Building the evidence base for a National Nursing Workforce Strategy

Consultation and research

Report of Stage 1 – Volume 1

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Contents

[1 Executive summary 6](#_Toc176864571)

[2 Introduction 8](#_Toc176864572)

[2.1 Overview 8](#_Toc176864573)

[2.2 Building the evidence base for a National Nursing Workforce Strategy 9](#_Toc176864574)

[2.3 Research questions 9](#_Toc176864575)

[2.4 Consultation overview 10](#_Toc176864576)

[3 Methodology 12](#_Toc176864577)

[3.1 Consultation approach 12](#_Toc176864578)

[3.2 Qualitative consultation methodology 12](#_Toc176864579)

[3.3 Quantitative survey methodology 13](#_Toc176864580)

[4 Key themes from the consultation 15](#_Toc176864581)

[4.1 Introductory notes on the report 15](#_Toc176864582)

[4.2 Systemic context of a national strategy 15](#_Toc176864583)

[4.2.1 Lack of consistent policy settings and structures hinder a unified approach to the workforce 16](#_Toc176864584)

[4.2.2 Health system funding of nurses is complex and can negatively impact nurse supply, distribution, utilisation and nurse-led models of care 17](#_Toc176864585)

[4.2.3 Different sector legislation and policy settings creates competition for nurses 18](#_Toc176864586)

[4.2.4 States and territories agree there is a need for a national strategy 18](#_Toc176864587)

[4.3 Community perceptions of nursing 19](#_Toc176864588)

[4.3.1 Community trust in nurses is high, generating interest in nursing as a career 19](#_Toc176864589)

[4.3.2 There is high interest in nursing as a career, but some community views are outdated 20](#_Toc176864590)

[4.3.3 The patient experience of nursing is largely positive, although areas of patient concern exist 20](#_Toc176864591)

[4.4 Summary of key factors affecting recruitment and retention 21](#_Toc176864592)

[4.5 Recruitment: securing interest in nursing 23](#_Toc176864593)

[4.5.1 Current workforce recruitment initiatives 23](#_Toc176864594)

[4.5.2 Why be a nurse – the motivations that attract nurses to their career 24](#_Toc176864595)

[4.5.3 Better communication of the nurse role is required to support recruitment 25](#_Toc176864596)

[4.6 Retention: Keeping nurses in the system 25](#_Toc176864597)

[4.6.1 Nurse job satisfaction: what’s working well and what are the issues? 26](#_Toc176864598)

[4.6.2 Key problems and concerns 26](#_Toc176864599)

[4.7 Education and training 33](#_Toc176864600)

[4.7.1 Stakeholders value the robust and comprehensive nature of nursing education programs 33](#_Toc176864601)

[4.7.2 Pathways into nursing do not maximise the potential interest in the field 34](#_Toc176864602)

[4.7.3 Poor student experiences are having an impact on engagement and contributing to attrition 35](#_Toc176864603)

[4.7.4 Assistants in nursing offer a critical role in health care, but there is a need for standardised and regulated training programs 36](#_Toc176864604)

[4.7.5 Nationally consistent training/standards are essential to increase mobility 36](#_Toc176864605)

[4.8 Clinical placement and transition to practice 36](#_Toc176864606)

[4.8.1 The structure of the clinical placement system is considered by many to be inflexible and unsustainable 36](#_Toc176864607)

[4.8.2 Many newly graduated nurses are not ready to transition to practice 38](#_Toc176864608)

[4.8.3 Education and training could better prepare nurses for more contemporary practice 39](#_Toc176864609)

[4.9 Nurse-led models of practice, research and innovation 40](#_Toc176864610)

[4.9.1 Stakeholders highlight the need to improve the focus on nurse-led research and innovation 40](#_Toc176864611)

[4.10 Career progression 41](#_Toc176864612)

[4.10.1 Nursing is considered to have good opportunities for career progression 41](#_Toc176864613)

[4.10.2 There are challenges associated with further study that affect decisions to progress 42](#_Toc176864614)

[4.11 Nurse workloads, wellbeing and burnout 44](#_Toc176864615)

[4.11.1 Current nursing workloads are considered unsustainable 44](#_Toc176864616)

[4.12 Workplace culture and nurse leadership 45](#_Toc176864617)

[4.12.1 Nurses experience a sense of camaraderie and collaboration with their peers 45](#_Toc176864618)

[4.12.2 Issues of workplace culture and safety can have a negative impact on the nursing experience in pockets 45](#_Toc176864619)

[4.12.3 Nurse leadership priorities reflect a need for capacity building of leaders at all levels 46](#_Toc176864620)

[4.13 Role scope and skill mix 47](#_Toc176864621)

[4.13.1 More support for nurses to work to their full individual scope of practice is seen as a priority 47](#_Toc176864622)

[4.13.2 Nurses are calling for organisational scopes of practice that clearly delineate the expected competencies and responsibilities 48](#_Toc176864623)

[4.14 Digital tools and technologies 49](#_Toc176864624)

[4.14.1 The need for technological change is well recognised, but there are concerns about its application and impact on nursing 49](#_Toc176864625)

[4.14.2 Education, training and leadership in digital tools and technologies is lacking 51](#_Toc176864626)

[4.15 Geographic distribution of nursing workforce 52](#_Toc176864627)

[4.15.1 The nursing challenges in regional, rural and remote areas are similar to challenges in metropolitan areas, but magnified 52](#_Toc176864628)

[4.15.2 A lack of awareness of the benefits of nursing in regional, rural and remote areas 53](#_Toc176864629)

[4.16 Engaging First Nations people 53](#_Toc176864630)

[4.16.1 The issues affecting the First Nations nursing workforce are significant 53](#_Toc176864631)

[4.16.2 There are a range of priorities to consider for First Nations people in an NNWS 55](#_Toc176864632)

[4.17 Cultural and linguistic diversity 56](#_Toc176864633)

[4.17.1 Nurses from CALD backgrounds are valued in Australia’s nursing workforce and they are somewhat (more) positive about their nursing experience 56](#_Toc176864634)

[4.17.2 Language barriers, a lack of cultural training and limitations in the recognition of prior learning impact on the ability to harness the potential of CALD nurses 57](#_Toc176864635)

[4.17.3 There is a need for specific support and professional development for Australia’s CALD nurses 57](#_Toc176864636)

[5 Lessons learned from other sectors 60](#_Toc176864637)

[5.1 Recruitment 60](#_Toc176864638)

[5.1.1 Maximising education entry pathways can increase acquisition opportunities and volume 60](#_Toc176864639)

[5.1.2 Experts noted that changing barriers to entry does not equate to lowering standards 61](#_Toc176864640)

[5.2 Education 61](#_Toc176864641)

[5.2.1 Dual-sector education providers can provide innovative and nimble solutions 61](#_Toc176864642)

[5.2.2 The re-work of work means flexibility is key 61](#_Toc176864643)

[5.2.3 Apply proven change management principles 62](#_Toc176864644)

[6 Concluding remarks 65](#_Toc176864645)

[7 Appendices 68](#_Toc176864646)

[7.1 A: Summary of consultation participant numbers 68](#_Toc176864647)

[7.1.1 Consultation by the NNWS project team 68](#_Toc176864648)

[7.1.2 Consultation activities led by Where*to* (with representation from DOHAC, SCV and VIC DOH). 70](#_Toc176864649)

[7.2 B: Research questions across all consultation phases 73](#_Toc176864650)

[8 References 76](#_Toc176864651)

# 1 Executive summary

Australia’s nursing workforce is a vital component of our health and aged care system, playing a pivotal role in delivering quality care and meeting the diverse healthcare needs of all Australians. Our health system, and the nursing workforce in particular, is facing unprecedented challenges from a range of factors including increasingly complex and chronic diseases, geographical disparity, changing patient and health system needs and advancements in technology. With nurses representing some 40% of the healthcare workforce nationally, these challenges have a significant impact on the sustainability of the nursing workforce, necessitating a comprehensive and strategic approach to address shortages, skills gaps and retention issues.

In September 2023 the Australian Government Department of Health and Aged Care, Safer Care Victoria and the Victorian Department of Health (the project team) began a comprehensive consultation process to inform the development of a National Nursing Workforce Strategy (NNWS). Almost 6000 stakeholders took part in the consultations across a suite of virtual and in‑person channels including webinars, workshops, video and written submissions, and surveys. Participants included key sector stakeholders such as student nurses, practising nurses, non-practising nurses, administrators, policymakers, funders, unions, peak bodies, clinicians and educators, both nationally and internationally. First Nations people and community members including people with a recent experience of the health system and young people considering a career in nursing and their families were also consulted. Insights were also sought from futurists, researchers and expert workforce planners.

This report provides a comprehensive summary of the consultation findings, across all formats and methodologies. It provides a robust, detailed evidence‑based summary of the current state of nursing in Australia, as reported by nurses and stakeholders.

The broad consultation undertaken to inform an NNWS revealed a number of key themes:

* the factors affecting recruitment and retention of nurses in the health system
* the impact of education and training, including the quality of education programs, pathways into nursing and the student experience
* a focus on the significant issues of clinical placement and transition to practice
* the desire for greater nurse-led research and innovation
* improved opportunities for career progression and pathways across all levels of the workforce
* concerning issues of high nurse workload, wellbeing and burnout
* opportunities to elevate workplace culture and nurse leadership
* role scope and skill mix
* the influence of digital tools and technologies
* geographic distribution of nursing workforce, and issues pertaining to regional, rural and remote locations
* priorities for engagement with First Nations people
* the challenges of empowering culturally and linguistically diverse audiences.

The report also shares lessons learned from consultation with a range of global experts, including those with experience in adjacent sectors, with learnings for consideration in the Australian nursing context.

The consultation revealed 18 key themes to consider in developing an NNWS:

There are a number of barriers to a sustainable nursing workforce that are the result of deeper systemic issues.

Current pressures are exacerbated by workforce shortages.

Scope of practice is at the heart of many solutions.

Recruitment of new nurses into the system is an important strategic lever to grow supply, but retention of nurses is the priority.

Lack of choice and flexibility is driving nurses out of the system.

Better community and sector engagement is needed to boost perceptions of a career in nursing.

There is a need to strengthen and align nurse education and training.

There is a need to address the student experience and issues of ‘placement poverty’.

There is need for a stronger experiential component in nurse education.

