# Nursing Workforce Sustainability: Improving Nurse Retention and Productivity

August 2014

The Nursing Workforce Sustainability, Improving Nurse Retention report was developed by Health Workforce Australia with the input of key stakeholders for the consideration of Commonwealth, State and Territory Health Ministers.

Health Workforce Australia was abolished on 8 October 2014.

The Nursing Workforce Sustainability, Improving Nurse Retention report was approved for publication by the Commonwealth and all State and Territory Health Ministers on 10 October 2014.

The recommendations contained in the Nursing Workforce Sustainability, Improving Nurse Retention report will be the subject of further consideration.
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# 1 Executive summary

In common with other developed health systems, Australia faces a major challenge in sustaining a health workforce that will meet the rapidly rising demand for health care.

Demand is being driven by an ageing population living longer with more complex problems, combined with rising costs of technology and treatment and increasing consumer expectations.

In 2012 Health Workforce Australia (HWA) published *HW2025 Doctors, Nurses and Midwives (HW2025)*, the first major, long-term, national projections for the future for the these three key professions.  These projections have now been updated using more recent data and the report *Australia's Future Health Workforce – Nurses* is to be published by mid 2014.

The reports confirm that population health trends, combined with an aging nursing workforce and poor retention rates, will lead to an imminent nursing shortage.

Health Workforce Australia (HWA) has been tasked by Health Ministers to identify innovations and reforms with potential for national application to address the predicted shortfall.

Modelling from HW2025 and *Australia's Future Health Workforce – Nurses* identify improvements in retention and productivity as having the greatest potential to improve nursing sustainability. This report focuses on issues and recommendations for action related to improvements in nurse retention and productivity as a means to achieving the longer-term sustainability of the nursing workforce.

Co-ordinated action is needed if the projected gap between the supply of nurses and the demand for nursing services is to be reduced. The recommendations in this report should be considered and implemented together as they are interdependent.

Consultation with key stakeholders, as well as international evidence, indicates that a sustained commitment to bring about widespread changes to the workplace context for nurses is required if Australia is to secure the health workforce it needs. Change is needed to improve the transition from education to the workplace, keep nurses in their jobs, particularly in the early part of their careers, and in the way nurses are deployed in order to make the most of valuable clinical skills.

A wide range of innovations and initiatives are already being pursued in pockets of the system to improve the effectiveness of the nursing workforce in Australia. While many of the recommendations in this report cover familiar ground to stakeholders, the need for coordinated action for system-wide uptake remains. The aim of this report has been to identify existing innovations in the public and private sectors and put forward recommended changes that will generate real and sustainable action

that supports the spread of innovation in the workplace. It identifies strategic actions for adoption at a national level that are designed to add value to what is already underway, recognising that there are often many paths to achieving an outcome at local level.

Recommendations focus on change in three major areas which could significantly mitigate the risk of the forecast nursing shortage:

1. Leadership – build workplace capacity
2. Retention – early career preparation and workplace support
3. Productivity – enable innovation in the workplace

# 1 Leadership – build workplace capacity

Nurse leadership development is considered to be the cornerstone for driving retention and productivity improvement at the local level. We need to equip, enable and encourage nurse managers at all levels (including Executive Directors of Nursing and other senior nurses) to be effective leaders in driving a culture of innovation in the workplace. This requires providing appropriate education, training and development of leadership and management roles. Strong executive nurse leadership is essential in developing the culture, structures and programs for these roles. The focus will be on developing middle management (e.g. nurse unit managers) and giving them the authority to innovate, re-engineer processes, adopt productivity enhancing technology, establish appropriate workload and staffing levels for their local environment, and holding them accountable for monitoring and improving workplace culture and patient outcomes. Middle managers across the system need encouragement and reward for innovating to achieve positive outcomes. A critical tool to help achieve many of these outcomes is the availability of good quality information and evidence to drive and maintain positive change.

# 2 Retention – early career preparation and workplace support

We need to provide new nurses with the best possible start in their career by ensuring the skillset they graduate with prepares them well to meet the needs of the service. This involves improved collaborative planning to ensure all new nurses have both the academic foundation and the appropriate level of practical skills and experience to prepare them to work in the real world environment, across existing and emerging settings with changing health care needs. We need to ensure we retain new nurses in the profession by ensuring graduates receive adequate support in the workplace, they represent good value to employers and sufficient organisational benefit accrues from employer investment in graduate development as part of their overall workforce strategy. This means clearly specifying the expectations of the graduate role, recognising their support and mentoring needs and ensuring these are matched with planned resources and remuneration. The role of the nurse manager is critical to creating a positive practice environment and safeguarding the graduate role.

# 3　Productivity – enable innovation in the workplace

We need to create a workplace environment that enables full use of all roles and a skill mix that meets local needs. To do this, organisations and local nurse managers need local autonomy to effect change. Opportunities for innovation will be further strengthened through employment arrangements, organisational structures and management approaches that support flexibility and incentivise positive change. Renewed dialogue between employers and employees and the profession should proceed to build suitable arrangements for the future.  For example: moves away from input specification to an outcomes based focus to nursing industrial agreements will open up new forms of creativity and accountability at the organisational level. Safety and quality will be maintained by shared use and access to valid and reliable data and peer benchmarks to monitor performance and appropriate safeguards for employees and employers.

Central to this report is the belief that through strengthened local leadership, with appropriate autonomy, responsibility and accountability at the unit level, there is the potential to drive both improved staff work experiences and operational efficiencies.

Within these themes, ten actions are recommended:

1. **Leadership – build workplace capacity**

    1.1　Develop nurse managers to lead innovation

    1.2　Improve the evidence-base for decision making

    1.3　Enable and encourage nurse managers to innovate

2. **Retention – early career preparation and workplace support**

    2.1　Improve education planning and outcomes for nurses

    2.2　Monitor employer expectations and education outcomes

    2.3　Increase the breadth of graduate nurse employment opportunities

    2.4　Balance graduate nurse support and workplace needs

3. **Productivity – enable innovation in the workplace**

    3.1　Base staffing arrangements on local requirements

    3.2　Optimise nursing roles to enhance outcomes

    3.3　Address industrial, organizational and managerial barriers to innovation

A Project Advisory Group was established to provide advice on key issues and feedback on the draft recommendations and report (see Attachment 6 for details

of the membership of this group). The advisory input provided by the members in developing this report is greatly appreciated. Decisions regarding the final nature and content of the report were made by HWA and as such the report does not necessarily reflect the views of the Project Advisory Group membership, including support for each of the 10 recommendations for action.

# 2 Objectives and scope

The objective of this report is to reflect the outcomes of the work undertaken by HWA during 2012-13 to identify opportunities for nationally co-ordinated action that will generate improvement in the retention of nurses in the profession, and boost productivity.

The focus has been on identifying actions that federal, state and territory Health Ministers can take collectively. It is clear from consultation with key stakeholders that a wide array of innovations and initiatives are being pursued (see Attachment 1 for consultation process). The aim of this report is to put forward recommended changes in the system that will further enable and encourage diffusion of innovation in the workplace, recognising there are often many paths to achieving an outcome at the local level.

There are many areas that will improve nursing workforce sustainability that are not specifically addressed in this report. Some of these include the education and training pipeline, recruitment, workforce distribution in specific areas and settings, retention across the career span (for example strategies for older nurses or temporary exits due to parenting) and immigration. Some of these issues are being addressed in other HWA work (see Attachment 2). Further investigation into other areas may be warranted in future work.

While there are recommended actions in this report that relate to education and training capacity for the nursing workforce, the principal objective of these and the overall suite of recommendations is to improve nursing workforce retention and productivity.

Midwives are not included in this report. The midwifery workforce will be examined in future HWA work, within the development of maternity services planning.

The identification and formulation of the recommendations for action set out in this report were guided by the following principles:

- Orientated towards enabling outcomes
- Reflective of consultations, research and the literature-based evidence
- Realistic given current fiscal context
- Manageable in number
- Amenable to action by Ministers collectively
- Focused on ensuring national workforce sustainability

The advice and feedback from all phases of the consultation process, together with the literature based evidence, has been considered during the development of this report.

There are important and persistent issues relating to the distribution of the nursing workforce across geographical areas, sectors (Aboriginal and Torres Strait Islander,

mental health, aged care and Rural and Remote Area) and particular population groups. Detailed consideration and development of specific recommendations to address these issues is not in the scope of this report. Many of the challenges faced in these specific areas of nursing in relation to retention and productivity are reflected to a greater or lesser extent in the profession generally.

# 3   Context

The nature of health care in Australia is changing. Our burden of disease is shifting with significant increases in chronic disease and multi-morbidities. Emerging health and information technologies are releasing the constraints on the way we deliver care, who can deliver that care and where the care is delivered. If we continue to conduct our workforce education and planning based on the current system, we will propagate existing models of care including the focus on acute hospital-based care. Evidence demonstrates that those health systems with strong primary health care are more efficient, have lower rates of hospitalisation, fewer health inequalities and better health outcomes including lower mortality[1]. Now is our opportunity to prepare our future nursing workforce for the future work.

Nursing in Australia must evolve, adapt and innovate in order to continue to provide effective patient care amidst ever increasing demand, emerging technologies and limited resources.

Annual healthcare expenditure (in 2001 dollars) has increased by 68% over 10 years to 2011-12. From 2009-10 to 2049-50, real health spending on those aged 65 years and over is expected to increase approximately seven-fold and for those aged over 85 years, is expected to increase approximately twelve-fold.  Figure 1 shows the expected government health expenditure to 2049-50, factoring in the ageing population. This massive anticipated growth provides a clear rationale for a focus on productivity improvement, across the healthcare system.

**Figure 1: Total Australian government health expenditure (in 2009-10 dollars)**
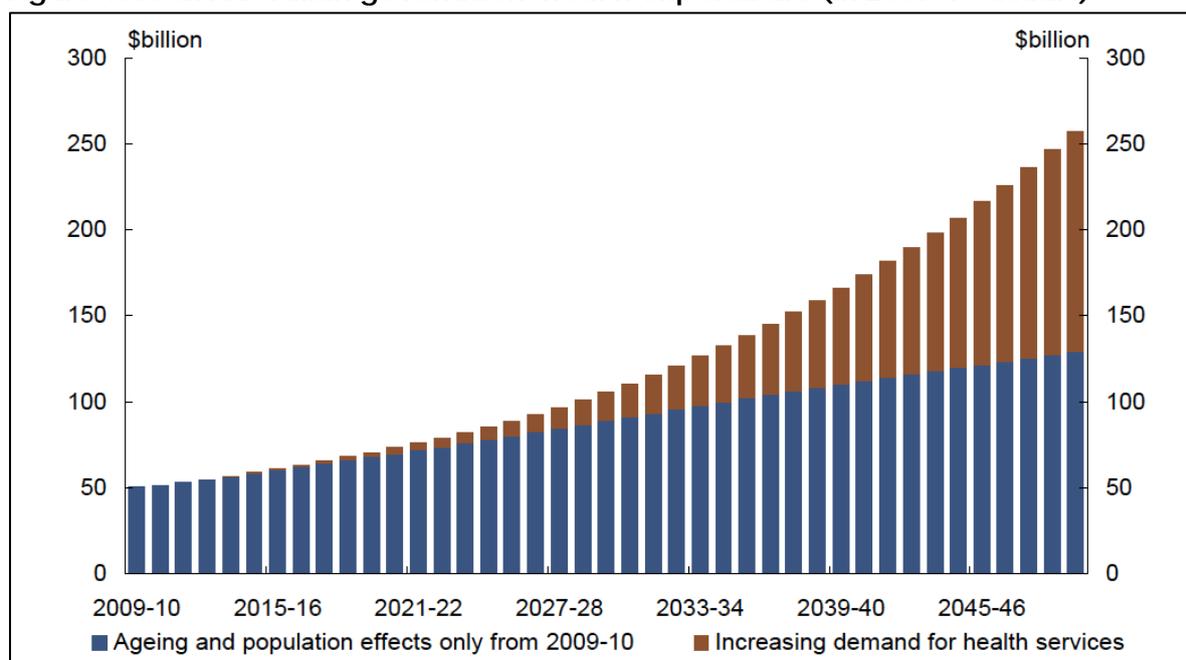


## Australia's Nursing Workforce

Nursing roles have evolved dramatically in line with the evolving healthcare environment.  The roles are increasingly complex and diverse[2]. They encompass

provision of care across wide-ranging hospital and community settings, health promotion and disease prevention, education and management and, increasingly, independently managing all aspects of care for certain patients.

