Education and Workforce, 31 May 2001
- ◆ Community Midwifery WA (Inc) Practice in this State Professional Practice, 2 May 2001
- ◆ Community Special Interest Group, 8 June 2001
- ◆ Professional Practice, 8 June 2001
- ◆ Enrolled Nurse Education, Enrolled Nurse Association, 28 May 2001
- ◆ DON Nickol Bay Hospital, West Pilbara Health Service, 22 June 2001
- ◆ Fremantle Hospital & Health Service, 5 June 2001
- ◆ Operating Room Nurses' Association, 22 June 2001
- ◆ Clinical Development Nurse, Princess Margaret Hospital, 27 June 2001
- ◆ WA Network of Community Based Home Care Services Inc., 10 July 2001
- ◆ Health Consumers Council (WA) Inc., August 2001.



APPENDIX 4

MEMBERS OF AGED CARE REFERENCE GROUP

Name	Title	Organisation
Ms Susan Allica	Director	ANHECA
Ms Kerry Bonham	Care Services Manager	Uniting Church Homes Inc.
Mr Phillip Della	Principal Nursing Adviser	Department of Health, WA
Ms Elizabeth Douglas	Director	Sir James McCusker Training Foundation
Ms Toni Fidock	Director Caring Services	Anglican Homes, Head Office
Ms Cathie Gallagher	Project Officer, Nursing	Department of Health, WA
Mrs Ann Kelly	Director, Care Services	Brightwater Care Group
Ms Marcia Kuhne	Representative	Chamber of Commerce & Industry
Ms Gillian Morgan	Human Resource Manager	Southern Cross WA Aged Care Inc
Ms Julie Munro	Director of Care	Hall & Prior Aged Care Group
Ms Yasmin Naglazas	Director Residential Care	Churches of Christ Homes
Mr Graeme Prior	Proprietor	Hall & Prior Aged Care Group
Ms Libby Simpson	Regional Manager	Anglican Homes
Ms Chris Smith	Director of Nursing	Craigcare

MEMBERS OF THE ADVANCED NURSING PRACTICE WORKING PARTY

Name	Title	Organisation
Mr Phillip Della	Principal Nursing Adviser	Department of Health, WA
Ms Cathie Gallagher	Project Officer, Nursing	Department of Health, WA
Ms Fenella Gill	President	Australian College of Critical Care Nurses Association
Ms Reggie Lamb	Midwife Swan Health Service	Australian College of Midwives Inc
Mr Mark Lewis	Clinical Nurse	Specialist Fremantle Community Mental Health
Ms Sue Ogilvie	Coordinator Comm. Nursing	Community Women's Health Service
Ms Jayne Reid	Secretary, Enrolled Nurse Assoc	Aust Liquor, Hospitality & Misc Workers Union
Ms Margaret Watson	Chief Executive Officer	Nurses Board of WA
Ms Marie Yearwood	Nursing Adviser	Nurses Board of WA



MEMBERS FROM PANEL OF PROFESSIONAL NURSES AND MIDWIVES COLLEGES AND ASSOCIATIONS

Name	Title	Organisation
Mr Phillip Della	Principal Nursing Adviser	Department of Health, WA
Ms Rosemary Lorrimar	Representative	Royal College of Nursing Australia
Ms Sue Ogilvie	Coordinator	Community Nursing Community Women's Health Service.
Ms Chris Purvis	Child Health Nurse	Community Women's Health
Mr Chris Bone	Mental Health Nurse	Australian & NZ College of Mental Health Nurses
Mr Gary Phillips	Mental Health Nurse	Australian & NZ College of Mental Health Nurses
Ms Jilda Levene	Representative	Operating Room Nurses Association
Dr Gavin Leslie	Associate Professor Critical Care	Royal College of Nursing Australia
Ms Toni Bishop	TAFE Nurse Educator	Peak Nursing Council
Ms Elizabeth Harding	Clinical Nurse	Assoc of Paediatric & Child Health
Ms Megan Reilly	Infection Control Nurse	Infection Control Nurses Association
Ms Rose Chapman	Nurse Educator	Peak Nursing Council
Ms Pam Nicol	Coordinator Nursing Education	Assoc of Paediatric & Child Health

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Ms Kate Cook	President	Australian College of Midwives Inc.
Ms Jane Knight	Secretary	Aust. College of Midwives Inc.
Ms Jenny Laurence	Representative	Nurses in Management
Ms Gabby Robathan	Infection Control Nurse	Infection Control Nurses Association
Mr Murray Masters	President	Community Nurses Association
Ms Julie Watson	Clinical Nurse	West Australian Neonatal Nurses Association
Ms Suzanne Martin	Clinical Nurse Specialist	Australian College of Critical Care Nurses Association
Ms Fenella Gill	President	Australian College of Critical Care Nurses Association
Ms Robyn Lawson	Representative	Operating Room Nurses Association



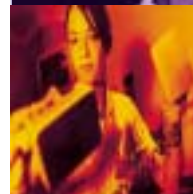
MEMBERS OF ENROLLED NURSE WORKING PARTY

Name	Title	Organisation
Ms Beryl Baker	Chair	Independent
Ms Toni Bishop	Nurse Educator TAFE	Paramedical Section Mt Lawley Campus
Mr Phillip Della	Principal Nursing Adviser	Department of Health, WA
Ms Margaret Watson	Chief Executive Officer	Nurses Board of WA
Ms Jayne Reid	State Secretary Enrolled Nurse Association	Australian Liquor Hosp & Misc Workers Union
Ms Wendy Rimmer	Enrolled Nurse	Armadale Hospital
Ms Patricia Tibbett	Director of Nursing	Royal Perth Hospital
Ms Jacqui Horn	President	Enrolled Nurse Association
Ms Carol Pinch	Project Officer	Department of Health



MEMBERS OF GRADUATE WORKING PARTY

Name	Title	Organisation
Ms Kate Bailey	Professional Development Nurse	Princess Margaret Hospital
Ms Rebecca Caporn	Graduate Nurse	Fremantle Hospital
Ms Madeleine Connolly	Level 3	Sir Charles Gairdner Hospital
Ms Dianne Le Cornu	Director of Nursing	Private Hospital Liaison Group
Ms Lisa Herkes	Graduate Nurse	Royal Perth Hospital
Ms Kathy Irving	Graduate Nurse	Sir Charles Gairdner Hospital
Associate Professor Bronwyn Jones	Head, School of Nursing	Edith Cowan University
Mrs Ann Kelly	Manager Age Care	Brightwater Care Group
Ms Chris King	Staff Educator	Fremantle Hospital
Associate Professor Gavin Leslie	Clinical Chair	Royal Perth Hospital/ Edith Cowan University
Mrs Fiona Margrie	Project Officer	Department of Health
Ms Susan Moore	Level 3 (non - teaching hospital)	Rockingham/Kwinana District Hospital
Ms Helen Pigott	Graduate Nurse	St John of God Hospital, Subiaco
Ms Carol Pinch	Project Officer Nursing	Department of Health
Ms Jaynie Sands	Director of Nursing /Health Service Manager	West Australian Rural Directors of Nursing/ Health Service Manager Association



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