Ongoing support is needed nationally to ensure more fulfilling career progression.

There is a need to elevate wellbeing and workplace culture across the country.

There is a need to focus on professionalising and supporting nurse leadership at all levels.

Undeniable future demand for better use of technology will enhance patient-centred care.

Efforts to ensure workforce diversity and inclusion need to be enhanced.

There is a call for a dedicated First Nations strategy.

Workforce issues are magnified in rural, regional and remote contexts.

State-based workforce initiatives and strategies have emerged, with some examples that can be implemented at scale.

There is a desire for a greater focus on nurse-led innovation and research.

# 2 Introduction

## 2.1 Overview

Australia’s nursing workforce is a vital component of our health and aged care system, having a pivotal role in delivering quality care and meeting the diverse healthcare needs of all Australians. Our health system, and the nursing workforce in particular, is facing unprecedented challenges from a range of factors including increasingly complex and chronic diseases, geographic disparity, changing patient and health system needs and advancements in technology. With nurses representing some 40% of the healthcare workforce nationally, these challenges have a significant impact on the sustainability of the nursing workforce, necessitating a comprehensive and strategic approach to address shortages, skills gaps and retention issues.

There have been concerted efforts to strengthen Australia’s nursing workforce over many decades through targeted policies, strategies and initiatives. They include an array of initiatives aimed at enhancing recruitment and retention, refining education and training frameworks, addressing workforce distribution issues and empowering nurses to work to their full scope of practice. These efforts were designed to ensure a robust, satisfied and well-distributed nursing workforce capable of meeting Australia’s healthcare needs.

Advancements have been made, but there remains a significant projected national workforce shortfall. To address workforce challenges and support the nursing profession to deliver person-centred, evidence-based and compassionate care to communities across all sectors now and into the future, Australian health ministers agreed to the development of Australia’s first National Nursing Workforce Strategy (NNWS). An NNWS will provide a strategic and transformative national roadmap to address challenges and guide future nursing policy, planning and investment.

In September 2023 the Australian Government Department of Health and Aged Care, Safer Care Victoria and the Victorian Department of Health (the project team) began a comprehensive consultation process to inform development of an NNWS. A [consultation paper](https://consultations.health.gov.au/++preview++/health-workforce/nnwsconsultation/supporting_documents/National%20Nursing%20Workforce%20Strategy%20Consultation%20Paper.pdf) <https://consultations.health.gov.au/++preview++/health-workforce/nnwsconsultation/supporting\_documents/National%20Nursing%20Workforce%20Strategy%20Consultation%20Paper.pdf> was developed based on key research questions and themes to guide consultation input. Almost 6000 stakeholders took part in the consultations across a series of virtual and in-person channels including webinars, workshops, video/written submissions and surveys. Participants included key sector stakeholders such as student nurses, practising nurses, non-practising nurses, administrators, policymakers, funders, unions, peak bodies, clinicians and educators both nationally and internationally. First Nations people and community members, people with a recent experience of the health system and young people considering future careers in nursing and their families were also consulted. Insights were also sought from futurists, researchers and expert workforce planners. Appendix A provides a full summary of consultation participants.

This report provides a comprehensive summary of the consultation findings across all formats and methodologies. It offers a robust, detailed evidence-based summary of the current state of nursing in Australia, as reported by nurses and stakeholders.

Whereto thanks all those who took the time to participate in the many channels of consultation. In every consultation format our team was struck by the genuine desire and overwhelming enthusiasm exhibited by participants. Nurses were consistently highly engaged, offering their time freely, attending consultations or submitting comments in their leisure time. Interactions were positive and inspiring – participants treated the consultation thoughtfully and purposefully and were even handed in both their assessment of the positives and negatives of the system they operate in. If this experience is an indication of the capacity and capability of the broader nursing workforce in Australia, then despite the considerable challenges we face in building a sustainable workforce for the future, we are in good hands.

## 2.2 Building the evidence base for a National Nursing Workforce Strategy

This project has 6 key stages:

Discover and define: project inception workshop

System listening and consultation: as outlined in the consultation overview

Bringing it all together: data synthesis, gap analysis and theming of key lessons

Environment scanning: literature review and environment scans

Secondary thematic review: filling gaps in the consultation

Building the evidence base for a National Nursing Workforce Strategy – Report of Stage 1 – Volume 2.

This report relates to stages 1 to 3, with stages 4 to 6 reports prepared separately. There is a separate report that specifically focuses on the key themes and considerations relevant to developing a future NNWS. There is also a separate collection of environment scans, compiling pertinent academic and grey literature, produced in collaboration with Federation University.

## 2.3 Research questions

A full overview of the research questions that guided the consultations can be found in Appendix B. The consultations were guided by a discussion paper and addressed 3 overarching questions:

* What is working well?
* What is not working well?
* What solutions could address these challenges?

These overarching questions were tailored as appropriate to each consultation format and explored key themes including:

* how workforce challenges influence the availability and composition of the nursing workforce, and the implications for healthcare delivery
* community expectations and perceptions of nursing and how nursing practice could adapt to meet expectations while delivering quality care
* how nursing education, training and career pathways could evolve to meet changing healthcare needs and technological advancements
* how nursing could prioritise patient-centred care within evolving healthcare delivery models using digital innovation and technology to enhance patient outcomes
* how workplace culture, values and ethical frameworks influence nursing practice, and the changing scope of nursing roles within future health systems.

## 2.4 Consultation overview

The consultation program was designed to optimise the opportunity to examine the current state with a wide range of nursing stakeholders. It demanded flexible and adaptable stages of consultation, with each stage informing the next and ensuring the full range of perspectives relevant to the nursing workforce. The consultation was carried out through a collaborative, co-designed approach with the project team.

The consultation included a mix of qualitative and quantitative formats, with some stakeholders specifically invited to participate in addition to open invitations to any person interested in contributing (Figure 1). All consultation formats were promoted on the NNWS webpage and/or the Australian Government Department of Health and Aged Care Consultation Hub.

As outlined in Appendix A, a wide range of stakeholders took part in the consultation. The Panel-Recruited Nurses Survey comprised a market research approach that, as outlined in more detail below, obtained survey responses from a representative sample of nurses that reflected the full range of nursing disciplines across Australia.

Figure 1: Summary of consultation sample

[Note that the content of this figure has been converted to text for improved accessibility]

A qualitative sample of 3622 and quantitative of 2373 totalling 5995 people

* In-depth interviews:
* Strategy Advisory Group/Strategy Steering Committee – n = 11
* Adjacent industries – n = 15
* In-depth interviews
* Nursing or health-related – n = 99
* States and territories government workshops – n = 5, with n = 55 stakeholders
* States and territories government interviews – n = 8
* Face-to-face workshops – n = 16, with n = 560 attendees
* Online webinars – n = 23, with n = 405 attendees
* Panel-Recruited Nurses Survey – n = 1485 responses
* Consultation Hub Online Survey – n = 830 responses
* Open Written submissions – n = 56
* Consultation data points – 1,169,336
* Strategy project team-led workshops and symposiums – n = 24, with n = 1547 attendees
* Community conversations – n = 2, with n = 24 attendees
* Yarning circles – n = 3, with n = 9 attendees

Environment scans and literature reviews

* Environment scans – countries – n = 14
* Australia
* Canada
* England
* Finland
* Ireland
* Israel
* Netherlands
* New Zealand
* Northern Ireland
* Norway
* Scotland
* Switzerland
* United States
* Wales
* Environment scans – organisations – n = 5
* Commonwealth Nurses and Midwives Federation (CNMF)
* International Council of Nurses (ICN)
* International Confederation of Midwives (ICM)
* International Labour Organization (ILO)
* World Health Organization (WHO)

[End of figure text]

# 3 Methodology

## 3.1 Consultation approach

The consultation plan design was based on 6 key philosophies:

Maximise avenues to participation – the consultation offered multiple routes to be heard, at a time, place and methodology of a stakeholder’s choosing. The consultation allowed for anyone who wanted to provide a point of view to be heard.

Ensure breadth and depth of audience perspectives – the key stakeholders and audiences in this project are extensive. A place-based approach that included ‘inch-wide, mile-deep’ input as well as a ‘whole of nation’ consultation were both included in the consultation.

Ensure consultation goes beyond the ‘squeaky wheel’ – the consultation plan used a number of strategies to ensure the voice of the ‘unusual suspects’ were heard.

Address imbalances of power in consultation methodologies – the consultation approach ensured all participants felt comfortable in providing their perspectives across consultation mechanisms.

Ensure a trauma-informed lens with nurses in particular – all consultation staff implemented the consultation with trauma-informed care and research and consultation protocols.

Engage inside and outside the sector – the consultation plan engaged with informants with a useful perspective on initiatives and programs that have worked in adjacent sectors.

## 3.2 Qualitative consultation methodology

NNWS Strategy Advisory Group and Strategy Steering Committee consultation: The Strategy Advisory Group and Strategy Steering Committee members were consulted through regular meetings. In addition, n = 11 industry leaders, experts and key stakeholders provided extra input through depth interviews.

State and territory government consultation: In addition to consultation through the Strategy Steering Committee meetings, state and territory governments provided input to the consultation program through n = 5 online or face-to-face workshops and n = 8 in-depth interviews. State and territory governments participated via policy, strategy, workforce planning and recruitment officers.

NNWS Consultation Program including:

Place-based workshops: n = 16 × 3-hour face-to-face workshops were conducted in capital and regional cities across the country. Workshops were publicly advertised with an open invitation and were attended by stakeholders including service providers, state and territory government representatives, peak bodies, education providers, regulatory bodies and a range of nurses.

Cohort-specific online webinars: n = 23 × 90-minute online webinars were hosted for likeminded cohorts across Australia. The webinars included breakout rooms with up to n = 12 participants in each to allow for deep and meaningful discussion about the nursing workforce. The webinar sessions often ran in the evenings to ensure maximum engagement, with more n = 400 attendees across all the sessions.

Cohort-specific in-depth interviews: n = 99 in‑depth interviews (between 45 and 60 minutes) were conducted with people from across the full range of relevant cohorts including industry bodies, healthcare providers and government. In addition to the cohorts listed above, these interviews included stakeholders from specific areas of interest.

Written submissions: n = 56 written submissions were received via the Australian Government Department of Health and Aged Care Consultation Hub.