The nursing profession is the largest single health profession in Australia[3]. In 2012 there were 238,520 employed Registered Nurses (RNs) and 51,624 employed Enrolled Nurses (including Midwives) in Australia. For a summary of the evolving Australian nursing workforce profile see Table 1a–c below.

**Table 1a: Workforce characteristics of employed Registered Nurses (including Midwives)**

| Workforce characteristic | 2007 | 2008 | 2009 | 2012 |
|---|---|---|---|---|
| Headcount | 212,342 | 219,646 | 225,040 | 238,520 |
| FTE nurses | 187,867 | 194,907 | 198,924 | 212,659 |
| FTE per 100,000 population | 891.0 | 906.1 | 905.9 | 936.4 |
| Male proportion | 9.6 | 9.7 | 9.8 | 10.4 |
| Average age (years) | 43.8 | 44 | 44.2 | 44.3 |
| Proportion aged 50+ (%) | 33.3 | 34.6 | - | 37.7 |

Full-time equivalent (FTE) based on 38 hour week.
Source: AIHW nursing and midwifery labour force series 2007 to 2009. NHWDS nurses and midwives 2012.
Note 2012 data should not be compared with previous years, due to changes in survey methodology and changes in the identification and treatment of midwives.

**Table 1b: Workforce characteristics of employed Enrolled Nurses (including Midwives)**

| Workforce characteristic | 2007 | 2008 | 2009 | 2012 |
|---|---|---|---|---|
| Headcount | 50,990 | 50,263 | 51,711 | 51,624 |
| FTE nurses | 42,818 | 42,631 | 43,614 | 42,467 |
| FTE per 100,000 population | 203.1 | 198.1 | 198.2 | 187.0 |
| Male proportion | 9.5 | 8.7 | 8.9 | 9.2 |
| Average age (years) | 43.4 | 44.7 | 44.9 | 46.0 |
| Proportion aged 55+ (%) | 31.7 | 37.1 | - | 45.5 |

Full-time equivalent (FTE) based on 38 hour week.
Source: AIHW nursing and midwifery labour force series 2007 to 2009. NHWDS nurses and midwives 2012.
Note 2012 data should not be compared with previous years, due to changes in survey methodology and changes in the identification and treatment of midwives.

**Table 1c: Workforce characteristics of all employed nurses (including Midwives)**

| Workforce characteristic | 2007 | 2008 | 2009 | 2012 |
|---|---|---|---|---|
| Headcount | 263,331 | 269,909 | 276,751 | 290,144 |
| FTE nurses | 230,762 | 237,520 | 242,521 | 255,174 |
| FTE per 100,000 population | 1,095.1 | 1,103.5 | 1,104.1 | 1,123.6 |
| Male proportion | 9.6 | 9.5 | 9.6 | 10.2 |
| Average age (years) | 43.7 | 44.1 | 44.3 | 44.6 |
| Proportion aged 55+ (%) | 33.0 | 35.1 | 36.3 | 39.1 |

Full-time equivalent (FTE) based on 38 hour week.
Source: AIHW nursing and midwifery labour force series 2007 to 2009. NHWDS nurses and midwives 2012. Note 2012 data should not be compared with previous years, due to changes in survey methodology and changes in the identification and treatment of midwives.

For a comprehensive analysis of Australia's nursing workforce, see HWA's report *Nurses in Focus*.

Nurses commonly work within a team of professionals, including other members of the nursing team and a variety of allied health and medical professionals. The contribution of nursing care to patient outcomes, organisational culture, service quality, safety and efficiency is clearly interdependent with the contribution of other team members and factors (such as technology, physical environment, supporting systems and processes). Box 1 provides a description of the various workforce groups considered to be part of the nursing team for the purposes of this report.

**Box 1: The Nursing Team**

Nursing care is provided by Nurse Practitioners (NPs), Registered Nurses (RNs), and Enrolled Nurses (ENs). Assistant and support roles also contribute to the provision of nursing care. The duties and titles of assistant and support roles vary across jurisdictions and organisations. Together, NPs, RNs, ENs, and assistants comprise the nursing team. NPs, RNs and ENs are all licenced under the Health Practitioner Regulation National Law Act 2009.

### Nurse Practitioners

NPs are registered nurses, educated to masters level or equivalent and authorised to provide advanced nursing care. Nurse practitioners function autonomously and collaboratively in an advanced and extended clinical role. The NP role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

### Registered Nurses

A RN is a person with an approved three-year bachelor degree or equivalent. RNs plan, implement and evaluate nursing care and are responsible for initial and ongoing assessment of nursing care needs and delegations of nursing activities to other members of the team as appropriate and within the respective frameworks of those workers' knowledge, skill, education and the practice context. RNs initiate health care and coordinate the care prescribed and/or provided by other health workers.

### Enrolled Nurses

An EN is a person with an approved vocational education program of either a Certificate IV or Diploma. The EN is an associate of the RN, practising with the support and professional supervision of the RN. Enrolled nurses must only administer medicines if they have completed the relevant medicine administration education units. Enrolled nurses who have not completed these units have a notation on their registration, published on the register of practitioners. The notation states: 'Does not hold Board-approved qualification in administration of medicines'. This notation will remain in place until the enrolled nurse provides evidence of having completed a Board-approved administration of medicines unit. ENs contribute to planning and implementing nursing care and provide information to assist in clinical decision-making and the provision of nursing care. ENs' core responsibilities include recognising normal and abnormal in assessment and carrying out delegated interventions. ENs monitor the impact of care by evaluating an individual's health and functional status in collaboration with the RN.

### Assistant and Support Workers

Assistant and support workers are employed using a variety of different titles. In the nursing team they can deliver a variety of clinical and non clinical aspects of nursing care working within a plan of care under the supervision and direction of the RN.  The relationship of assistants and support roles with licensed nurses will vary according to the context. At all times assistants, like ENs, retain responsibility for their own actions and remain accountable to the RN for all delegated functions. Assistant and support workers are not nationally regulated and do not have a consistent minimum standard of education for entry to practice.

Within this report, reference to nurses will generally be taken to include Registered and/or Enrolled Nurses and Nurse Practitioners. When considering nursing care and various configuration of the nursing workforce in providing this care, the report refers to a broader nursing team which includes support and assistant workers.

## Health Workforce 2025

In 2012, HW2025 Doctors, Nurses and Midwives (HW2025) was released, providing Australia's first major, long-term, national projections for these professions (see Attachment 3 for HW2025 scenario assumptions), and its findings were presented to the Standing Council on Health.  The report identified that the nursing workforce in its current form is not sustainable.

Its key findings for the nursing profession were:

- There are currently insufficient employment opportunities for newly graduating nurses
- In the future a significant shortfall in nurses will emerge due to an ageing workforce, poor retention rates and population health trends
- Some areas of nursing are particularly at risk in terms of supply, including aged care and mental health.

Policy responses were sought by Ministers in April 2012 and approved by the Standing Council on Health in November 2012.  These nine responses provide the basis for a nationally coordinated approach to the challenges of *Health Workforce 2025.* The first policy response was to: *develop evidence to inform a comprehensive national approach in response to the projected nursing imbalance* (see Attachment 4 for a complete list of responses). This report responds to that policy directive.

In responding to the projected nursing workforce imbalance, it is a clear a piecemeal approach will not be effective. A comprehensive national approach is required involving coordination of policy responses that address both supply and demand side factors.

Modelling from HW2025 identified improvements in workforce retention and productivity would likely have the greatest impact on improving nursing sustainability; that is the focus of this report.

## Nurse Retention and Productivity

HW2025 warned that a shortage of nurses will emerge in the future if current conditions remain unchanged. However, through the various innovation and reform scenarios HW2025 shows that if we make better use of our existing nursing workforce, both through deploying them more efficiently (improving productivity), and through reducing the rate they exit the profession (improving retention), we can substantially reduce this shortage and get a better return on our collective investment in nursing education and development.

**Retention**

For the purpose of this paper, the term 'retention' of nurses refers to efforts focused on enabling nurses to practise in their profession longer and reducing the rates at which they leave the profession to work in other occupations. HWA recognises that organisation-specific improvement in nurse turnover contributes to the retention of nurses in the profession.

**Productivity**

The term 'productivity' refers to the relationship or ratio between nursing inputs and nursing related outputs in the provision of health services, and focuses on strategies that contribute to service efficiency through the utilisation of nursing skills.

## Retention

Early exit of nurses from the workforce gives rise to a loss from the investment in the training of the nurse and a loss in productivity, given the future years the nurse would otherwise have provided into the nursing workforce (see Box 3 for one example).

**Box 3: Estimating costs associated with poor nurse retention**

Preliminary modelling has been undertaken by HWA to examine the increased retention that would be required to close the projected nursing workforce shortage by 2025 (in combination with maintaining the current growth in education, marginal improvements in productivity, small reductions in demand through service reform – see Attachment 5 for further details). This modelling finds the estimated education-related savings to society from increased retention* exceed $650 million (net present adjusted) to the year 2025. This is just one element of the total cost associated with early loss of nurses from the profession.

* excluding other costs associated with early loss through productivity and turnover

HWA analysis and modelling of the nursing workforce in preparation for HW2025 confirmed that the rates at which nurses leave the profession vary by age. Like other professions a U-shaped curve is demonstrated across the working ages of nurses, as illustrated in Figure 4. While early career mobility is not unusual across professions the loss from the workforce is relatively high for the nursing profession and is accentuated in early career nurses.

The highest proportions of nurses leave the profession in their early career and over the age of 60. While nurse exits from the workforce over the age of 60 are largely due to retirement, the early career exits are influenced by a number of other factors and are therefore an important focus area for this report.

Figure 4 also shows there has been a change in exit rates in recent years. Until 2008, around 6% of nurses left the profession each year which has had a profound effect on the return on investment in nursing education and workforce supply. Since the change in the global financial environment in 2008 the proportion leaving has

dropped to around 2%. If we can identify measures to keep the attrition rate low, our projected nursing shortfall will be significantly reduced.

**Figure 4: Registered Nurse Exit Rates 2001-2006 and 2007-09 by Age.**
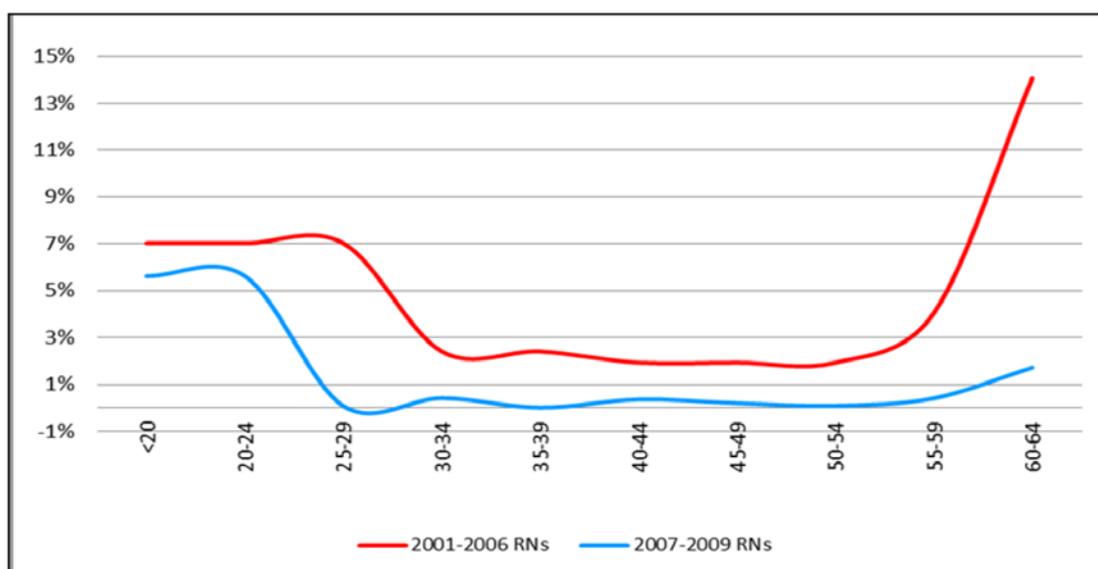


Source: Australian Institute of Health and Welfare Nursing and Midwifery Labour Force Survey, 2001 to 2009

## Productivity

The health workforce comprises multi-disciplinary teams and the productivity of the members of the healthcare team is interdependent. The outcomes produced by nurses necessarily depend not only on the inputs of nurses, but also on the inputs of the other team members including allied health and medical staff.