Vox pops: n = 3 ‘vox pop’ video uploads were received via the Australian Government Department of Health and Aged Care Consultation Hub.

Adjacent sector and futurist in-depth interviews: n = 15 interviews were also carried out to gain a perspective of what interventions and actions are being undertaken to create sustainable workforces elsewhere. The adjacent sectors included emergency services (e.g. policing, paramedicine), futurists, defence, corrections and education.

Strategy project team-led stakeholder engagement: In addition to consultation conducted by Whereto, the project team facilitated n = 24 discussions and forums with key stakeholder groups including:

* 8 conference workshops with n = 550 attendees
* 4 state based Chief Nursing and Midwifery Officer symposiums with n = 446 attendees.

Yarning circles: In collaboration with National Aboriginal Community Controlled Health Organisations and CATSINaM, the project team conducted 3 yarning circles with n = 9 attendees in total.

Consumer community consultations: the project team conducted 2 consumer health forum community conversations with n = 24 attendees.

## 3.3 Quantitative survey methodology

The consultation program comprised 2 quantitative surveys. Both surveys were designed using insights from early qualitative consultations:

Panel-Recruited Nurses Survey: A primarily quantitative survey was conducted with n = 1485 practising nurses recruited from accredited market research panels.

* This survey was open from 1 November to 15 December and focused on nurses’ experiences, levels of satisfaction and pain points in their day‑to-day work.
* The survey sample was compared against the Australian nursing population using publicly available health workforce data and found to be broadly representative. The registration status of nurses and the settings in which they work and the demographic profile of respondents are summarised in Appendix C.

Consultation Hub Survey: A short primarily quantitative survey was published on the Australian Government Department of Health and Aged Care’s Consultation Hub and was completed by n = 830 stakeholders. The roles of respondents are summarised in Appendix C.

* This survey was open from 1 November until 20 December 2023 and focused on macro and systemic issues facing the nursing workforce and potential remedies.
* Respondents were given the option of completing the survey on behalf of the organisation for which they work or on behalf of themselves only.

**Together, these surveys present a holistic view of the issues that stakeholders have said an NNWS should address.**

In this report, where relevant, the experiences of nurses were analysed by their role and the settings in which they work. Panel survey results have been reported to reflect the broader sample of nurses and where Consultation Hub Survey discrepancies are material, these have been noted.

# 4 Key themes from the consultation

## 4.1 Introductory notes on the report

This report provides a robust, comprehensive evidence-based summary of the current state of nursing in Australia, as reported by nurses and stakeholders through the consultation process. We note the following:

* The report acknowledges the systemic factors that underpin the operation of Australia’s health system. Some of the workforce issues highlighted may be difficult to address due to their systemic nature. However, we provide these insights for contextual understanding.
* The report reflects the views of both engaged and less engaged stakeholders – views that go beyond the ‘squeaky wheel’. The consultation primarily focused on sector participants to ensure broad involvement. Many participants could be considered engaged individuals, or the ‘usual suspects’ – more willing to contribute their views as a more connected and interested cohort. This cohort is likely to be more invested in and more aware of the issues driving workforce challenges. Two strategies were used to attract participation from the less engaged cohort to ensure a more representative view of the potential for an NNWS:
* Recruitment of nurses through market research recruitment agencies to participate in the online webinar, face-to-face workshops or in‑depth interviews. This approach secured the participation of a small sample of a broader representation of nurses currently working in Australia.
* Recruitment of nurses through market research panels to complete the survey. This approach provided a representative sample of the nursing population and included more of the so-called ‘unusual suspects’ who would be considered less likely to engage with traditional consultations.

Broadly, the key issues and priorities aligned between the less engaged and engaged cohorts. However, we note that panel survey responses (less engaged) were slightly more positive than the Consultation Hub Survey responses (more engaged). This report references the panel survey results to reflect the broader sample of nurses and notes where Consultation Hub Survey discrepancies are material. These figures are quoted in data callout boxes unless otherwise noted.

* The report isolates some key issues despite the consultation showing that issues such as use of data and the impact of technology are fundamental to virtually every aspect of the health system and could be included in every area of commentary. In this report we have described the key issues as discrete, to isolate current perceptions as much as possible.

## 4.2 Systemic context of a national strategy

Consultation with stakeholders across Australia highlights that many of the workforce issues raised are driven at a deeper system level. Solutions do not sit simply with governments or local health systems or organisations to solve in isolation. In fact, stakeholders have provided feedback on a number of key systemic factors that act as barriers to achieving a sustainable nursing workforce in Australia. These include variability in funding and resource allocation, legislative and regulatory disparities complicating efforts to standardise practices, and significant disparities in employer practices.

Quote:

*‘*The universities, the Commonwealth and states aren’t even at the same table together about healthcare let alone nursing workforce … so who owns the performance of the system when it comes to nursing workforce supply, quality and sustainability?’ – Executive Director Workforce Strategy depth interview

Below we outline 4 systemic issues that underpin the current health system. These address operational realities, and the workforce challenges outlined in the rest of the report should be framed with these in mind.

### 4.2.1 Lack of consistent policy settings and structures hinder a unified approach to the workforce

Inconsistent jurisdiction regulations, policies and practice requirements: There are a range of examples that highlight inconsistencies from jurisdiction to jurisdiction, contributing to barriers to achieving a sustainable workforce. For example, stakeholders highlighted that while nurses who are registered nationally can work across states and territories, additional jurisdiction-specific laws and health service policies and processes can create barriers to nurses working to their full scope of practice. Further examples include the lack of national worker checks, skills credentialling and other idiosyncratic jurisdictional or organisational policies and constraints. These inconsistencies result in administrative duplication and confusion and a lack of a coherent national standard and ultimately inhibit workforce movement and sustainability.

Quotes:

‘We need national bodies that recognise simple things. Even if you try to move health services, it can be difficult. We have a national body that governs registration, and yet there are a lot of simple things that create a lot of additional steps getting potential employees on the books. Essential databases for mandatory qualifications, for example … we just haven’t netted this out properly across the country. National databases for things like Bachelor of Nursing and postgraduate qualifications … so staff can move from state to state. That central registry is already there, so why not make it accessible?’ – Nurse leadership webinar participant

‘We’re having to retrain and retrain … because we’re not sure what someone’s done at what level … because there’s no benchmark. There is no agreed standard. I cannot tell you how many times I’ve done the bloody IV cannulation package across the state!’ – Remote area advanced practice nurse / nurse leader depth interview

Nationally inconsistent financial incentives and conditions: Consultation identified the need for more nationally consistent pay, entitlements, benefits, incentives and mechanisms to ensure jurisdictions do not compete for nurses but work together to maximise nursing workforce outcomes.

Limited nursing workforce data: Stakeholders noted the lack of consistent, timely, single-view and accessible datasets that enable visibility right across the continuum of the nursing workforce. Stakeholders explained that data is currently collected based on jurisdiction, service or sector and that this limitation hinders the ability to plan for the appropriate skill mix, to monitor the workforce pipeline and to deploy the workforce effectively.

Quote:

‘There is no view of the pipeline. There is a disconnect and data lag – universities and the Commonwealth won’t share data and are very secretive.’ – States and territories workshop participant

### 4.2.2 Health system funding of nurses is complex and can negatively impact nurse supply, distribution, utilisation and nurse-led models of care

Healthcare system funding and distribution of nurses: The complexity of different funding streams for nurses, including private, state and Commonwealth, poses real challenges for nursing workforce sustainability. The division of responsibilities, where registered nurses are federally governed and funded but their employment is state-based and negotiated via state-based enterprise bargaining agreements or via private agreements negotiated employer by employer, creates barriers to nursing workforce distribution and supply and constrains greater use of nurse-led models of care. The centralised nature of funding and state contributions can lead to an inequitable distribution of nursing resources. This centralisation tends to favour larger, more established healthcare facilities in urban centres over rural and remote areas.

Activity-based funding model: The current activity-based funding model is primarily procedure-oriented, focusing on the quantity rather than the quality of care. This model does not adequately account for the comprehensive and holistic care provided by nurses, leading to an underutilisation of their skills. Nurses are often relegated to task-based roles rather than being fully engaged in patient care planning and decision-making processes.

Quote:

‘The overwork of nurses in large part comes from the funding models we have in place … the system funds beds, not nurses … nurses are always just seen as a cost. This can create a situation where we have limited flexibility around our models of care and the roles of nurses within these models. Many of our nurse workforce planning challenges come from the way states manage their health budgets.’ – State and territories workshop participant

Workforce planning and funding policies: Federal and state policies determine the number of nursing positions funded in public healthcare settings. These policies are often driven by budgetary constraints rather than actual community healthcare needs. Policies and funding decisions that do not align with the actual health needs of the population or fail to anticipate future healthcare trends can create mismatches between the supply of nurses and the demand for nursing services. Also, the rigidity of funding allocations can limit the ability of healthcare services to adapt to changing needs, thereby hindering effective use of the nursing workforce.

Inadequate reimbursement for nurse-led services: Nurse-led services, including those provided by nurse practitioners, are not reimbursed at the same rate as those provided by physicians, despite evidence showing their effectiveness in delivering quality patient care. This financial undervaluation discourages the expansion of nurse-led models of care and limits the scope of practice for nurses, preventing them from working to their full potential.

Limited funding for nursing education and professional development: There is a lack of sufficient government funding for nursing education and professional development. This includes limited support for clinical placements, postgraduate studies and continuous professional development opportunities. The financial burden often falls on individual nurses or their employers, hindering the ability of nurses to advance their skills and knowledge, which is essential for addressing the complex health needs of the population.

Inequitable distribution of resources: Rural and remote areas face significant challenges in recruiting and retaining nurses due to inadequate funding and resources. These regions often lack the infrastructure and support services necessary to attract nurses, such as access to professional development, mentorship and suitable housing. The disparity in resource allocation exacerbates health inequities and limits the availability of nursing care in underserved areas.

Lack of support for innovative nursing roles: The health funding system does not adequately support the development and implementation of innovative nursing roles and models of care. There is a need for targeted investment in research and pilot programs to explore new ways of utilising the nursing workforce effectively. However, the current funding mechanisms are rigid and do not provide the flexibility required to adapt to changing healthcare needs and embrace innovation.