HWA has identified productivity as one of its principal strategic objectives and is applying a productivity lens to the workforce innovations across other professional groups. This report focuses on recommended actions to improve the nursing contribution to productivity and service efficiency, largely through consideration of workload, skill mix, process re-engineering and adoption of technology at the local unit level.

## Current Context for Nurse Graduates

The nursing workforce shortages projected in HW2025 contrast directly with the current nursing workforce context in which a significant proportion of recent nursing graduates have been unable to secure suitable employment[4]. The availability of nursing graduate positions is out of synchronisation with the number of graduating nursing students.

Factors contributing to this situation include reduction in staff turnover as nurses feel less certain about job opportunities elsewhere, increased participation by existing part time nurses to supplement family income, increasing numbers of nursing graduates (see Figure 5) and some recent constraint on health service provision.

These issues are not confined to Australia. While the duration of the current global economic climate is uncertain, it is anticipated that more favourable economic conditions will eventually emerge along with commensurate increases in nurse exit rates and resulting demand for nurses.

To effectively respond to this longer term planning context, it will be important that Australia maintains steady training capacity growth and strong employment opportunities for newly graduated nurses. The recruitment and retention of recent registered nursing graduates in the profession over the next few years will play an important role in underpinning the sustainability of the nursing workforce over the longer term.

**Figure 5: Students completing general nursing courses for initial registration, 2002 to 2011**
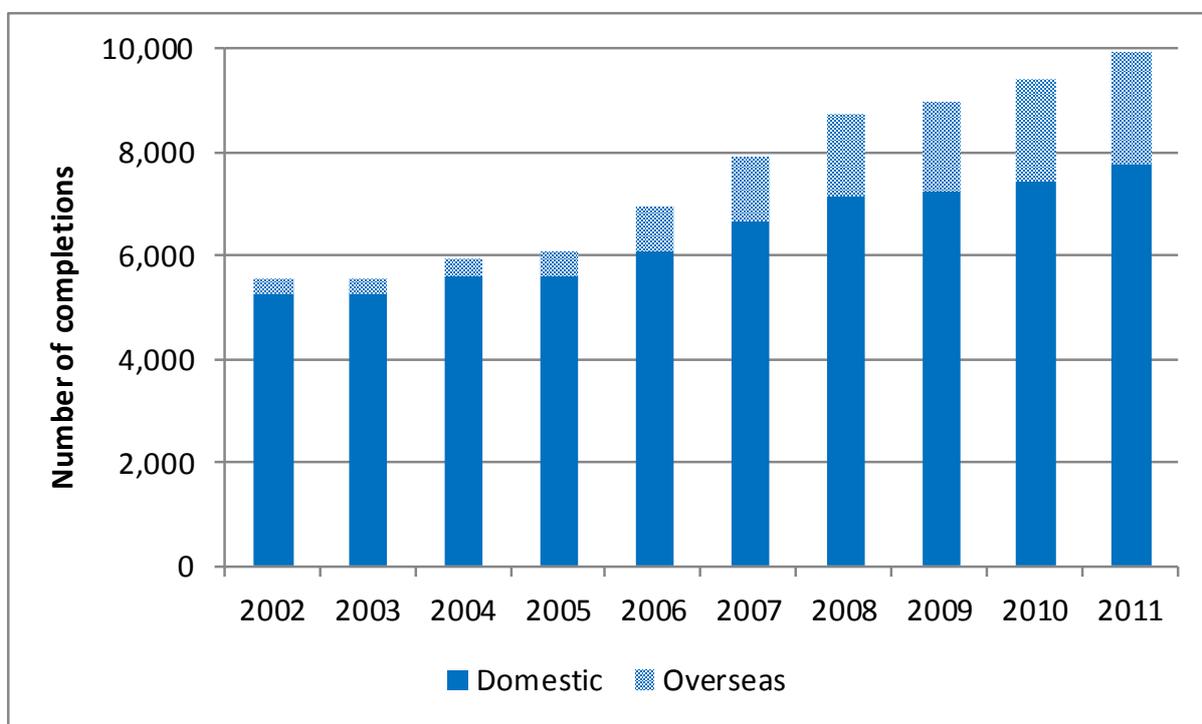


Source: Department of Industry, Innovation, Science, Research and Tertiary Education (DIISRTE) Higher Education Statistics Data Cube (uCube), based on the student and staff data collections.

# 4    Recommendations

## Themes for Action

Three key themes emerged from the literature and consultation process (shown in Figure 6):

**Figure 6: Themes for Action**



## 1    Leadership – build workplace capacity

Nurse leadership development is considered to be the cornerstone for driving retention and productivity improvement at the local level. We need to equip, enable and encourage nurse managers at all levels (including Executive Directors of Nursing and other senior nurses) to be effective leaders in driving a culture of innovation in the workplace. This requires providing appropriate education, training and development of leadership and management roles. Strong executive nurse leadership is essential in developing the culture, structures and programs for these roles. The focus will be on developing middle management (e.g. nurse unit managers) and giving them the authority to innovate, re-engineer processes, adopt productivity enhancing technology, establish appropriate workload and staffing levels for their local environment, and holding them accountable for monitoring and improving workplace culture and patient outcomes.  Middle managers across the system need encouragement and reward for innovating to achieve positive outcomes.  A critical tool to help achieve many of these outcomes is availability of good quality information and evidence to drive and maintain positive change.

## 2    Retention – early career preparation and workplace support

We need to provide new nurses with the best possible start in their career by ensuring the skillset they graduate with prepares them well to meet the needs of the service. This involves improved collaborative planning to ensure all new nurses have both the academic foundation and the appropriate level of practical skills and experience to prepare them to work in the real world environment, across existing and emerging settings with changing health care needs. We need to ensure we retain new nurses in the profession by ensuring graduates receive adequate support in the workplace, they represent good value to employers and sufficient organisational benefit accrues from employer investment in graduate development as part of their overall workforce strategy. This means clearly specifying the expectations of the graduate role, recognising their support and mentoring needs and ensuring these are matched with planned resources and remuneration. The role of the nurse manager is critical to creating a positive practice environment and safeguarding the graduate role.

## 3    Productivity – enable innovation in the workplace

We need to create a workplace environment that enables full use of all roles and a skill mix that meets local needs. To do this, organisations and local nurse managers need local autonomy to effect change. Opportunities for innovation will be further strengthened through employment arrangements, organisational structures and management approaches that support flexibility and incentivise positive change. Renewed dialogue between employers and employees and the profession should proceed to build suitable arrangements for the future.  For example: moves away from input specification to an outcomes based focus to nursing industrial agreements will open up new forms of creativity and accountability at the organisational level. Safety and quality will be maintained by shared use and access to valid and reliable data and peer benchmarks to monitor performance and appropriate safeguards for employees and employers.

Central to this report is the belief that through strengthened local leadership, with appropriate autonomy, responsibility and accountability at the unit level, there is the potential to drive both improved staff work experiences and operational efficiencies.

The ten recommendations in this report outline nationally-coordinated action that will add value to work already underway. If implemented, these recommendations, in combination with other approaches involving the training pipeline and immigration, will form part of the response to delivering a sustainable, flexible, skilled nursing workforce, providing high quality services (see Attachment 5).

HWA proposes that each recommendation be progressed by a lead agency, in partnership with other appropriate organisations. These may include jurisdictions, employers, regulators, the profession, educators, industrial bodies and consumers. Suggested lead agencies will be determined following consideration of the report by Ministers and jurisdictions. Given the interrelated nature of the recommendations,

overall governance and coordination of the strategic outcomes will be important. HWA will work in collaboration with key stakeholders to drive the adoption and implementation of these recommendations.

## Recommendations for Action

1. **Leadership – build workplace capacity**

    1.1    Develop nurse managers to lead innovation

    1.2    Improve the evidence-base for decision making

    1.3    Enable and encourage nurse managers to innovate

2. **Retention – early career preparation and workplace support**

    2.1    Improve education planning and outcomes for nurses

    2.2    Monitor employer expectations and education outcomes

    2.3    Increase the breadth of graduate nurse employment opportunities

    2.4    Balance graduate nurse support and workplace needs

3. **Productivity – enable innovation in the workplace**

    3.1    Base staffing arrangements on local requirements

    3.2    Optimise nursing roles to enhance outcomes

    3.3    Address industrial, organizational and managerial barriers to innovation

## Theme 1:  Leadership – build workplace capacity

*"…supporting nurse leadership must be the cornerstone of nursing workforce reforms"* [5]
*Australian College of Nursing*

Effective leadership significantly impacts on employee satisfaction, trust in management, commitment, individual and team effectiveness and ultimately, the culture of the organisation[6]. While other factors are influential, leadership plays a central role in mobilising people towards a common goal, achieving outstanding health outcomes and creating a positive practice environment that attracts and retains nursing staff.[7]

A growing body of literature affirms the importance of clinical leadership for effective change in the health sector[8][9][10]. A recent HWA literature review on leadership found there is specific need for frontline clinical leaders, who will be well placed to influence best practice at the service level, as well as indirectly at the organisational level.

In undertaking the stakeholder consultations for this report, the strongest re-current theme was the fundamental importance of nurse leadership and management. The importance of this theme has been echoed through a raft of recent local and international publications. The recent Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry identified serious system failure in providing adequate protection of patient safety and quality. The report underlines the importance of leadership in building a positive culture and calls for nurse leadership training to be embedded at all levels of the profession. It also identifies the criticality of the nurse unit manager role, a theme echoed in 'Leading Better Care' from the NHS in Scotland, and 'Take the Lead' from NSW Health.

> *"Of very great importance is the need to review and redesign the role of the nurse unit manager so as to enable the NUM to undertake clinical leadership in the supervision of patients and the enforcement of appropriate standards of safety and quality in treatment and care of patients in the unit or ward for which they are responsible" Peter Garling SC (2008, pg. 19).*

Nurse managers have the ability to directly influence every outcome in every health care setting.  Effective managers need to be:

- systematically developed and mentored in the role
- supported by evidence-based tools and methods
- empowered to make day to day decisions on staffing and resources
- given the authority to act on decisions,
- supported by organisational governance arrangements, and
- given clear accountability for performance and rewarded for it.

There are many existing examples of good practice, which if more broadly adopted, would strengthen leadership capacity and together with a supportive environment unlock a greater level of local innovation. For example, in Tasmania, the Florence Nightingale Trust offers an annual $10,000 nursing leadership grant to Registered Nurses to undertake a leadership program or project to assist them in realizing their leadership and professional goals in nursing practice. In supporting nurse leadership in General Practice, the Australian Medicare Local Alliance has developed an online leadership education resource that is supported through a national series of face to face workshops.

Creating an organisational culture that empowers and enables individual nurse managers to lead innovation is critical. Nurse unit managers do not operate in a vacuum and without the governance, education and incentives that must be available for them to be innovative and be the agents for cultural change in the clinical workplace, there is a risk they will be unable to achieve these goals. This will inevitably lead to frustration and cynicism. Stakeholders emphasized that the vital role of the Chief Executive, Executive Directors of Nursing (EDONs) and other senior nurses in setting the tone for the organisation, in driving an organizational culture and system of nurse practice that enables and encourages local managers to innovate. It is important that senior nurses are supported and trained in modelling

the behaviours and outcomes expected of middle managers, including those related to relevant authority, responsibility and accountability for nursing services.

If adequately resourced and supported, nurse managers have the potential to create a workplace culture that encourages the nursing team to flourish through careful nurturing, provision of opportunities for development and meaningful reward and recognition.

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**Ramsay Health Care**

"Culture is inextricably linked to performance and retention. Hospital managers ideally need to be made more accountable and responsible for culture. Making managers more accountable and openly sharing Press Ganey results has been a very positive strategy for culture at Ramsay with tangible, measurable improvements noted."

(Liz Spaull, National Workforce Planning & Development Manager, Ramsay Health Care Australia)

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Research from a recent study across 13 countries identified that improvement of the hospital work environment can be a relatively low cost strategy for improving healthcare outcomes and staff retention[11]. This research recognised that investments in improving nurse staffing levels only improved patient outcomes in hospitals with a good work environment.

Nurse managers need to have appropriate authority and accountability to provide safe, high quality care and drive improvements in patient safety, productivity and nurse retention. This includes appropriate oversight of:

- safety, quality and clinical outcomes
- workload management
- workplace culture
- systems and process re-engineering (e.g. Productive Ward) and improvement
- uptake of productivity enhancing technology
- budgets and finances (including purchasing power).

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**Productive Ward Program**

The NHS Releasing Time to Care: Productive Ward program and similar process re-engineering approaches have been employed across services in Australia, with potential for further application by local managers. The Productive Ward program takes a patient centered approach to improving the quality of care in nursing by freeing up caregivers time for more direct care. Frontline staff are involved in continually influencing the evolution of safer and more reliable care by improving wards processes and environments. Outcomes from the program include more direct patient care, cost savings, improved staff retention and increased patient safety.

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Timely access to relevant information is critical to enabling nurse leaders to make good decisions and maximise the effectiveness of the nursing team contribution. This includes a 'dashboard' of indicators, such as information on patient outcomes,

quality and safety, staffing, workload, staff experience, stability/turnover and finances.

The benefits of strong and supported clinical leadership with structural empowerment, including access to empirical evidence to inform decision-making, are immutable. Throughout our consultations these were well supported. The need now is to move from principles to action. A number of evidence-based programs are being used across Australia to build nurse leadership, including *Take the Lead* in New South Wales, *Leading Great Care* in Western Australia and the *Clinical Leadership Programme*™ in South Australia.

Another long-standing example of this is the Magnet Recognition Program which accredits hospitals against five principles which are continuously assessed against specific criteria:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations & Improvements
- Empirical Outcomes.

In Australia, the Princess Alexandra (QLD), Sir Charles Gairdner (WA) and St Vincent's Private (NSW) are accredited in this program.

> "*Our leadership team encourages staff to maximise their potential providing mentorship, support, education and resources and ensuring opportunities for career development.*
>
> *Our shared governance model empowers nurses to engage in organisational decision making and raise issues of concern to nurses. We actively participate in continuous quality improvement and generate research that informs and advances nursing practice, influences policy and improves outcomes for patients and their families.*"
>
> *Sir Charles Gairdner Hospital[12]*

## Information and data

To make the best decisions for their local setting, nurse managers need a strong evidence base. At present in Australia, there is a lack of comparable empirical nursing workflow data that captures nurses' daily work[13],[14], though there are examples of significant progress being made, including the Nursing Improvement Group within the Health Roundtable, Best Practice Australia and Press Ganey's surveys on workplace culture, the national hospital reporting website MyHospitals, Queensland Health's Nursing Sensitive Indicators tool and Healthscope's Myhealthscope website.

> **Queensland State-Wide Nursing Sensitive Indicators**
>
> In Queensland the Nurse Sensitive Indicators reporting tool produces a range of organisational dashboards and reports, enabling each facility's nursing leaders to monitor, trend, analyse and benchmark performance for numerous patient safety and nursing workforce indicators. The project has delivered standardised, automated, evidence-based, resource efficient management tools and processes with common corporate-based data sources, which strengthened the position of nursing in Queensland to inform strategic quality decisions. Nursing leaders now have the ability to compare and benchmark the nursing workforce performance at 114 hospitals across the state to support improved workforce outcomes and patient care.

Each of these examples collects and compares metrics across many domains, including key workforce and safety indicators (see HWA's Nursing Workforce Retention and Productivity Consultation Paper for more information). However, the data currently collected is fragmented and largely unstandardised; many health services do not use a nursing workload measurement system.[15] Nationally comparable metrics are needed for informed local decision-making that will drive improvements in productivity and nurse retention.

There are a range of widely recognised indicators of nursing quality care, including healthcare associated infection, pressure ulcers, falls, drug administration errors and patient complaints.

We need a collaborative approach to reach a consensus on which standardised metrics will provide the most meaningful information for nurses and healthcare providers at every level. This then needs to be coupled with the appropriate systems and infrastructure to support meaningful collection, interpretation and sharing of this information for targeting system improvements that will improve workforce outcomes and patient care.

## Encouraging and rewarding innovation

Accountability and reward help motivate leadership to act to innovate. Rewards can be financial and non-financial and applied at different levels and should align with incentives for innovation and good practice at the organisation level.

Transparency and accountability measures that hold providers responsible for their performance through such vehicles as public disclosure of comparative results[16] are widely accepted strategies to drive quality improvement and stimulate consumer choice[17].

**Incentives to Improve Quality and Safety**

Western Australia Health has recently aligned performance-based premium payments with improvements in quality and safety in a trial of several domains of performance at a service level, including hip fracture treatment, stroke model of care, infections and patient retention rates.1

Similar quality based payments systems are continuing to be explored in Queensland, including withholding of payments for 'never events', financial penalties for adverse events (i.e. infections, pressure ulcers) and quality improvement payments for improved access to quality care (e.g. stroke care).

The Independent Hospital Pricing Authority and the Australian Commission on Safety and Quality in Health Care have established a Joint Working Party to oversee and advise on options on safety and quality considerations being integrated into the pricing of public hospital services in Australia.

Paired with complementary strategies to financially reward high performance (such as value-based purchasing and performance-based payments), transparency and accountability policies are being pursued to stimulate quality improvement while controlling costs and eliminating waste[18].

The optimal methodology for the application of workplace rewards and incentives for nurses is uncertain. Outcomes-based funding and payment policies have the potential to have a significant impact on patients, staff, and the care environment, though existing evidence is not definitive and further investigation into workable incentives is needed. Several issues need to be resolved, including the type of payment (for example, whether it is a bonus or penalty), intended recipient of the incentive (whether it is an individual nurse, unit, service, or institution), avoidance of unintended consequences (as recently highlighted in the Mid Staffordshire Report), and nature of the incentive (a cash reward, professional development funds, or celebration).

In response to the issues raised in the literature and throughout the consultation process, the following actions are recommended to build workplace capacity through leadership:

## Specific Recommendations

### 1.    Leadership – build workplace capacity

1.1    Develop nurse managers to lead innovation

1.2    Improve the evidence-base for decision making

1.3    Enable and encourage nurse managers to innovate

## 1.1 Develop nurse managers to lead innovation

Registered nurse middle managers whether in hospital or out of hospital settings are key change agents and role models; their position in the organisation is pivotal to the co-ordination and quality of care and efficient use of resources through the promotion of a positive practice environment.

The core clinical leadership and management capabilities required in the middle manager role need to be identified. Education opportunities linked to these capabilities need to be identified and promoted. Organisations will undertake self-assessment to identify nurse development needs and encourage and support staff to access education.

The acquisition of leadership and management skills will be motivated by specifying them as a necessary prerequisite to career progression.

Supportive workplace governance structures and organizational culture are vital to provide senior and middle nurse leadership and management with the appropriate authority, responsibility and accountability.

Key output: Report on national training requirements

## 1.2 Improve the evidence base for decision-making

Routine national data collection is needed to increase the evidence relating to interdependent factors, such as staffing levels, skill mix and patient outcomes; and to establish a balanced scorecard for the health workforce that will inform decision-making and strengthen performance accountability.

This may include metrics on:

- quality and safety
- staffing
- patient outcomes
- expenditure
- workplace culture

A set of high level national indicators, along with data standards, is required that can be tailored to individual settings and sectors. Consideration can then be given to performance monitoring of a subset of identified sentinel indicators, with the possible establishment of targets and accountabilities, for example, on retention of early career nurses.

The initial focus would be on indicators that can be generated from existing information systems and can be readily translated to inform rapid decision-making at the organisation level. This can be progressed to the sub-organisational level to enable access to data and meaningful comparisons between units and teams.

Monitoring workplace culture should be specifically targeted, including consideration of the potential for national use of existing validated culture

assessment tools (such as Press Ganey, Best Practice Australia, and the Nursing Work Index-Revised).

Key output: Scoping report on routine data collection and key indicators

## 1.3    Enable and encourage nurse managers to innovate

Registered nurse middle managers need to have appropriate authority, responsibility for and accountability to enable them to provide safe, high quality care and drive workplace productivity improvements. Strong executive nurse leadership and chief executive support are essential in developing the culture, structures and programs to enable this role, including organisational support, training and development of senior nurse leadership.

Examples of good practice already exist that could be expanded across the system. Middle managers (e.g. nurse unit managers) need to be given appropriate responsibility for:

- safety and quality and clinical outcomes
- workload management
- workplace culture
- development of distributed leadership within the nursing team
- systems and process re-engineering (e.g. Productive Ward) and improvement
- uptake of productivity enhancing technology, and
- budgets and finances (including purchasing power).

A key factor for uptake is the operational workplace context including an enabling industrial environment. Timely access to information is critical to enabling nurse managers make good decisions and maximize the output from their domain.

Along with greater accountability, consideration should be given to ways of identifying and rewarding the contribution of all nurses to improved clinical outcomes, productivity and retention through an assessment of various financial and non-financial incentives that may be integrated with how health services are funded and nurses and the care team are remunerated. The limited existing evidence base could be boosted by well designed and evaluated trials of workforce integrated models in Australia.

Key outputs: Scoping report on key accountability measures and performance monitoring within nurse manager roles, Health LEADS implementation plan for nursing, Collaborative research proposal on incentives.

## Theme 2:  Retention – early career preparation and workplace support

Improving nurse retention through early career preparation, supportive transitions and opportunities for progression

## Early career preparation: aligning our future nursing workforce to future work

Issues related to the retention of nurses in the profession are well understood. The importance of keeping nurses practicing in the profession is underlined by the impact of their exit rates on organizational outcomes and workforce sustainability. Nurses change employers throughout their career and while the loss of experienced nurses is of concern to employers, focus has been given to the issues affecting early career nurses given their disproportionate rate of exit from the profession (see Figure 4) and the relative impact on overall workforce sustainability that can be achieved by improving retention of these nurses.

Nurses, educators, employers and students have told us there is a gap between nursing theory and the reality of practice in all sectors. Our consultations revealed "unrealistic" expectations of some employers on the caseload and support requirements of new nursing graduates while students have "unrealistic' expectations about work as a nurse.

This mismatch between graduate characteristics and workplace expectations is not a new issue, and is well reported in nursing literature[19]. It leads to unacceptable work pressures and misalignment of career expectations that contribute to nurses leaving the profession early in their nursing career; attrition rates among young and newly registered nurses are high.[20,21]

There are significant flow-on implications between the educational preparation of nurses and the employer support provided to graduate nurses to help them transition into the workplace. Employers consulted during the study indicated that graduate transition programs could be reduced if undergraduate clinical placements are supportive and orient the student to the service that employs them.

Well-planned clinical rotations and graduate programs are essential to ensure nursing theory is aligned with current and evolving practice.

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**Student Employment Models**

The Mater Hospital, Ramsay Health Care and St John of God Ballarat encourage undergraduate nurses for employment in nursing support roles to provide a cost-effective staffing solution, which also acclimatises future nurses to the environment and assists in developing the nursing student's sense of belonging in the workforce. Ramsay Health has developed clinical governance framework to structure the roles and responsibilities of these staff. St John of God Ballarat creates teams of one RN, one EN and a 'nurse affiliate' (third year nursing student) to provide support and mentoring and the Mater has a fully structured competency based program to support the student.