Funding relationships and system accountability: The mix of funding for different aspects of the nursing workforce has led to a disconnect in responsibilities for the workforce between universities, health services, state health departments and the Commonwealth. Stakeholders told us that this has created a lack of accountability for outcomes – no one element of the system owns or is responsible for nursing workforce challenges.

### 4.2.3 Different sector legislation and policy settings creates competition for nurses

A competitive environment for nurses: The different policy settings, legislation and funding mechanisms across the health, disability and aged care sectors creates wide variations of employment opportunities, remuneration, benefits and conditions for nurses. Nurses now have unprecedented opportunities to work outside traditional roster-driven hospital-based settings, including the ability to work as solo businesses via agencies and platforms such as Mabel. Many nurses are embracing these options, and many stakeholders expressed concern that the lack of accountability and consistency across the broader ecosystem is driving greater competition.

### 4.2.4 States and territories agree there is a need for a national strategy

A level playing field: In consultation with the states and territories, it is clear that their over-riding concern is to maintain nurses in their own systems. The smaller jurisdictions, including Tasmania, South Australia, the Northern Territory and, to a lesser extent, the ACT, have less ability to incentivise nurses to join and remain in their health systems.

Quote:

‘We’ve got a great strategy for recruitment, but this means we’re taking all the other states’ people … we’re robbing Peter to pay Paul.’ – State and territories workshop participant

As a result, states and territories agree that there is a need for the following:

Reform to support a shared responsibility for nursing workforce challenges: States/territories see a key role for the Commonwealth to drive reform of inconsistent legislative, regulatory and policy settings governing nursing workforce planning and supply. Many have an appetite for substantial reform as opposed to ‘tinkering around the edges’. Specific areas identified include:

* coordinated workforce planning
* nationally convened workforce data and analysis
* scope of practice reviews for assistants in nursing (AINs), enrolled nurses (ENs) and registered nurses (RNs)
* better funding for nurse-led models of care
* nationally coordinated approaches to workforce distribution incentives, particularly for rural and remote areas
* nationally coordinated incentives for placements, scholarships and financial supports for nursing students.

Better coordination of nursing workforce planning between higher education and state-based health systems: State and territory representatives perceive a role for the Commonwealth to better coordinate the university and health sectors, ensuring a whole-of-system approach to education, training and workforce planning.

Support for cost of living and housing for nurses: Participants see a role for the Commonwealth to support the nursing workforce with housing and related cost-of-living pressures affecting workforce sustainability across all states, particularly in regional, rural and remote settings.

## 4.3 Community perceptions of nursing

The community’s trust in nurses is evident, with many participants recalling their hospital experiences by specifically mentioning the quality of nursing care they received. Community members describe nurses often as the first point of contact in a healthcare setting and the last health professional they interact with before discharge, highlighting the integral role nurses play throughout the healthcare journey. Community members explained that this level of interaction and the personal touch that nurses provide contributes to the high regard in which they hold them.

### 4.3.1 Community trust in nurses is high, generating interest in nursing as a career

Community perspectives of nurses are generally positive: Community members see nurses as compassionate, trustworthy, dedicated and essential to the health system.

* Nurses are frequently seen as the health system caregivers who provide not only nursing care but also emotional support to patients and their families.
* Community members appreciate the hard work and long hours that nurses put in, especially during times of crisis such as the COVID-19 pandemic. Nurses are seen as the trusted backbone of health services, with their dedication and willingness to promote positive change being widely acknowledged. However, this trust and respect is juxtaposed with a series of challenges that stem from outdated stereotypes and a lack of understanding of nursing roles.
* The trust and respect for nurses are reflected in various surveys and polls, where nursing is consistently ranked as one of the most trusted professions. Results from the 2023 Ethics Index Report from the Governance Institute of Australia (2023 Ethics Index Report) notes nurses are rated as the third most ethical profession in Australia, higher than general practitioners and second only to pharmacists in the health sector. The study does note that, in line with a shift in perceptions post COVID-19, there has been a decline in the net score for nurses over the previous 2 years.

Positive community perceptions shape interest in nursing as a career: Consultation with those considering a nursing career echoed many of the community perceptions we have identified about the positives and negatives of a career in nursing. The role is held in high regard, and the urgent need for more nurses appears to have cut through, with awareness around government support and incentives adding to the appeal of the career.

Interest in a nursing career is often triggered by a personal experience of nurses or nursing: Real-world experiences of nursing can be a trigger for considering a career in the field. Often a specific experience with a nurse in a healthcare setting for themselves or a loved one will trigger an interest because it highlights the specific (and possibly unexpected) value nurses bring to health care.

Quote:

‘I started thinking about nursing after I went to a clinic. I needed to make some decisions about contraception and had a really good experience about what was best for me. It was probably one of my better medical experiences. She just seemed very eager to find something that would work, help me make a good decision. She seemed very confident and had a lot of knowledge ... she was just very good at making it feel, like, not awkward, you know? – Potential nursing student depth interview

### 4.3.2 There is high interest in nursing as a career, but some community views are outdated

Community stereotypes of nurses can be outmoded and do not always reflect nurses’ own professional identity: The community can view nurses as altruistic, typically female ‘angels’, rather than qualified professionals, and the public does not understand the full scope of nursing practice. Many first think of direct patient care, rather than encompassing roles in teaching, research and government, where nurses can influence policy and contribute to healthcare improvements.

Outmoded beliefs remain that nursing is a ‘female’ job but a ‘safe’ one: Potential students still appear to view nursing as a safe job and as a possible ‘fallback’ to a career in science. They see it primarily as a caring job better suited to females.

Quotes:

‘My idea would be to go into biology as a general, but I feel like I’m definitely considering nursing as, like, maybe a safe option ... like there’s always going to be a job … there’s a lot of government help with getting your nursing degree.’ – Potential nursing student depth interview

‘It’s kind of like a female gender job.’ – Potential nursing student depth interview

### 4.3.3 The patient experience of nursing is largely positive, although areas of patient concern exist

Health consumers provided positive feedback about their experiences with nurses, as well as noting areas for improvement. Key positives included the following:

Nurses show real commitment and care: The nursing profession is recognised for its commitment and the ability of nurses to manage care with a human touch, particularly in areas like mental health and cancer care. They are viewed as the essential intermediary between doctors and families, providing empathy, information and answers to queries.

Specialisation of nurses and expertise is well regarded: Specialised roles, such as ovarian specialist nurses and diabetes educators, are highly valued for their expertise and the continuity of care they provide to patients.

Nurses take time to deliver a genuine holistic approach: Some nurses, when they can, spend considerable time with each patient, offering a holistic approach to care that includes summarising patient information and undertaking diagnostic testing.

Consumers also highlighted several negatives:

Negative patient experiences and discrimination: Patients with specific needs, such as chemical sensitivities or mental health issues, spoke of negative experiences due to lack of recognition or discrimination by nursing staff.

A lack of support and education for nurses: There is a perceived gap in support and education, particularly in mental health care, where nurses without specific training may adopt unsafe practices. This is exacerbated by a culture that may discourage innovation and suppress new ideas.

The administrative burden: Patients see that nurses are burdened by administrative tasks, limiting their time for patient care and personal interaction.

Workplace issues can prohibit nurses from delivering the care they wish to: Discussions highlighted patients’ awareness of workplace challenges for nurses, including poorly equipped environments and a culture that can be negative due to overwork and stress.

A need for enhanced training and education of nurses: The community recognises the need for more comprehensive training in mental health and human rights for nurses, as well as trauma-informed care.

Cultural and systemic changes are required to support nurses: Suggestions included implementing a stronger culture of reporting unsafe behaviour, encouraging independent thinking and incorporating more consumer advocates on health boards and committees.

More support and resources are needed for nurses: Community members referenced the need for more support for nurses including better inclusion, support against bullying and access to education as important issues to address.

Changing health care and the need for better technology for nurses: The community acknowledges that the changing face of health care will require nurses to adapt to new technology. They should therefore be supported with the appropriate tools and training.

A need for better engagement with consumers to support professional respect of nurses: Strengthening training in consumer engagement, as well as involving consumers in curriculum development, were highlighted as ways to enhance nurse-patient communication.

Community members are concerned about the challenges nurses face: The broader community is aware that nurses are under considerable pressure due to widely publicised issues such as staffing shortages, burnout and the need for better working conditions and support. Community members may advocate for improved healthcare policies and resources to ensure nurses are well supported in their roles, recognising that the wellbeing of nurses directly affects the quality of patient care.

## 4.4 Summary of key factors affecting recruitment and retention

In assessing the issues that arose during the consultation across the breadth of audiences, we have identified a range of factors we consider provide a qualitative guide to the severity or impact on recruitment and retention. These are divided into the 3 lenses of: systemic factors; issues from the workforce perspective; and issues from the community perspective.

In Figure 2, for each lens we note the factors that are currently performing well and contributing to sustainable workforce recruitment and retention and those factors that are performing less well but do not currently have a major impact on recruitment and retention. Finally, we note those factors we consider qualitatively to have a significant effect on recruitment and retention of a sustainable nursing workforce in Australia. These factors include some that are systemic, as well as aspects that nursing stakeholders identified as critical. These factors, together with those relevant to a community lens, should ideally be addressed in an NNWS and, as such, will also be included in our ‘future state’ report.