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Strong preparation involves exposing nursing students and graduates to the full breadth of employment opportunities that will be available to them across their nursing career, with particular orientation toward areas where healthcare growth is indicated including community care, hospital-in-the-home, and aged care. This provides the opportunity for early skill development (through planned and well-

supported clinical placements and graduate programs with rotations that support emerging service needs), builds capacity in areas of current and future need, expands the number of clinical placement and graduate positions available, orients new nurses to their future career possibilities and provides an opportunity to strengthen the relationship between the workforce and healthcare providers.

This requires robust planning using a wide partnership approach with governments, employers, the education sector inclusive of higher education and the Vocational Education and Training sector, professional bodies, regulatory bodies, students, clinical supervisors and clinical training providers, consumers and communities.

The establishment of an inter-organisational network to develop an education and workforce alignment plan for nurses would bring together the health, higher education and vocational education and training sectors to jointly determine the type and number of nurses to meet service needs. It would also provide a vehicle for developing closer partnerships between the health and education sectors in the required education, transition to practice and career pathways for nurses. Of equal importance would be the provision of advice in priority policy areas such as workforce distribution and supporting all nurses to work to their full scope of practice.

This network would be charged with development of annual training plans which would better reflect health system requirements and provision of realistic advice and support on career pathways.

## Workplace support

Graduates report that workload and experiences with their nurse manager are key reasons for leaving employment and exiting the profession early in their career. To provide new nurses with the best possible start, we need to look beyond education, to their early support needs in the transition to employment.

Employment, development and retention of the current cohort of graduate nurses are important for the future provision of highly skilled nurses and the overall sustainability of the workforce. The nursing profession provides numerous possible career pathways. Part of the retention and productivity paradigm involves improved systems and opportunities for ongoing education and professional development to move into, up and across the nursing profession.

Over the last few years around 6,000 international nurses were provided with visas to work in Australia each year (see Table 2). In many instances, these nurses come with significant experience, specialist skills and a willingness to work in non acute sector settings and/or rural and remote practice.

**Table 2: Number Visa Grants to Registered Nurses[a], 2005-06 to 2010-11**

| Type of visa | 2005-06 | 2006-07 | 2007-08 | 2008-09 | 2009-10 | 2010-11 |
|---|---|---|---|---|---|---|
| Temporary | 2,621 | 3,026 | 3,388 | 3,988 | 2,632 | 2,161 |
| Permanent | 2,167 | 2,176 | 2,482 | 3,498 | 4,136 | 3,411 |
| **Total** | **2,646** | **3,052** | **3,417** | **7,486** | **6,768** | **5,572** |

(a) Number of 457 Temporary Business (Long-stay) Visa grants to registered nurses ANZSCO codes 254211 Nurse educator, 254212 Nurse researcher, 254311 Nurse manager, 254411 Nurse practitioner, 254412 Registered nurses (aged care), 254413 Registered nurse (child and family health), 254414 Registered nurse (community health), 254415 Registered nurse (critical care and emergency), 254416 Registered nurse (developmental disability), 254417 Registered nurse (disability and rehabilitation), 254418 Registered nurse (medical), 254421 Registered nurse (medical practice) 254422 Registered nurse (mental health), 254423 Registered nurse (perioperative), 254424 Registered nurse (surgical), 254499 Registered nurse (not elsewhere classified).
Source: Department of Immigration and Citizenship administrative data.

It is acknowledged that immigration will continue to play a role in meeting specific skill gaps in the workforce, even though improved workforce planning should enhance graduate employment outcomes and overall workforce capacity. Around 10,000 nursing graduates currently enter the nursing profession each year (including international students) and it is important that employers in both the public and private sector continue to view employment of these graduates as an important component of their overall workforce strategy. Care needs to be taken to ensure the relative attractiveness of investment in their ongoing development is not undermined.

The literature on graduate nurse transition-to-practice identifies that a supportive process will provide a more successful transition, including decreasing job stress, improving job satisfaction, motivation, and commitment; and developing confidence and competence as a nurse[22]. Research identifies these outcomes improve staff recruitment and retention rates and patient safety and quality care[23] [24] [25]. In contrast, inadequate support during the graduate nurse transition is related to high levels of stress and poor coping, low job satisfaction, and burnout[26],[27],[28]. Importantly it is also related to loss of new graduates not only from their initial employer, but from the nursing profession completely[29].

Many health organisations across Australia already offer graduate transition programs for their new nursing workforce. Given the success of supporting graduates through this transition, there is a clear need to ensure:

- the number of graduate positions is more closely aligned to the number of graduating nurses in any one year
- graduate positions are available across a wide range of settings
- the successful elements of transition programs are consistently replicated in all graduate transition programs.

There are examples of innovative models whereby the graduate nurse role is integrated into team based nursing practice. The support needs of the graduate are balanced with their ability to contribute to patient care and provide insights into contemporary practice.

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**Graduate Practice Partnerships**

The graduate practice partnership model recognises the support the new graduate makes to a nursing team, and their contribution to the delivery of care. One example of this is at the Royal Hobart Hospital.  Working within a team model, a number of wards will have a group patients allocated a nursing care team, often including a senior registered nurse, experienced registered nurse, new graduate, and/or enrolled nurse. The team approach enables the new graduate to practice with autonomy within a supported care delivery model. Within this model the new graduate, supported by other members of the team, contributes to care deliver and through their critical thinking and the teams' review of practice and processes.

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The breadth of graduate nurse employment opportunities needs to expand beyond the acute setting to settings such as aged care, rural and remote and primary and community care, to be reflective of contemporary practice trends and help build sustainable workforces in these sectors.

This will require careful planning to ensure these programs are attractive to graduates, given the predominance that acute sector practice has for early career nurses. Partnerships between acute and other sectors may provide opportunities to meet the needs of employers and the community, and be more financially sustainable. In addition to expanding graduate nurse opportunities, this will contribute to the growing needs of these sectors to expand their service capacity and expose graduates to a wider range of potential career pathways.

HWA has recently updated its nursing workforce planning scenario projections. While this work reinforces that demand for nurses will outstrip supply in the absence of national policy action, modelling of modest improvements to student course completions, graduate employment and early career retention demonstrates the potential for a significant positive impact on workforce sustainability.

In response to the issues raised in the literature and throughout the consultation process, the following actions are recommended to improve retention through early career preparation and workplace support:

## Specific Recommendations

**2.     Retention – early career preparation and workplace support**

> 2.1     Improve education planning and outcomes for nurses

> 2.2     Monitor employer expectations and education outcomes

> 2.3     Increase the breadth of graduate nurse employment opportunities

2.4 Balance graduate nurse support and workplace needs

## 2.1 Improve education planning and outcomes for nurses

A national nursing and midwifery education advisory network (NNMEAN) should be established to inform the longer term planning and coordination of education requirements at both undergraduate and graduate level and encompassing RNs, ENs and support and assistant roles.

This group would provide guidance to the health and education sectors on the type and numbers of nurses to meet workforce need by:

- use of Australian Health Practitioner Regulation Agency employment data to create and further enhance an information base for longitudinal tracking of RN and EN graduate employment outcomes, early career retention and movements of nurses across their career through different sectors and locations.
- developing Annual Training Plans that inform national education commencements for RNs, ENs and support and assistant roles based on workforce need.
- specific consideration of EN workforce issues, including 1) education data development to improve monitoring of EN education by public and private sector providers and student retention, 2) education models including articulation between assistant and enrolled courses (e.g. traineeships) 3) barriers to entry to education (e.g. fees) and 4) scope of practice in different settings (e.g. acute, aged care, mental health).
- informing a match between education preparation of RN, EN and support and assistant roles and employer needs to create 'graduate-ready' workplaces and 'work-ready' graduates.
- providing advice in priority policy areas such as workforce distribution, team-based care, development of competency-based progression and building strong foundations for extended roles in nursing
- supporting changing skill mix in the nursing team that enables assistant and support roles, through to EN and RN extended roles.
- addressing issues of retention, particularly in the early career.
- considering educational and early employment pathways to promote new models of care and build capacity in out-of-hospital settings, including primary care and community support, aged care and mental health.
- supporting innovative graduate placement opportunities to build future workforce capacity.

The NNMEAN would report to both Health and Education Ministers and work to bridge the gap between theory and practice.

Key output: Creation of NNMEAN and establishment of initial work plan

## 2.2    Monitor employer expectations and education outcomes

The utility of RN, EN and support and assistant education metrics should be improved through more effective use of the current collection of national education metrics as well as identification and collection of additional nursing-specific metrics.

These metrics would be used by the NNMEAN (recommendation 1.1) to explore and compare the relationship between education inputs and education and workforce outcomes and identify priorities for improvement. This will:

- inform the decision-making of students in choosing their education facility
- provide the evidence to improve the consistency of graduate nurse characteristics
- identify areas for improvement between education and employment.

These metrics may include clinical placement hours, student expectations and experiences, student retention/completion, employment outcomes and employer experiences. They would also include a survey of employers on their expectations of and experiences with graduate nurses. This information will assist in identifying gaps between employer expectations and education outcomes, variability across education providers and to inform education planning and regulatory standard updates as needed.

A focus on the completion rates of Aboriginal and Torres Strait Islander students would be included, as would an assessment of nursing courses for culturally-inclusivity.

Key output: Report on identified key metrics and implementation plan for data collection and dissemination

## 2.3    Increase the breadth of graduate nurse employment opportunities

Stronger partnerships should be brokered between the acute health sector and other sectors such as primary and community care, mental health, aged care, rural and remote, in order to develop expanded and broadened graduate registered and enrolled nurse employment opportunities. This should facilitate the development of novel and innovative transition to practice programs that are attractive to graduates, meet the needs of employers and the community, and are sustainable.

Key output: Partnerships programs between the acute health sector, other sectors (including aged care, rural and remote, primary and community care) and educators

## 2.4    Balance graduate nurse support and workplace needs

The expectations of the graduate registered and enrolled nurse roles should be clarified and specified in the role description. On the one hand, this may include supernumerary time, a reduced workload (with gradual escalation to a full load), mentoring and support, integration into team-based practice and recognition within the team of the need for a higher level of support.  While on the other hand, along

with direct patient care, the graduate nurse role in contributing to reflective contemporary practice in the team may be specified. Consistent principles should be developed to provide employers across all settings and models of care with guidance regarding the support to be provided to graduate nurses to make an effective transition into a fully practicing role. For example, feedback from consultations points to the need to replace the current time-based approach (e.g. 12 month program) with an outcomes-based approach. The role expectations of graduates need to be aligned to the required support resources and appropriate remuneration. This will assist in safeguarding the required support of novice nurses during their transition.

Key output: National guiding principles for graduate nurse role and transition to practice

## Theme 3: Productivity – enable innovation in the workplace

Improving productivity by enabling and encouraging innovation in the workplace

Productivity improvement is achieved through service redesign, process reengineering, effective use of technology, enabling funding arrangements and a raft of other factors. The workforce component of productivity is essential, but must go hand-in-hand with system improvements.

For example, recent research identifies good outcomes are being achieved across health systems using significant variations in staffing levels and skill mix[30]. Aligning funding with patient outcomes is resulting in innovations in the private sector that are applicable to the whole health system. This is being achieved through effective use of multi-disciplinary teams and different models of care. One key message from the evidence base is that it is not just staffing numbers that need to be considered, it is how individuals and teams of nurses are deployed, and the quality of the working environment. Multiple interdependencies need to be considered and simultaneously addressed to promote improvements in retention and productivity.

Local nurse managers have been identified as playing a central role; given appropriate incentives to innovate, they can drive change through the system.

## Workload Management

Managing nurses' workload was one of the most commonly cited issues during the consultation process, as it is within nursing literature. Getting this right is crucial to retaining nurses in the workforce and maximising their productivity. The aim is to enable nurse managers to make the best use of their resources with local solutions, whilst ensuring that staffing is always at safe levels.

Innovative, locally-flexible, dynamic workload management models are being developed locally and internationally to address these needs. In the cases of Queensland, New Zealand and Canada, successful partnership models have emerged. These models all vary in their mechanisms, but common to their frameworks is a collaborative approach to identifying local organisational staffing,

skill mix and rostering needs, using data provided by the nursing team, fed into an electronic patient acuity/workload management system to objectively measure and predict required nursing resources[31.] In the case of NZ, this is backed up by pre-planned variance response management to mobilise resources when demand is greater than anticipated, and an escalation mechanism if any nurse identifies that the limits of safe practice are at risk of being breached.

## Skill Mix

Health care is provided by a multi-disciplinary team. Traditional professional hierarchies and task distribution are increasingly losing relevance, with teams seeking to maximise the strengths and skills of each team member to provide the best outcome for patients. This involves more nurse-led care, expanded scopes of practice in nursing, more use of technology to increase self-managed care and more care within the community.

To facilitate safe, local, cost-effective staffing solutions nurse managers need the flexibility to optimize the utilisation of all members of their nursing team – from assistant and support roles, to Nurse Practitioners and other advanced practice roles. Safe and effective use of all members of the nursing team can free up more clinical time, contributing to improved patient outcomes, increased client access to services and improved staff retention.

HWA has recently updated its nursing workforce planning scenario projections and while this work reinforces that demand for nurses will outstrip supply in the absence of national policy action, modelling based on skill mix in acute lower acuity hospital wards and aged care demonstrates the potential for a significant positive impact on workforce sustainability.

The consultation process identified strong support for enabling individual members of the health care team to work to their full scope of practice, and similarly consistent support was voiced for the benefits of enabling the use of Nurse Practitioners and advanced practice roles. HWA is exploring innovations in nursing roles in aged care, emergency departments and endoscopic procedures (see Attachment 2) and the potential implications for health service capacity in Australia are currently being considered[32].

Consultation around assistant and support roles stimulated a much greater variety of feedback. While one perspective identifies that unsafe workplaces and poor patient outcomes are associated with over-dilution of skill mix, there are many positive examples of assistant and support role use. The economic driver of using support and assistant roles to free up nurses to work to the top of their scope of practice and provide more advanced care was clearly articulated (for example, Grattan Institute [33]). Successful examples cited include the introduction of administrative roles in NSW Health and in the NHS in the UK, Assistant-in-Nursing trials in Victoria, and targeting undergraduate nurses for employment in support roles, thereby providing the dual benefit of greater preparation for practice for students, and a cost-effective support workforce.

> **Support and Assistant Models**
>
> New South Wales Health has introduced 500 ward-based Clinical Support Officers to assist nurses with their administrative load. The National Health Service (NHS) in the United Kingdom (UK) is trialling a similar role of Personal Administrators to take on the administrative load of ward leaders1.
>
> Bendigo Health and Austin Health in Victoria trialled health AINs across different wards and found improvements in patient and staff satisfaction, staff retention, decreased agency costs and overall increases in efficiency.

HWA has recently analysed the assistant and support workforce, including those related to the nursing profession and practice. The analysis considered the scope of practice and models of care for their contribution and their fit to the healthcare team. Assistants have always been an important part of the health workforce. Their roles have often been initiated on an *ad hoc* basis in the absence of national guidance and support on how to get the best value from this workforce. They are therefore often under-utilised and their value not sufficiently recognised.

Health Ministers have recently agreed to the establishment of negative licensing arrangements that include Assistants in Nursing.

The Australian Nursing and Midwifery Federation has stated that if assistants in nursing roles are to be widely implemented in the acute sector then they must have nationally mandated minimum educational preparation, be licensed using existing models and have a regulatory framework in place that contains scope of practice.

The concern of other stakeholders is to ensure that the operational context for the assistant and support workforce remain appropriately flexible and agile and enable it to be sufficiently responsive in meeting the specific care and service needs of individual organisations.

The essential element for uptake of these roles is generation and dissemination of evidence from successful models. The recent UK Cavendish Review of healthcare assistance and support workers in NHS and social care comments, " *These workforces are set to grow. There is an urgent need to acknowledge them, support them, and plan for them*".

Effective planning means using an evidence base to determine local staffing needs incorporating the key requirements for the workplace context, including an enabling industrial environment, continuous support and ongoing evaluation.

## Barriers and enablers of productivity and innovation

Australia now has a national registration and accreditation scheme in place providing scope for boosting flexibility and deployment of skilled workers to meet the needs of communities and employers. This is a significant national reform, which in time can enable and support progressive workforce reform.

However, the potential to achieve maximum productivity, boost employee retention and achieve effective delivery and deployment of the health workforce varies significantly across jurisdictions and employers. While the complexities and historically incremental nature of current industrial agreements contribute to this situation, workplace policy and procedure can also limit the ability of local managers to innovate. This can result is a workplace culture that is characterised by rigid work practices, professional demarcation and limited ability to use a contemporary skill mix.

Stakeholder feedback from a current review by HWA of the legislative and industrial context for the health workforce indicates that attempts to introduce more flexible nursing workforce teams that vary the skill mix/ratio of registered nurses, enrolled nurses and assistants in nursing are often met with resistance from the profession, including the unions and nursing academia. For example, stakeholders cited innovative models that seek to decrease the proportion of registered nurses in lower acuity units (e.g. a rehabilitation unit) by re-designing the role of the registered nurse to be a clinical manager/care coordinator and increasing the proportion of enrolled nurses and/or assistants in nursing, which have not been consistently supported by the profession even though they may result in nurse skills development and staff working towards the top of their scope of practice.

There is a large volume of national, state and territory legislation which directly and indirectly places restrictions on the scope and range of workforce functions that can be performed by nurses. These include Drugs and Poisons, Radiation Safety, Mental Health, Public Health and Health Service Acts, plus other less obvious pieces of legislation. Review and amendment of workplace policies, industrial agreements and legislation may be required to further facilitate workforce reform and productivity improvement.

Currently each state and territory in Australia has a workload management tool mandated through industrial agreement that generally relate to the public hospital sector.

Stakeholders have pointed to the impact of disparities across sectors in provision of entitlements (e.g. sick leave) in agreements, the burden on organisations resulting from the lack of articulation between workforce agreements and the overall implications for flexible staffing arrangements in both the government and non-government sectors brought about by staffing ratios specified in the public sector agreements.

A strong sentiment expressed by employers is that to bring about the required changes to underpin nursing workforce sustainability there is a need for greater organisational flexibility and agility and that this is currently being constrained by outdated industrial instruments. There is a concern that failure to act on industrial issues as a matter of priority will hold up progress on the broader agenda for nursing workforce innovation and reform.

In response to the issues raised in the literature and throughout the consultation process, the following actions are recommended to improve productivity by enabling innovation in the workplace:

## Specific Recommendations

3. **Productivity – enable innovation in the workplace**

      3.1     Base staffing arrangements on local requirements

      3.2     Optimise nursing roles to enhance outcomes

      3.3     Address industrial, organizational and managerial barriers to innovation

### 3.1    Base staffing arrangements on local requirements

Flexible, dynamic and responsive staffing models should be determined at the local level, based on client acuity and complexity and focused on care outcomes, rather than the application of standard formulae or ratios. An improved evidence base (recommendation 1.2) to generate access to data at the local level will inform decision making by nurse managers at the unit or team level (recommendation 1.3) and enable comparison of key indicators with established peer groups. Agreed formal processes for resolution of local issues relating to the staffing models will be required along with removal of industrial, organizational and managerial barriers that hinder the use of local staffing decision-making. A variety of arrangements may emerge across public and private sectors that support the common principle of local workforce flexibility, with appropriate safeguards for employees and employers.

Key output: Scoping report on key factors that enable innovation

### 3.2    Optimise nursing roles to enhance outcomes

The use of all nursing roles should be optimised so that individuals can work to their full scope of practice to improve patient outcomes, workforce productivity and retention and the accessibility, efficiency and effectiveness of health care services. This includes the uptake of safe and effective workforce models that optimise utilisation of support, assistant and student roles, particularly in acute care settings and where adequate supervision and support is available. Key factors for uptake will include generation and dissemination of evidence from successful models, together with key enabling requirements for the operational workplace context, including industrial, organisational and managerial factors.

Key outputs:  National assistant and support workforce framework, Expanded scope of practice projects, Scoping of Health Professionals Prescribing Project  implication for nursing, Scoping report on enabling industrial context

### 3.3    Address Industrial, Organisational and Managerial Barriers to Innovation

The operational context of health service providers can constrain workforce innovations that improve patient outcomes and productivity.  Industrial agreements

with public and private providers should move away from the specification of rigid input requirements to focus on patient outcome monitoring and accountability at the local level. Policy and procedures and managerial structures of organisations need to be reoriented to encourage workplace flexibility and devolved decision-making, to develop a stronger culture of innovation and accountability. Improved data for comparing and benchmarking outcomes across peer services and over time needs to be available to managers and senior leadership and be used to inform appropriate performance monitoring and public reporting.

Key outputs: Legislative and industrial review. Development of industrial agreements focused on outcomes.

# Attachment 1: Consultation process

Some of the issues facing the Australian nursing workforce are broadly similar to those in other countries around the world. These include an aging workforce, a current oversupply of new graduates in comparison to job availability, and fiscal restraint in the health sector. However, the interaction of our systems of education, immigration, health funding and other factors determine a nurse workforce planning and policy context that is unique to the Australian setting. For this reason, the foundations of this report were built on a significant body of nursing and health workforce literature relating to retention and productivity and extensive consultation with key stakeholders (including those from nursing, other related health professions, government, employers, regulatory and accreditation bodies, educators, industry and professional organisations) to understand the nuances of the current context in which the Australian nursing workforce operates.

Consultation with stakeholders was integrated into every stage in the development of this report, including:

- June 2012 onwards
  Individual meetings with a wide range of nursing leaders and healthcare experts during the initial scoping work
- December 2012 onwards
  Update and feedback from the Australian and New Zealand Council of Chief Nurses through their regular group meetings.
- March 2013
  Structured feedback from over 80 interested parties on a publicly released consultation document (this document can be accessed on the HWA website)
- March 2013 onwards
  Opportunity for nursing students, recent graduates and nurses who had left the profession to provide structured feedback on their experiences and expectations
- April 2013
  Workshop of 80+ nursing leaders and healthcare experts to consider key issues/actions
- May 2013 onwards
  Establishment and meetings of a Project Advisory Group to provide advice on key issues and feedback on the draft recommendations and report (see Attachment 6)
- August 2013
  Consideration and feedback on draft recommendations from members of the Health Workforce Principal Committee of the Australian Health Ministers Advisory Council.
- October 2013
  Consideration of draft final report by Health Workforce Principal Committee members.

- February 2014

  Additional feedback from key stakeholders on draft final report received.
- April 2014

  Feedback on revised draft final report by Project Advisory Group members.

# Attachment 2: Existing HWA work

A number of existing programs and projects within the overall program of work for HWA are also aligned to addressing relevant issues for ensuring nursing workforce sustainability and thereby support and complement the focus of this paper. A brief summary of the relevant projects within the current work plan is provided below.

## Leadership Development

The *Leadership for Sustainable Change* project seeks to boost national health leadership and through this project *Health LEADS Australia*, which is a leadership framework that defines the capabilities needed for leaders in all areas of health, was released for public consultation in October 2012. A key focus for ongoing progress under this project is nurse leadership development.

## National Health Competency Resources

The *National Common Health Competency Resource* is being developed by HWA as a tool for employers to inform and support flexible approaches to nursing and other health workforce design and redesign on the basis of skill-mix.

## Assistant and Support Workforce

The *Assistant and Support Workforce* project is analysing the models and scopes of practice to determine the contribution and fit of this workforce to the health care team, in the context of workforce pressures, shortages and increasing demand. The work covers the continuum of care from primary health to acute care as well as aged care and mental health sectors.

A high level framework will be developed, to achieve consistent and optimal uptake of assistant and support roles. This would be supported by the identification of appropriate training, clear scope of practice, delegation and supervision guidelines and protocols, as well as change implementation, for local solutions.