Figure 2: Summary of key factors affecting nurse recruitment and retention

[Note that the content of this figure has been converted to a table for improved accessibility]

| System lens | Nurse workforce lens | Community lens |
| --- | --- | --- |
| Performing well | Proud of the reputation of nurses  Interesting and varied career  Innovative practices in places across Australia  Formalising of assistant in nursing and nurse practitioner roles  Blended models of education and training (e.g. RUSON)  Empowered to perform well  Support and supervision from other nurses and health professionals  Collaboration with multidisciplinary teams  Well-equipped to do their job  More opportunities for career progression than in the past  Good job security and diversity | Highly valued role  Quality of care in the health system |
| Performing less well | Sporadic use of data  Inconsistent practical application of technology in practice  Diverse workforce (CALD, LGBTIQ+) | Burnout  Safety/pay concerns |
| Significantly affecting recruitment and retention  Unsafe workloads  Inconsistent transition to practice  Nationally  inconsistent  training standards  Healthcare funding  mix between State and Commonwealth | Inconsistent workplace safety  Inconsistent workplace culture and leadership  Dominance of acute care nurse persona  Limited opportunities for nurse-led innovations due to funding and scope of practice barriers  Lack of definition of expected competencies and responsibilities (role scope/skills mix)  Inconsistent quality of education and training  Inconsistent transition to practice to prepare graduates to the optimal standard  Limited pathways into nursing to maximise interest  Poor student experience  Insufficient focus on meeting needs of nursing in rural and remote communities  Lack of flexibility across the profession – leading to interest in more attractive options  Absence of standardised international nurse qualifications  Significant barriers to movement and progression (qualifications and competencies)  Extreme workload and burnout including administrative tsunami | Knowledge of breadth of nursing options |

## 4.5 Recruitment: securing interest in nursing

Nursing workforce shortages are a global phenomenon, not an issue peculiar to Australia. Any national strategy needs to consider the motivations and drivers that attract nurses to the profession while reducing barriers. And despite significant workforce pressure, there are many reasons nurses continue to be drawn to the field. These include the desire to help others, the satisfaction derived from patient care, the community trust nurses enjoy, the challenge of complex problem solving, diverse opportunities and a growing professional identity.

Quote:

‘It is the most satisfying work that you can ever do. You’ll always know that it’s meaningful. You’re making a difference to somebody else’s life … in multiple peoples’ lives. There are huge opportunities for career development and you’re designing health systems … designing the responsiveness of those systems to meet the community’s needs and the person right in front of you.’ – Nurse academic depth interview

### 4.5.1 Current workforce recruitment initiatives

Nursing workforce sustainability has been noted as an issue since at least 2014 when it was outlined in Australia’s future health workforce – nurses overview report (Commonwealth of Australia 2014). However, the strain of the COVID-19 pandemic has exacerbated existing workforce shortages and pressures. Post COVID-19, in around 2022, state and territory health systems started investing considerably in recruitment and retention activities. AS part of this, they developed and implemented a range of strategies, initiatives and programs to address the workforce shortages. These will be explored in the environment scans but include a wide range of initiatives such as:

* salary boosts
* sign-on bonuses
* retention payments
* relocation assistance and housing
* additional leave
* access to training and education
* deployment programs
* flexible work arrangements
* recognition and mental health support programs
* free nursing study and scholarships
* international recruitment programs
* new entry pathways – for example, the Registered Undergraduate Students of Nursing (RUSON) model in Victoria.

Stakeholders noted that these initiatives have had varying levels of success and can also act to create competition between jurisdictions for nurses. Nonetheless, the range of initiatives speaks to the fact that every state and territory is alert to nursing workforce issues and challenges and have been implementing a range of sporadic ‘bottom up’ programs as a result. The NNWS could provide an opportunity for a cohesive, coordinated ‘top down’ approach to workforce sustainability.

### 4.5.2 Why be a nurse – the motivations that attract nurses to their career

Nurses shared the following reasons for what they value in their roles, and what they consider are the lead factors that continue to attract nurses:

A strong sense of pride: Nurses are generally proud of the role they fulfil in the community. They believe the community holds them in high regard and that their peers, friends and family are highly supportive of their career choice. The COVID-19 pandemic reminded them that despite the significant challenges of their roles, many continue to feel a strong sense of pride when they tell others ‘I’m a nurse’.

Great job and career opportunities: Nurses noted they are currently in high demand and will always have a job. A career in nursing is seen as diverse and varied, with many career opportunities and specialisations.

The intrinsic desire to help others and make a tangible difference in people‘s lives: This altruistic drive is a powerful force that drives people into nursing and sustains them through the demanding nature of the job. The drive to deliver care and compassion is a recurring theme.

Personal fulfillment: Nursing can provide a deep sense of personal fulfillment and role satisfaction. The direct impact nurses have on the lives of their patients, through both critical and routine care, offers a tangible sense of accomplishment. This career enables nurses to witness the immediate effects of their care and support, from alleviating pain and suffering to providing comfort and encouragement during recovery processes.

Professional autonomy and growth: The nursing profession offers significant opportunities for professional autonomy, development and advancement. Nurses are critical thinkers, required to make quick, informed decisions about patient care. The field encourages continuous learning, specialisation and professional growth, allowing nurses to advance in their careers through additional certifications, education and roles in management or specialised fields of care.

Intellectual challenge and continuous learning: Nurses spoke of their passion for the dynamic and ever-evolving nature of health care, which requires them to be lifelong learners and adapt to new technologies and treatments. This aspect of nursing can be particularly appealing to those who seek a career that will challenge them mentally and offer opportunities for growth and advancement.

Nursing is always changing: Nurses noted that no 2 days are the same and that the profession itself is dynamic and focused on continuous advancement of knowledge and practice.

### 4.5.3 Better communication of the nurse role is required to support recruitment

While the above factors suggest strong motivations to join the nursing workforce, nurses noted negative perceptions of the role in the broader community and health sector. Many suggested that nursing needs to better communicate the nurse ‘brand’, including the benefits a career in nursing can offer, and the value of nursing in the health system overall. Nurses reported the recruitment pipeline is currently negatively impacted by the following factors:

Stereotypes and misconceptions: Social or public image of a profession is a key component of professional identity. Nurses often grapple with the stereotype of being ‘angels’ or ‘handmaidens’, which can undermine their professional expertise and the complex, highly skilled work they do. Community perception of nurses as mere assistants to doctors persists, with media representations and dramatisations often reinforcing these narrow views. This not only affects the professional reputation of nurses but also impacts on the attractiveness of the profession to potential students.

Domination of acute care: Nurses noted that the public perception of them focuses on the traditional acute care setting, with little regard to, or awareness of, the breadth of nursing careers. Nurses consistently told us that career options such as rehabilitation nurses, primary care nurses or mental health nurses are virtually unknown. This is echoed in the quantitative survey findings outlined in below.

A tarnished reputation: Nurses themselves believe the reputation of the profession has been tarnished post COVID-19, with the belief that the community perceives nurses to be stressed, burnt out, overworked and underpaid. It is not clear that the community does hold this perspective, but the perceptions of the role as challenging and difficult do persist, as noted earlier.

Quote:

‘We have not done a good job of telling our story of the contemporary nurse … There’s so many different things that you can do, but we have not done a good job as a profession sharing and communicating that to kids and to the public. We’re good at being there at the bedside.’– Nurse practitioner depth interview

## 4.6 Retention: Keeping nurses in the system

Stakeholders were very clear that efforts to retain nurses, particularly experienced nurses, must be a priority in a national strategy. Recruitment will always be important, but poor retention, in particular the loss of skilled and senior nurses from the system, is seen as a more urgent issue that is reaching a critical point.

Further, participants noted there is no one factor that is alone affecting retention of nurses. Indeed, many of the issues are connected and inter-related. This section of the report summarises the overarching issues that both encourage and discourage retention and takes a ‘journey mapping’ approach to identify key points at greatest risk of separation.

Survey results:

55% of nurses believe that the workforce is valued by the community

35% of nurses are satisfied with the recognition they receive

### 4.6.1 Nurse job satisfaction: what’s working well and what are the issues?

#### What helps retain nurses?

Beyond the drivers of satisfaction that nurses cited as key appeals of a career of nursing, they noted the following 2 aspects that keep them engaged in their role, despite ongoing workload issues:

Camaraderie, teamwork and collaboration: Nurses noted a generally high level of satisfaction with teamwork and collaboration in what is an inherently collegial profession. The pressures faced by the nursing workforce throughout the COVID-19 pandemic cemented for many an invaluable bond. Many feel a strong sense of loyalty to each other, to continue to provide support and help by turning up every day.

Recognition of efforts to improve the wellbeing and conditions for nurses: Nurses noted that following the pandemic there have been many initiatives to support wellbeing and work conditions for nurses. Although more needs to be done, examples such as this very consultation process to develop a national strategy suggest that the issues have been noted and will be addressed.

### 4.6.2 Key problems and concerns

Improving retention, addressing staff shortages or improving nurse-patient ratios are the key issues reported by stakeholders.

Workload management, staff shortages and a lack of operational support: Workload management is the biggest hurdle nurses face. Poor workload management impacts on the time that nurses have for patient care and professional development. Lack of operational support manifests in long lists of non-nursing tasks for nurses working in hospital settings.

* 59% of nurses in the Consultation Hub Survey suggested that improving retention, addressing staff shortages or improving nurse-patient ratios are the key priorities that need to be addressed (Figure 3).
* 71% of nurses in the Panel-Recruited Nurses Survey and 59% of nurses in the Consultation Hub Survey identified supporting nurses by ensuring effective workload management systems are in place. Ensuring a positive workplace culture is also important (Figure 4).

Stress and burnout: Work-related stress is a regular issue for most nurses (Figure 5). A large proportion also deal with burnout as a result of the demands of their work. This is discussed in more detail in section 4.11.

Lack of flexibility and work-life balance: Only 55% of nurses feel they have enough flexibility to balance work and personal needs (Figure 6). This is discussed in more detail in section 4.11.

Lack of time to deliver high-quality care: The lack of time to undertake all facets of the role including the time to deliver high-quality care is also driving poor nurse satisfaction and retention (Figure 7).

Leadership: There are mixed perspectives on workplace leadership, with leaders being trusted but also seen as not responsive enough to workplace concerns and managing change (Figure 8). This is discussed in more detail in section 4.12.

Professional development: Time and support for nurses to access professional development is perceived to be inadequate (Figure 9). This is discussed in more detail in sections 4.7 and 4.10.

Workplace culture and safety: Almost half of all nurses struggle with some level of stress and have concerns about workplace safety and culture (Figure 10). This is discussed in more detail in section 4.12.

Pay, benefits and recognition: Issues concerning pay, benefits and recognition are also common areas of dissatisfaction among nurses (Figure 11). It should be noted, however, that pay was not identified as a lead driver in nurse engagement/satisfaction as outlined in the driver analysis.

Specific issues in non-acute nursing settings: Consultation across a range of health settings indicated that there are common issues and priorities across all setting, but nurses working in specific settings noted particular priorities and concerns:

* + Nurses working in non-acute hospital-based settings cautioned that the strategy must account for all nurses and must be relevant for nurses working outside the hospital system.
  + Mental health nurses noted the need for a greater focus on the specialised requirements and training needed to meet growing mental health demands in the community.
  + Primary care nurses want to see greater focus and support of non–hospital based, nurse-led models of care.
  + Nurses working in aged care are concerned about the poor reputation of the aged care nurse role and the special demands placed on nurses where they may be working with limited support from other RNs in the workplace and managing teams of non-nurse staff including personal care workers.

Figure 3: Suggestions for the key issue that the strategy should address – Consultation Hub Survey (top 5)

[Note that the content of this figure has been converted to a table for improved accessibility]

| Suggestion | Nurses | Other individuals | Organisations |
| --- | --- | --- | --- |
| Improve ratios / address staff shortages / improve retention | 59% | 36% | 36% |
| Career progression/upskilling support - study leave, scholarships, paid training etc. | 21% | 26% | 29% |
| Increased support for nurses in regional, rural and remote areas | 5% | 9% | 25% |
| More practical education | 5% | 8% | 4% |
| Reduce the financial burden of study and placements | 4% | 11% | 4% |

Source: Q7. What is the key issue or opportunity for the National Nursing Workforce Strategy? What challenge do you want to see it address?

Base: Consultation hub, unweighted, n = 665.

Figure 4: Areas for government to prioritise to ensure a sustainable nursing workforce in the future – Hub and Panel surveys (top 5)

[Note that the content of this figure has been converted to a table for improved accessibility]

| Area to prioritise | Panel survey | Nurses (Hub) | Other individuals | Organisations |
| --- | --- | --- | --- | --- |
| Supporting nurses by ensuring effective workload management systems | 71% | 59% | 41% | 32% |
| Ensuring workplaces that have a positive culture with strong leadership that supports nurse / staff wellbeing | 62% | 63% | 60% | 58% |
| Giving access to education and lifelong learning that equips nurses with the skills they need | 47% | 46% | 48% | 42% |
| Ensuring nurses can deliver true person-centred care | 46% | 38% | 39% | 28% |
| Ensuring nurses can easily transition to practice when they’ve finished their initial qualification | 42% | 37% | 37% | 48% |

Source: Q30. Which of the following areas should governments in Australia prioritise to ensure a sustainable nursing workforce in the future? : Q11. Which areas should the Australian National Nursing Workforce Strategy prioritise to ensure a sustainable and engaged nursing workforce into the future?

Base: Panel survey, unweighted, n = 1485; Consultation hub, unweighted, n = 830.

Figure 5: Workloads wellbeing and burnout

[Note that the content of this figure has been converted to a table for improved accessibility]

| Experience | Every day | A few times  a week | A few times a month | Once a month | A few times a year or less | Never | Net expereinced |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fatigue requiring me to take personal leave | 2% | 3% | 11% | 15% | 51% | 19% | 81% |
| Burnout | 9% | 12% | 20% | 15% | 34% | 10% | 90% |
| Physical demands of the job | 23% | 20% | 18% | 12% | 18% | 9% | 91% |
| Stress | 23% | 23% | 23% | 11% | 15% | 4% | 96% |

Source: Q10. How often do you experience the following difficulties in your work as a nurse?

Base: Panel survey, unweighted, n = 1485.

Note: labels less than 3% have been moved for clarity.

Figure 6: Nurses’ satisfaction with flexibility and rostering

[Note that the content of this figure has been converted to a table for improved accessibility]

| Question | 1 Strongly disagree | 2 | 3 | 4 | 5 Strongly agree | NET agree |
| --- | --- | --- | --- | --- | --- | --- |
| I am satisfied with the amount of flexibility I am given to meet both work and personal needs | 7% | 14% | 28% | 33% | 18% | 55% |
| I am satisfied with the way my work is rostered or scheduled | 7% | 13% | 25% | 37% | 18% | 51% |

Source: Q9. We’re also interested in how satisfied you are with your current role. To what extent do you agree or disagree with the following statements?

Base: Panel survey, unweighted, n = 1485.

Figure 7: Nurses’ capacity to deliver high-quality care given time constraints

[Note that the content of this figure has been converted to a table for improved accessibility]

| Question | 1 Strongly disagree | 2 | 3 | 4 | 5 Strongly agree | NET agree: 49% |
| --- | --- | --- | --- | --- | --- | --- |
| I have enough time to deliver high quality care most of the time | 9% | 15% | 26% | 32% | 18% |  |

Source: Q8. We’re interested in your experiences in your current role. To what extent do you agree or disagree with the following statements?​

Base: Panel survey, unweighted, n = 1467 to 1480.​

Note: labels less than 3% have been moved for clarity.

Figure 8: Nurses’ experiences of leadership in their workplaces

[Note that the content of this figure has been converted to a table for improved accessibility]

| Question | 1 Strongly disagree | 2 | 3 | 4 | 5 Strongly agree | NET agree |
| --- | --- | --- | --- | --- | --- | --- |
| I receive constructive feedback on my performance | 5% | 13% | 25% | 34% | 22% | 57% |
| I trust in my workplace leadership | 7% | 14% | 24% | 34% | 22% | 56% |
| My workplace manages change effectively | 6% | 14% | 28% | 36% | 16% | 52% |
| I receive clear and consistent information about strategic goals in my workplace | 5% | 14% | 29% | 33% | 18% | 52% |

Source: Q8. We’re interested in your experiences in your current role. To what extent do you agree or disagree with the following statements?

Base: Panel survey, unweighted, n = 1467 to 1480.

Note: labels less than 3% have been moved for clarity.

Figure 9: Nurses experiences of, and satisfaction with, professional development opportunities

[Note that the content of this figure has been converted to a table for improved accessibility]

| Question | 1 Strongly disagree | 2 | 3 | 4 | 5 Strongly agree | NET agree |
| --- | --- | --- | --- | --- | --- | --- |
| I have enough time for professional development to keep up with the pace of change in healthcare | 10% | 21% | 25% | 30% | 14% | 44% |
| I am satisfied with the professional development opportunities available to me | 9% | 17% | 32% | 30% | 12% | 42% |

Source: Q8. We’re interested in your experiences in your current role. To what extent do you agree or disagree with the following statements? C9. We’re also interested in how satisfied you are with your current role. To what extent do you agree or disagree with the following statements?

Base: Panel survey, unweighted, n = 1477 to 1485.

Figure 10: Nurses’ experiences of unsafe workplaces

[Note that the content of this figure has been converted to a table for improved accessibility]

| Experience | Every day | A few times  a week | A few times a month | Once a month | A few times a year or less | Never | NET experienced |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Racism | 1% | 4% | 8% | 6% | 23% | 58% | 42% |
| Unethical conduct | 1% | 3% | 8% | 9% | 36% | 43% | 57% |
| Physical danger | 4% | 8% | 14% | 10% | 36% | 28% | 72% |
| Psychological danger | 7% | 8% | 14% | 11% | 33% | 27% | 73% |

Source: Q10. How often do you experience the following difficulties in your work as a nurse?

Base: Panel survey, unweighted, n = 1485.

Note: labels less than 3% have been moved for clarity.

Figure 11: Nurses’ satisfaction with their pay and benefits

[Note that the content of this figure has been converted to a table for improved accessibility]

| Question | 1 Strongly disagree | 2 | 3 | 4 | 5 Strongly agree | NET agree |
| --- | --- | --- | --- | --- | --- | --- |
| I am satisfied with my pay and benefits | 17% | 22% | 29% | 24% | 9% | 32% |

Source: Q9. We’re also interested in how satisfied you are with your current role. To what extent do you agree or disagree with the following statements?

Base: Panel survey, unweighted, n = 1485.

#### Pain points and opportunities across the nursing career journey

To further develop the evidence-base and better understand the points at which nurse retention is under greatest pressure, we have mapped the nurse career journey across the career lifespan using insights gathered from the consultation (Figure 12). Further reporting using the nurse career journey will be undertaken as part of the Building the evidence base for a National Nursing Workforce Strategy – Report of Stage 1 - Volume 2 report, but key themes are:

Figure 12: Nursing career journey pain points

[Note that the content of this figure has been converted to a table for improved accessibility]

| Entry pathways | Student experience | Early career challenges | Mid-career dissatisfaction | Late career |
| --- | --- | --- | --- | --- |
| There is an opportunity for more varied and better support of non-traditional entry pathways | There are ongoing issues for nursing students related to onerous placement requirements and costs of study as well as an inconsistent and, at times, poor student experience | Higher levels of dissatisfaction at initial career stages highlights issues of transition to practice, workloads and leadership support of new nurses | Mid-career nurses report challenges around career progression, leadership support and unsustainable workloads | Late-career levels of satisfaction can be higher, but there are concerns around transition to retirement and adapting roles to reduce the onerous physical demands of the job |

Quotes:

‘Attrition of mid and later-career nurses has resulted in short staffing, a significant loss of experience, an increased burden of care for nurses who remain and reduced support for early-career nurses or those new to an area.’ – Submission

‘There’s no encouragement, especially when you’re in a hospital setting. If you’re an EN, there’s not really a lot of support to progress to become an RN.’ – Enrolled nurse depth interview

#### Summary of stakeholder priority areas for a National Nursing Workforce Strategy

As mentioned, nurses responding to the panel survey consider workload management to be the critical issue to be addressed by government (Figure 13).

Figure 13: Areas of stakeholder priority

[Note that the content of this figure has been converted to a table for improved accessibility]

| Area of stakeholder priority | Panel survey |
| --- | --- |
| Supporting nurses by ensuring effective workload management systems | 71% |
| Ensuring workplaces that have a positive culture with strong leadership that supports nurse / staff wellbeing | 62% |
| Giving access to education and lifelong learning that equips nurses with the skills they need | 47% |
| Ensuring nurses can deliver true person-centred care | 46% |
| Ensuring nurses can easily transition to practice when they’ve finished their initial qualification | 42% |
| Addressing the health and aged care needs of the aging population | 41% |
| Promoting the value of nurses within the community | 40% |
| Providing access to opportunities for career progression | 39% |
| Addressing the needs of a regional, rural and remote communities | 38% |
| Supporting nurses to work to their full scope of practice | 36% |
| Ensuring a mutual recognition of skills between health services, care contexts and jurisdictions | 24% |
| Enabling nurses to use data and digital technology effectively to improve outcomes for Australians | 14% |

Source: Q30. Which of the following areas should governments in Australia prioritise to ensure a sustainable nursing workforce in the future?

Base: Panel survey, unweighted, n = 1485.