## Extended Scope of Practice Program

The *Expanded Scopes of Practice Program* focuses on role redesign and expanding the scope of nurses and other health professionals in acute and primary care settings. Projects focused on nurses will have a positive impact on retention by allowing them the opportunity to expand into new roles.

The program involves two projects that are focused on nursing:

- *Nursing in the Emergency Department* project focuses on boosting retention and productivity of nurses working in emergency departments and responding to emergency medical workforce shortages, increasing presentations to the Emergency Department and the rise in the numbers of patients with chronic conditions.

- *Advanced Practice in Endoscopy Nursing* project focuses on defining an extended scope of practice for nurses through a national training program. This initiative seeks to respond to the community need resulting from the National Bowel Cancer Screening program and improve nurse retention and service efficiency.

## Aged Care Workforce Reform

This HWA initiative involves 26 residential and community based project sites working in partnership with local services across health and aged care in Australia. The common purpose across all project sites is to implement evidence of workforce reforms through job redesign, up-skilling, greater flexibility of roles and innovative team approaches to care and evaluate the productivity improvements and capacity for replication for national adoption. This initiative builds on the key findings and learning from the previous HWA *Caring for Older People Program.* As a systems reform it will specifically work back from client needs and adopt:

- a competencies based redesign of roles
  - o  to achieve a greater depth of early intervention services,
  - o  recognition of high degree of common  competencies at transition points , and a
  - o  better balance of skills mix across assistant and support staff, generalist roles and clinicians, as well as harnessing the reinforcement role of clients and carers
- securing partnerships and high performing interdisciplinary teams for co-production across boundaries
- building the capacity for change, flexibility and adaptability
  - o  identifying the systems enablers to sustain change

There are strong implications and transferrable learning outcomes for rural and remote, mental health, CALD workforce, the Government's reform agenda Living Longer, Living Better and primary health care including the work of Medicare Locals.

## Growing Clinical Training Capacity

HWA is administering a substantial funding program aimed at strengthening the capacity of the health system to provide clinical training placements for the increasing number of undergraduate students coming through the system from across a range of health professions, including registered nursing. A key aspect of this program is the promotion of expansion of clinical training in alternative settings and sectors including aged care, primary and rural and remote areas.

The *Clinical Training Funding* program has allocated over $125m to provide over 700,000 additional registered nursing clinical placement days over the period 2011-13.

To complement this program in Clinical Training Reform HWA has undertaken initiatives to:

- Strengthen nurse clinical supervision capacity and competence by supporting measures to prepare and train nursing clinical supervisors who can deliver quality training. The Clinical Supervision Support Program is supporting the development of assessment tools to assist with the standardization of Registered and Enrolled Nurse assessment.
- Increase the nurse training capacity of the health system by exploring expanded use of affordable and efficient simulated methods of nurse clinical training. The *Simulated Learning Environments* program has identified nursing as a priority profession and specific projects have been identified to address the clinical training needs of this profession through simulation, including the Nursing Curriculum Project which reported on the current and future use of simulation in the higher education sector for nursing programs and identified barriers for its adoption.
- Establish Integrated Regional Clinical Training Networks to assist with growing the number of clinical placements, by bringing health, higher education and training representatives together to identify what training places are needed. These networks include professional entry, postgraduate, vocational and specialist training pathways.

## Facilitation of Graduate Nurse Employment

The *Nursing and Midwifery Graduate Jobs Portal* is a national web-based information system established by HWA to promote existing vacancies for newly graduated nurses and midwives in Australia. The portal highlights positions in non-traditional settings including the private sector and aged care.

## Streamlining of International Recruitment

- HWA is reviewing the patterns and processes of international nurse and other health professional immigration to Australia with a view to identifying opportunities to improve the efficiency and effectiveness.
- *Health Careers Australia* is being developed by HWA to assist government and non government employers to access international health professionals to meet health workforce needs within Australia.
- *Take a Step Up Down Under* is an initial HWA program aimed at attracting nurses and other health professionals across acute and primary care settings to work in rural and remote areas in Australia.

## Rural Health Professionals Program

- Nursing is a priority profession under the Rural Health Professionals Program, which aims to improve workforce distribution by providing recruitment, orientation and retention support services to international and local nurses and other health professionals taking up practice in rural and remote Australia and in Aboriginal and Torres Strait Islander health services.

## Australian's Future Health Workforce – Nursing

Evidence from Health Workforce 2025 (HW2025) shows that without change, Australia faces a significant shortage of nurses in the next decade. Policymakers

need to have the most up-to-date analysis and modelling of nursing workforce data to develop effective policies that address this major issue. HWA is supporting policymakers by updating the nursing numbers and projections with detailed analysis and modelling of nursing workforce data. HWA is preparing *Australia's Future Health Workforce Report – Nurses*, which uses the best available planning data to project Australia's future nursing workforce requirements from 2012 to 2030. Updating the original HW2025 report released in May 2012, *Australia's Future Health Workforce Report – Nurses* supports the ongoing need for coordinated, long-term reforms by governments, professions, employers and the tertiary education sector.

## Addressing barriers and enablers to reform Project

HWA is undertaking a project to investigate how industrial relations and legislation helps or hinders the ability to positively reform the health workforce. Key areas of interest that the project is investigating include:

- Industrial agreements in the public and private sector.
- Drugs, poisons and controlled substances legislation.
- Capability and culture of the health system, health organisations, management and workers to undertake workforce reform.

The project is currently gathering evidence and advice from key stakeholders on industrial barriers and enablers to reform. Once identified, HWA expects to work with stakeholders to develop strategies to promote enablers and address barriers in industrial relations and legislation to reform.

# Attachment 3: Health Workforce 2025 scenario assumptions

The findings suggest Australia is going to face significant challenges in terms of nursing workforce sustainability in the future unless coordinated action is taken to adjust existing policy settings in key areas.

HWAs scope of modelling of the nursing workforce under HW2025 included Registered and Enrolled Nurse projections of supply and demand out to the year 2025 under various innovation and reform scenarios, including improved retention, lower future service demand and improved productivity.

In order to facilitate comparison of the implications of each scenario, a baseline or comparison scenario was established for the nursing profession that reflected recent trends and current characteristics in supply and demand of the workforce. This scenario was not intended to be predictive of what will happen in the future. It applied known policy settings up to a future point, after which they were held constant.  Viewed this way the comparison scenario represented a 'do nothing' policy choice.

Key assumptions under this scenario included:

1. Registered nurse graduate numbers are grown to 2012 and then held constant from that point onwards.
2. Enrolled nurse graduate numbers are held constant at 2009 levels.
3. Immigration levels are fixed at 2009 levels.
4. Nursing exit rates for 2007-08 were applied at the commencement of the projection until 2012, after which the exit rates were increased incrementally each year so that from 2016 onwards the 2001-06 exit rates applied fully.

As will be illustrated later, nursing exit rates in 2007-08 were significantly lower than those in previous periods. One hypothesis for these lower rates is that the constrained economic environment has resulted in nurses deferring their retirement. Consequently, given it is expected that nursing exit rates will increase as financial conditions improve, a return to previously lower rates was factored into the modelling of the comparison scenario.

The resulting projections of the comparison scenario for RNs and ENs indicated that under a 'do nothing' policy position, demand for nurses will significantly outstrip supply by 2025 (see Figures 7 and 8).

**Figure 7: Comparison supply and demand projections, registered nurses, 2009 to 2025**
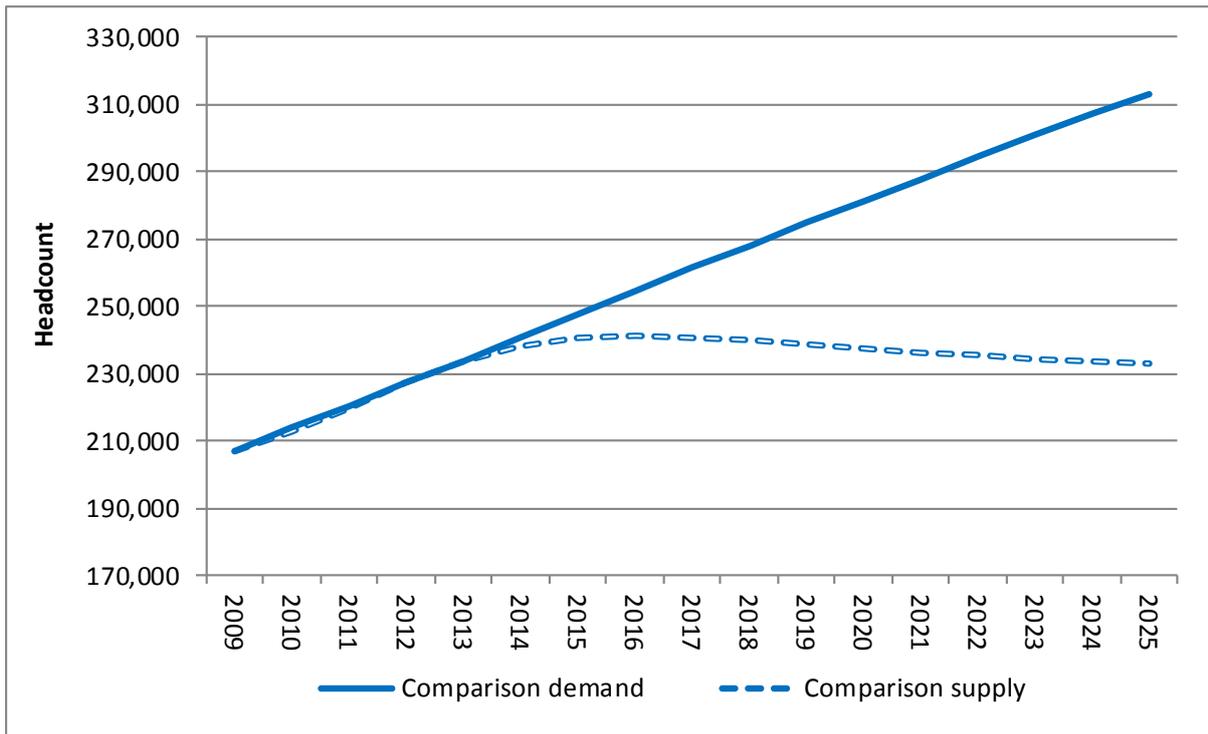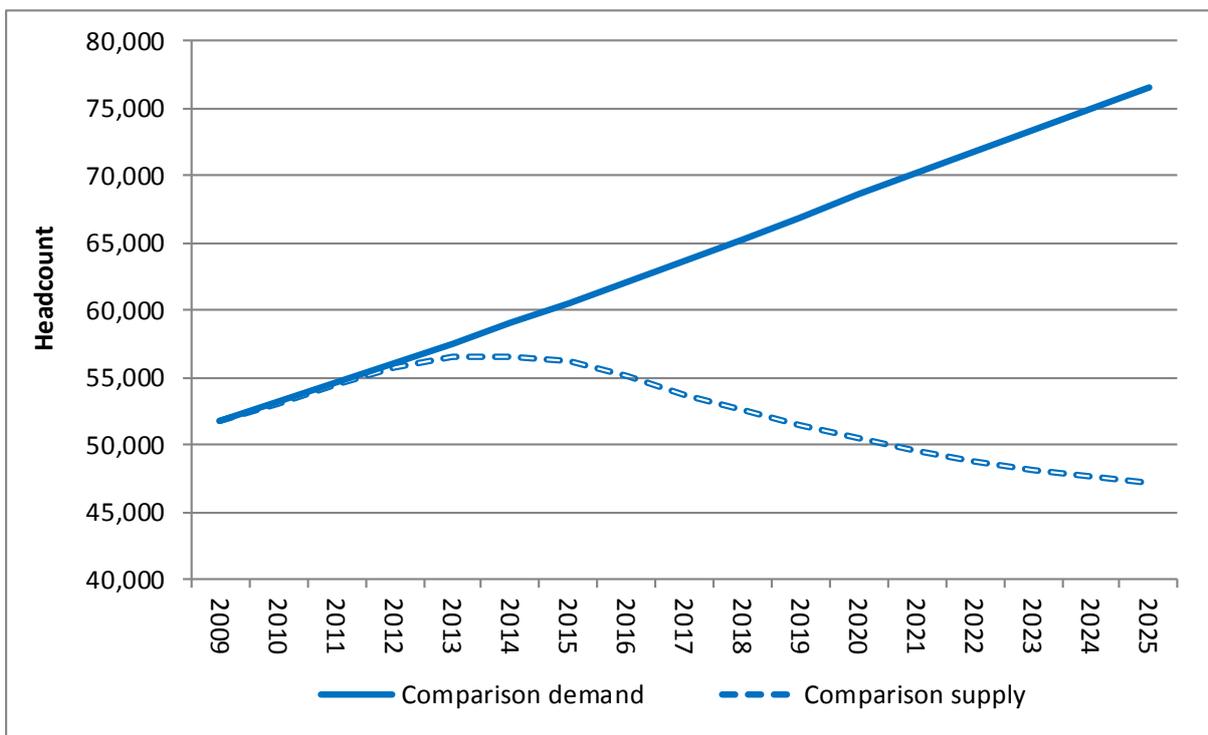


**Figure 8: Comparison supply and demand projections, enrolled nurses, 2009 to 2025**

# Attachment 4: Policy responses to HW2025 approved by the Standing Council on Health

## Improved productivity through workforce innovation and reform

- Develop evidence to inform a comprehensive national approach in response to the projecting nursing imbalance.
- Support an ongoing implementation program of nationally coordinated workforce redesign, change management and adoption to progress workforce reforms nationally.