## 4.7 Education and training

The consultation received significant feedback from stakeholders about the challenges and opportunities of the education and training programs that prepare nurses for nursing. Stakeholders acknowledge that education and training heavily influence the attraction and retention of nurses and they highlight some positive aspects of the way in which nurses are currently trained. However, they emphasise the challenges and need for improvement.

### 4.7.1 Stakeholders value the robust and comprehensive nature of nursing education programs

Many stakeholders agree that some elements of the current education and training programs deliver positive experiences and desirable outcomes:

Robust and comprehensive education programs: Stakeholders, including education institutions, workplaces, nurses and students, agree there are programs designed to equip nurses with a broad range of skills and knowledge to prepare them for the diverse challenges they will face in healthcare settings.

Integration of clinical placements: Clinical placements are seen as a crucial component, providing students with real-world experience and the opportunity to apply theoretical knowledge in practical settings. These placements are viewed as essential for developing clinical competencies and fostering a deeper understanding of patient care. While simulation is accepted, it is not perceived to be as helpful as practical application in a live setting.

The use of digital tools and platforms: Stakeholders agree that adopting digital tools and learning platforms has enhanced the learning experience, offering interactive and flexible learning options. This is viewed as particularly beneficial in reaching students in rural and remote areas, providing them with access to quality education without the need for relocation.

More inclusive and culturally safe education: There is an appreciation of the effort to create more inclusive and culturally safe education programs including dedicated units on First Nations peoples’ health, history and culture, ensuring that nurses are better prepared to provide care that is respectful and responsive to the needs of diverse communities.

Quote:

‘We’re taught the university content, but it’s at the hospital, facilitated by hospital educators. So, the benefit of that is that there’s local documents and equipment that we’re using. So the minute we get out on placement, it’s exactly the same as the sort of documents and equipment that we’ve trained on – our educators are all very current. I actually work with one of them that has taught me before. So there’s that very real currency of practice and understanding the real-world version of nursing.’ – Student nurses webinar participant

### 4.7.2 Pathways into nursing do not maximise the potential interest in the field

The consultation identified a range of strongly held views about the structure of education and training, which stakeholders believe does not universally support a smooth and empowering transition into the practice of nursing. Many stakeholders agree that the current education and training pathways do not leverage the interest in nursing. They noted that the traditional route to becoming an RN in Australia, which typically involves completing a 3-year Bachelor of Nursing degree, may not be accessible or suitable for everyone, particularly for people from diverse backgrounds or those living in rural and remote areas. They believe there is a need to increase options for ENs, overseas applicants, culturally and linguistically diverse applicants, volunteers and the growing number of young people who are choosing not to complete final exams or record a traditional ATAR.

Non-university pathways: The consultation identified a growing recognition of the need to engage with the increasing number of young people choosing not to go to university. While the EN role is recognised as a pathway into nursing via a Diploma of Nursing, there is no non-university pathway that allows an EN to progress to become an RN. While an apprenticeship-style qualification was identified as a possible solution, this attracted significant discussion and debate about the potential that an on-the-job training program could undervalue the nursing profession.

Training for CALD nursing students: All stakeholders highlight the importance of a multicultural nursing workforce to reflect the Australian population. They noted the challenges of ensuring Australians from culturally diverse backgrounds have a pathway into nursing that enables this while supporting the need for culturally appropriate training and English literacy.

Internationally qualified nurses (IQNs): Virtually all participants agree that IQNs bring a wealth of experience and knowledge from diverse health systems. However, they acknowledge that their transition into the Australian nursing workforce is often hindered by a lack of clear and accessible pathways. They believe the current system requires IQNs to undergo a rigorous (and lengthy) assessment process, which includes completing bridging courses and obtaining registration through the Nursing and Midwifery Board of Australia (NMBA). They noted variability in the recognition of international qualifications and experience. While some health services and educational institutions have made strides in acknowledging the skills of IQNs, there is still a lack of consistency across the board. This inconsistency can lead to frustration and a sense of devaluation among IQNs, who may feel that their prior experience is not fully appreciated. IQNs noted that despite the assessments and bridging courses, many reported feeling underprepared and unsupported in their new roles.

Stakeholders also agree that, along with a concerted effort to streamline registration processes for IQNs, financial and structural support within the workplace would assist with ensuring cultural integration.

Quote:

‘Current visa and nursing registration costs are some of the highest in the English-speaking world. In an increasingly competitive landscape Australia needs to provide incentives that justify the significant investment faced by IQNs such as the introduction of a special occupation list that grants direct Permanent Residency status for IQNs’. – Submission

Recognition of prior learning: Stakeholders identified an opportunity for recognition of prior learning to be considered in nursing education and training, particularly to support career changers to enter nursing. They believe the option to receive credit for previous experiences and education should be available to allow student nurses to progress more efficiently through their study. Stakeholders also suggested that this would promote generational diversity among the workforce, including a broader age range of nurses, which they agree could enhance patient care and create a more inclusive environment.

Mature career changers: There is a perception that education and training options do not support mature career changers to choose a career in nursing. Stakeholders believe that nursing presents a number of challenges for career changers including time to study and train while in another job, to gain recognition of prior skills or qualifications and, for some, to manage a family.

Quote:

‘Nurses will require more adaptable educational and career pathways, influenced by the evolving demographics of nursing students and imminent changes in education policies. Over a third of university nursing students commence their studies at 26 years old or older, with many having family and significant financial obligations. Additionally, 20% of students pursue their studies on a part-time basis (and this % is increasing due to the current cost of living crisis). Flexible study pathways primarily fall under the realm of education but will require collaboration from regulators, professional bodies, and healthcare service providers to enable adaptable educational programs and clinical placements. Australia has an entry to practice qualification that provides generic nurse education.’ – Submission

### 4.7.3 Poor student experiences are having an impact on engagement and contributing to attrition

Some student nurses and recently graduated nurses, along with those who educate or work with student nurses, highlighted some of the workplace cultural issues that they know to have a negative influence on their student experience. They include experiences both at their learning institution as well as on placement, citing poor leadership, racism and bullying as key issues affecting morale and willingness to continue their nursing journey.

Bullying and racism: Students and recent graduates reported facing bullying regularly from other nurses. They explained a reluctance to speak out, fearful of potential repercussions on their careers. The consultation identified that international students are more likely to experience bullying and racism, with many feeling targeted and unfairly treated compared with domestic students. These students are much less likely to report based on potential repercussions not only for their employment but for their ability to remain in Australia.

Quotes:

‘A lot of my Asian friends were all absolutely terrified of getting a placement at this one big Brisbane hospital because it was known for being racist against Asian students. Every time someone would get a placement at this hospital, they’d try to swap out of it. One of our friends told me they were having a lot of issues, and they went to talk to their educator and then they failed the student, blaming them. They had to repeat their placement again.’ – Casual/agency nurse webinar participant

‘They often speak about having no time to care, feeling anxious and overwhelmed. A small number have complained that the university has not prepared them enough for the bullying, disrespect, and lack of support from their registered peers.’ – CNE nurse academic solo submission

Trauma support: Some students describe a lack of support and debriefing after they witness a traumatic event during clinical placements, with some being told to ‘get used to it’ without the necessary support or intervention.

Quote:

‘There’s a real need to do something to help prevent and offset ongoing mental health issues and also to recognise trauma in the mental health nursing workforce because … we’ve got a lot of evidence that they’re experiencing trauma in their own lives, but also in the workplace.’ – Mental health nurses webinar participant

Socially isolating: Some nurses and stakeholders explained that students can feel unsupported when working in a clinical placement a significant distance from away from family and friends. They described a lack of emotional and social support, particularly when negotiating the challenges of learning in a new environment.

### 4.7.4 Assistants in nursing offer a critical role in health care, but there is a need for standardised and regulated training programs

All stakeholders agree that the role of AINs in the Australian health system has become increasingly significant, particularly in the context of aged care and rural healthcare settings. They noted that AINs provide essential support to RNs and ENs and are poised to play a pivotal role in the future by performing a variety of patient care tasks. However, they noted a need to ensure education and training of AINs equips them with the necessary skills and knowledge to provide high‑quality care.

Standardised and regulated training: Currently, AINs can enter the workforce with varying levels of education, ranging from vocational certificates to on-the-job training. To enhance their contributions, the consultation identified a need for standardised and regulated training programs to ensure AINs have minimum qualifications. This is considered essential to ensuring a consistent standard of care across various healthcare settings. Stakeholders also believe regulation can empower AINs to work to their full scope of practice, enabling them to perform certain tasks independently and to take on more responsibilities as they gain experience and additional training.

### 4.7.5 Nationally consistent training/standards are essential to increase mobility

As noted earlier, although national accreditation of qualifications and registration of nurses are in place, there remains state- and territory-based policies and practices that hinder a more nationally consistent approach to recognising qualifications and competencies. Also, variations in nursing curriculum and quality of courses are noted. Better national coordination will facilitate better skills transferability and utilisation, enhance workforce mobility and address regional disparities in healthcare provision.

## 4.8 Clinical placement and transition to practice

The consultation acknowledged the significant challenges students face financially and logistically when completing their placements. While many stakeholders agree that the clinical placement approach to on-the-job training is effective in providing hands-on learning, there is considerable frustration with the lack of support for student nurses transitioning to practice with the required skills, mindset and competencies.

### 4.8.1 The structure of the clinical placement system is considered by many to be inflexible and unsustainable

**Clinical placement hours:**

* Enrolled nursing: 400 hours
* Registered nursing: 800 hours

Nurses, students, education institutions and workplaces agree that the placement system offers a valuable opportunity for nursing students to build practical skills and explore different career paths. However, they acknowledge that the current placement system is not working.

Financial strain: The consultation identifies ‘placement poverty’ as a critical issue contributing to high attrition rates and stress among students. Placement poverty refers to the financial strain experienced by students during their placement periods, when they cannot undertake their (usual) paid work; they are generally required to bear the cost of travel and accommodation when on unpaid placements. The lack of financial support and the quantum of hours causes significant stress, unsafe practices (sleeping in cars, parking in unsafe areas due to parking costs closer to health services), loss of paid work (due to sporadic and inconsistent hours) and deciding to discontinue their nursing training. Many nurses describe a heavy reliance on family and friends to support them during their clinical placements, which is particularly stressful and difficult for parents trying to juggle young families in addition to their placement requirements.