## Improved mechanisms for the provision of efficient training

- Aligning training and workforce need.
- Establishing the National Medical Training Advisory Network.
- Driving efficient and effective training.

## Addressing barriers and enablers to workforce reform

- Analyse health workforce industrial arrangements and agreements to identify opportunities for reform.
- Analyse Commonwealth, state and territory legislation to identify factors that support or hinder flexible use of the workforce.

## Streamlining clinical training funding

- Develop nationally consistent approaches to clinical training funding, supported by the establishment of efficient training pathways.
- Streamline existing funding within the context of activity based funding for teaching and training in public hospitals.

## Considerations for achieving national self-sufficiency

- Implications of differing levels of self-sufficiency in the health workforce and interaction with other policy priorities including workforce distribution and training reform.

# Attachment 5: Multifactor approach to registered nurse sustainability

Using similar parameters to those used in the scenario modelling for Registered Nurses under HW2025, HWA recently estimated the combined impact of marginal changes in key supply and demand side factors (see Figure 9) on the comparison – 'no change' policy scenario.

This exercise revealed that if Australia maintains current rates of growth in nurse education and training (at around 4% per annum over the projection period to 2025) and a marginal decrease in demand for nurses as a result of service reform and funding policy (around 5% over the projection period to 2025), then only marginal changes in productivity (around 5% over the projection period to 2025) and retention (around 20% increase over the projection period to 2025) will be required to ensure workforce sustainability in the longer term. Under this scenario, sustainability would be achieved without increasing the level of immigration of nurses from the 2009 level.

**Figure 9: Multi-Factor Approach to Registered Nurse Sustainability**
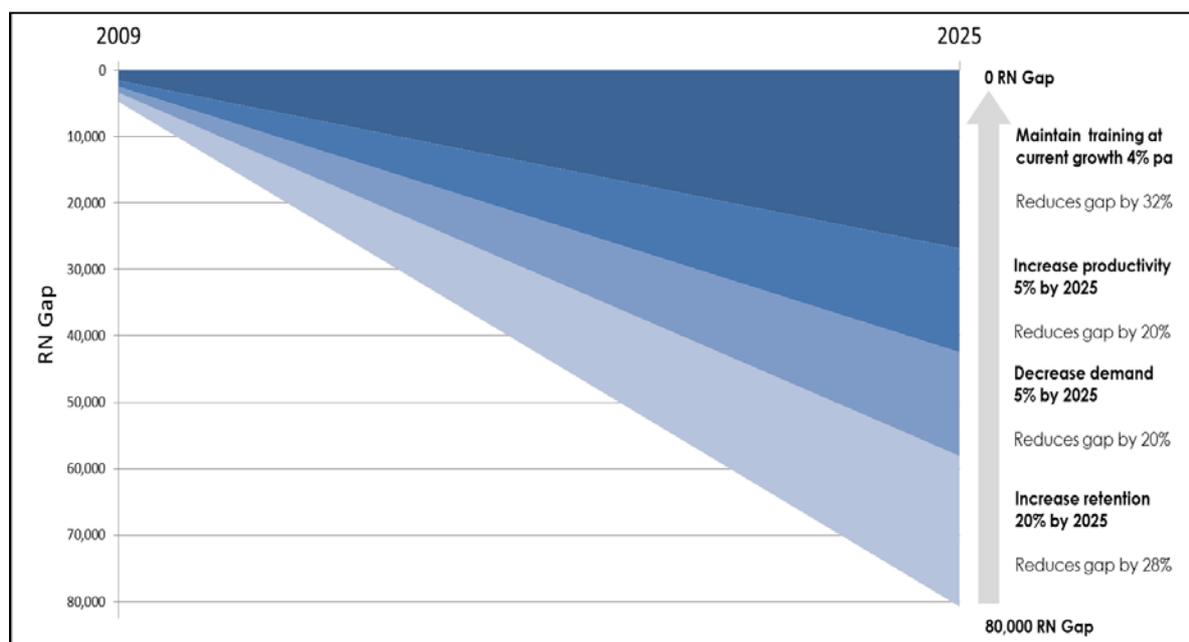
# Attachment 6: Project Advisory Group Membership

## Role and purpose

The PAG was established to help guide the Nursing Retention and Productivity project to fruition and ensure that the project outputs were of high quality and validity.

Members were appointed in an advisory capacity. The members were requested to apply their knowledge and expertise to advice on:

- how best to meet the purpose of the project
- management of potentially competing perspectives
- potential risks associated with the project
- assumptions used as part of report, and
- options for nationally coordinated action
- stakeholder issues relating to the report.

The overarching purpose of the PAG was to ensure the final project report delivers national, effective and feasible approaches that ensure capacity for the workforce to provide high quality care and outcomes. Decisions on the publication of the report are made by the HWA Board of Management, taking the advice of the PAG into consideration.

## Membership

Membership was by invitation and from identified organisations and individuals that could provide significant guidance to the Nursing Retention and Productivity project and comprised of:

- Australian College of Nursing
- Australian and New Zealand Council of Chief Nurses and Midwives
- Australian Nursing and Midwifery Accreditation Council
- Australian Nursing and Midwifery Federation
- Australian Private Hospitals Association
- Australian Workforce & Productivity Agency
- Catholic Health Australia
- Council of Deans of Nursing and Midwifery
- Department of Health
- Health Workforce Principal Committee
- Independent – Professor Di Twigg
- New Zealand Ministry of Health
- Nursing and Midwifery Board of Australia

# References

[1] Standing Council on Health (2013) National Primary Health Care Strategic Framework.

[2] Australian Nursing Federation. Submission to the National Health and Medical Research Council (NHMRC) on the research program to address issues of Preventative Healthcare and Strengthening Australia's Social and Economic Fabric'.

[3] Australian Institute of Health and Welfare (2011) Nursing and midwifery labour force 2009. AIHW bulletin no. 90. Cat. no. AUS 139. Canberra: AIHW.

[4] Australian Nursing and Midwifery Federation (2013) Stop passing the buck. Retrieved 23 September 2013.

[5] Australian College of Nursing (2013). A determined advocate for nurses. The Hive, Spring(3), 14-15.

[6] Baker G (2011). The roles of leaders in high performing health care systems. Retrieved from The King's Fund commission on leadership and management in the NHS.

[7] Duffield C, Roche M, O'Brien-Pallas L et al. (2007). Gluing It Together: Nurses, Their Work Environment and Patient Safety [PDF, 1.65 MB]. NSW Health. Retrieved 8 August 2013.

[8] Ham C (2003). Improving the performance of health services: The role of clinical leadership. Lancet, 361: 1978-1980.

[9] Reinertsen JL (1998). Physicians as leaders in the improvement of health care systems. Annals of Internal Medicine, 128(10): 833-838.

[10] Ward M (2005). Leadership and clinically managed networks [PDF, 2 MB]. Queensland Health System Review Final Report. Retrieved 27 August 2007.

[11] Aiken L, Sermeus W, Van den Heede K, Sloane D, et al. (2012). Patient safety, satisfaction, and quality of hospital care: Cross-sectional surveys of nurses and patients in 12 countries in Europe and the United States. British Medical Journal, 2012, 344.

[12] Nursing Australia website. Retrieved 17 September 2013.

[13] Duffield C, Roche M, O'Brien-Pallas L et al. (2007). Gluing It Together: Nurses, Their Work Environment and Patient Safety [PDF, 1.65 MB]. NSW Health. Retrieved 8 August 2013.

14 Twigg D, Duffield C (2009). A review of workload measures: A context for a new staffing methodology in Western Australia. International Journal of Nursing Studies, 46: 132-140.

15 Duffield C, Roche M, O'Brien-Pallas L et al. (2007). Gluing It Together: Nurses, Their Work Environment and Patient Safety [PDF, 1.65 MB]. NSW Health. Retrieved 8 August 2013.

16 Institute of Medicine (2007). Rewarding provider performance: Aligning incentives in Medicare. Washington, DC: National Academies Press.

17 Berwick, James, & Coye (2003). Connections between quality measurement and improvement. Medical Care, 41(Suppl. 1), 130-138.

18 U.S. Department of Health and Human Services, 2009; Institute of Medicine, 2010.

19 Levett-Jones (2005). A review of graduate nurse transition programs in Australia. Australian Journal of Advanced Nursing, 23(2): 40-45.

20 Barron D, West E (2005). Leave nursing: an event-history analysis of nurses' careers. Journal of Health Services Research and Policy, 10: 150-157.

21 Doiron D, Hall J, Jones G (2008). Is there a crisis in nursing retention in New South Wales? Australia and New Zealand Health Policy, 5: 18.

22 Crooks et al., 2005; Dearmun, 200, Duncan, 1997, Marben & Mcleod Clark, 1998

23 Kurtzman E & Kizer K (2005). Evaluating the performance and contribution of nurses to achieve an environment of safety. Nursing Administration Quarterly, 29, 14-23.

24 Needleman J, Buerhaus P, Mattke S, Stewart M, & Zelevinsky K (2002). Nurse-staffing levels and the quality of care in hospitals. New England Journal of Medicine, 346, 1715-1722.

25 Page A (2004). Keeping patients safe: Transforming the work environment of nurses. Washington, DC: The National Academic Press.

26 Boychuck-Duchscher and Cowin (2004). The experience of marginalization in new nursing graduates. Nursing Outlook, 52, 289-296.

27 Brown H and Edelmann R (2000). Project 2000: A study of expected and experienced stressors and support reported by students and qualified nurses. Journal of Advanced Nursing, 31, 857-864.

28 Chang E, Daly J, Hanckock K, Bidewell J, Johnson A, Lambert V, et al. (2006). The relationship among workplace stressors, coping methods, demographic characteristics, and health in Australian nurses. Journal of Professional Nursing, 22, 30-38.

[29] Parker V, Plank A, Hegney D (2003). Adequacy of support for new graduates during their transition into the workplace: A Queensland, Australia study. International Journal of Nursing Practice, 9: 300-305.

[30] Buchan J, Dal M. Skill mix in the health care workforce: reviewing the evidence Poz (2002). Bulletin of the World Health Organization, 80:575-580.

[31] New Zealand Nurses Organisation, Safe Staffing: Care Capacity Demand Management. Retrieved 8 July 2013 from the New Zealand Nurses Organisation.

[32] Duckett, S., Breadon, P. and Farmer, J. 2014, *Unlocking Skills in hospitals: better jobs, more care*, Grattan Institute.

[33] Duckett, S., Breadon, P. and Farmer, J. 2014, *Unlocking Skills in hospitals: better jobs, more care*, Grattan Institute.