Survey results:

67% of nurses who completed their education less than 5 years ago had to make substantial sacrifices to fulfil the professional practice requirements of pre-registration education.

Quote:

‘We have students who are sleeping in cars because they can’t afford to drive to and from placement. We have students here that are homeless.’ – Education institutes webinar participant

Inflexible placement schedules: Students and nurses reported receiving details about their placement with short notice (one participant referenced one day’s notice), making it challenging to arrange work, childcare and other personal responsibilities. This lack of predictability and control over their schedules has proven to be particularly problematic for those with family commitments and those from lower socioeconomic backgrounds.

Quote:

‘I just feel like I was having a conversation with a person that I grew up with. She’s a mum. She’s got 2 young kids. And she was saying that if she didn’t have the support of her husband and her mum and dad to be able to help with the kids, she wouldn’t have been able to get through it.’ – Student nurses/midwives webinar participant

Mentorship and supervision quality: The quality of mentorship and supervision during clinical placements is perceived to vary greatly, impacting the learning experience. There were references to instances where mentors were either too busy with their own caseloads or lacked interest in teaching, leaving students feeling unsupported and uncertain about their clinical decisions.

Survey results:

59% of nurses who completed their education less than 5 years ago say they received feedback on their professional practice that helped them be ready to work professionally.

Time management and workload: The struggle with managing time and workload during clinical placements is challenging, with students having difficulty in balancing the demands of patient care with the need to complete academic assignments and self-directed learning. This often leads to long hours and increased stress, which they agree compromises performance and wellbeing.

Quote:

‘Because of the physical and psychological demands even as a student, I often feel a sense of dread when I think about having to go back on certain placements. This happens because the wards I’ve ended up on previously are so short staffed.’ – Student nurses/midwives webinar participant

Adapting to different clinical environments: There is a sense that different environments, cultures and expectations of clinical placements creates challenges for students in adapting to these differences, especially when moving between specialties or healthcare settings. The need to quickly learn new protocols and integrate into a new team is cited as a stressor.

Emotional impact of patient care: A lack of mental and emotional preparation before starting a placement in more sensitive areas such as palliative care or paediatrics is considered challenging, with some students and nurses explaining they struggle to maintain professionalism while providing compassionate care.

Assessment and feedback: Nurses and students value the opportunity to receive constructive feedback during placements. However, some noted that supervisors can lack clarity of expectations or do not provide regular feedback, making it hard for students to gauge their progress and identify areas for improvement.

Interprofessional relationships: Nurses and students reported the need for greater support to navigate interprofessional relationships and understand the roles of different team members. They feel this is an area that is not adequately addressed in academic training, leading to uncertainty in collaborative practice settings.

### 4.8.2 Many newly graduated nurses are not ready to transition to practice

Stakeholders consistently told us that the education and training system for nursing struggles to adequately support nurses in their transition from student to practising nurse.

Quality of education: Stakeholders identified a significant discrepancy in the quality of education across different institutions, leading to variability in the preparedness of new nurses entering the workforce. This inconsistency is further exacerbated by the lack of a standardised national examination or assessment that ensures all nursing graduates gain a baseline level of knowledge and skills necessary for effective practice.

Survey results:

45% of nurses feel they have access to education and lifelong learning that equips them with the skills they need.

Practising independently: As noted for nursing students undertaking clinical placements, there is a perception that newly graduated nurses are not suitably prepared to practise independently after graduation and require a greater focus on practical skills. Stakeholders are unsure of whether the role of bridging this gap and ensuring students are ‘work ready’ sits with the training organisation or the health service, with some referencing the RUSON model as a potential solution. This model allows second- and third-year students to undertake general nursing activities under the delegation and supervision of an RN.

Quote:

‘I think there was a lost opportunity for a 4-year degree and a national curriculum. I just feel that was a political decision when nurse education moved to the university, it was based purely on the financial considerations. The government wasn’t prepared to fund a 4-year degree. And I think that’s what nurses should be lobbying for.’ – Education institutes webinar participant

Lack of real-world experience: Transitioning from theoretical learning to practical application in placements is recognised as a significant challenge. Consultation participants noted that while academic preparation and simulation is essential, it does not fully equip students for the realities of clinical work. Some nurses and students explained that encountering real patients with complex needs can be overwhelming when they have had limited hands-on experience. Some personally pay to do short courses in specific skill areas in order to feel more prepared when they go out on placement, which is only an option for those with enough disposable income.

Survey results:

45% of nurses who completed their education less than 5 years ago feel they had the necessary practical skills for the role when starting their first professional job.

51% feel they had sufficient opportunities to develop their professional practice pre-registration.

Competency and confidence: Nurses and students reported concerns about feeling inadequately prepared to perform certain procedures or manage complex cases during their placements. This lack of confidence can lead to anxiety and fear of making mistakes, which in turn hinders their learning and performance during clinical placements. There is acknowledgement that a lack of suitable training can lead to unsafe practices in the workplace and that simulation can only go so far in preparing students for real life.

### 4.8.3 Education and training could better prepare nurses for more contemporary practice

Stakeholders acknowledge there are challenges in ensuring content delivered through education and training is not only up to date but leading the way in innovative and contemporary practice.

Empathy in nursing: There is a call for a more integrated approach to education that not only imparts the requisite scientific knowledge but also nurtures the ‘art’ of nursing – the empathetic, humanistic qualities that are the bedrock of patient care.

Online training and digital savviness: Stakeholders agree there is a role for training to be delivered using online tools to assist student nurses in not only accessing more content and training in a flexible mode but also to assist with building digital skills. There is recognition that a blended method that includes both virtual sessions and face-to-face training is essential, particularly for regional, rural and remote students. However, some believe there is a need to ensure undergraduate education considers how to make sure nurses are work-ready in a digital healthcare environment. Stakeholders noted there is a significant disparity between the digital savviness of younger ‘digital native’ nurses and their older counterparts, highlighting the urgent need for comprehensive digital health education and training for those less engaged in technology (both students and nurses).

Survey results:

37% of nurses who completed their education less than 5 years ago feel their education prepared them to use digital tools and technologies in the workplace.

Health technologies and informatics: Emerging health technologies is considered to be important in future nursing workforce training programs, with views that it is not currently well covered by education institutions. This includes education in virtual care nursing and nursing informatics and optimising data in healthcare strategies.

New models of care: Stakeholders agree a more contemporary approach to education and training is required to reflect new models of personalised and out-of-hospital/in-home/community care and more democratic/shared models of care in acute settings (challenging the medical model and hierarchy). They noted that models of care are changing due to people living longer with multiple chronic conditions. Stakeholders noted a need for nurses to be prepared to provide care for a whole hierarchy of various needs outside the hospital setting.

Quote:

‘Early specialisation within nursing graduates has led to and continues to lead to de-skilling of our junior workforce. This seems to have created nurses who struggle to identify patterns of deterioration in patients with multiple issues. Graduates seek to establish themselves in one sub-specialty and then appear to be unable to critically think for an orthopaedic patient with diabetes and manic depression. The now old-fashioned concept of 6 or 12 monthly rotation of junior staff for a period of time may have merits – although staff ratios are a continuing issue.’– Nurse academic submission

Cultural competence: There is some awareness of the growing need to provide care to a diverse patient population, and some nurses and students feel more training is needed to effectively communicate and empathise with patients from various cultural backgrounds.

## 4.9 Nurse-led models of practice, research and innovation

### 4.9.1 Stakeholders highlight the need to improve the focus on nurse-led research and innovation

Nurse-led research and innovation is seen as important to develop better connections between universities, the academic workforce and nurses working in clinical settings. Embedding research-led practice and innovation has the potential to drive enhanced nursing workforce satisfaction and practice excellence.

A call for more nurse-led models of care: The future of health will require new models of personalised and out-of-hospital care. There is a demand for primary health models led by nurses that ‘front end’ embedded community approaches. There is also a desire for more democratic shared models of care in acute settings, challenging the ‘medical model’ hierarchy, with nurse practitioners an outstanding example of the beneficial outcomes that can be achieved.

Quote:

‘The future of nursing is in community care. It’s about providing patient centred care in their own homes and including them in decisions about their own health care so they can remain at home independently for as long as possible.’ – Submission

More joint academic–clinical roles are required: There is interest in new roles that could span health systems and educational institutions and enable the development of a rich, nurse-led culture of innovation.

Quote:

‘I talk to nurses all the time to try and get them to go and do a higher degree … but they don’t have the time, and they don’t have the resources to go off and study … so they drop down to part-time work. But I do feel as though if the health services were able to partner with the universities, that might provide an opportunity. Because other disciplines do it. And they do it very well.’ – Nurse academic depth interview

Better nurse researcher career pathways: A career pathway for industry/practice nurses to build research capability was suggested, including embedding research in enterprise bargaining agreements, providing PhD scholarships and establishing dedicated nurse-led research centres.

Quote:

‘To date, the only regulated and supported education career pathway is the Nurse Practitioner pathway.’ –Submission

## 4.10 Career progression

Career progression is viewed as a significant opportunity to attract and retain nurses. Stakeholders agree nursing offers many pathways and supports to facilitate career progression, but some challenges also contribute to workforce strain and shortages.

### 4.10.1 Nursing is considered to have good opportunities for career progression

Stakeholders agree that the structure of the nursing profession promotes many pathways for career progression.

Diversity in roles and seniority: Stakeholders noted an opportunity to grow and develop into different roles but also to progress in seniority into roles such as clinical nurse specialist, clinical nurse consultant, nurse educator and director of nursing. They agree that nurses that are willing to relocate or work in a different organisation or setting have access to a wider range of career progression opportunities.

Quote:

‘You can have 5 careers within nursing. It’s diverse. It can be clinical, it can be in research, it can be as a data analytics support. Luckily now, it can be management, it can be so many things. I think that’s one of the huge positives. It’s a job that you can pick up and take, especially with the national registration. Obviously, you can move freely around Australia now. That wasn’t always the case. It’s also quite a dynamic role because it’s an education role, as well as a doing role. So you can provide and support the next generation, which I think is a really positive component of nursing. There’s also lots of opportunities for ongoing professional development that’s diverse as well to keep you interested and continuing to learn.’ – Executive director of nursing depth interview

Incentives to encourage career progression: Stakeholders agree there are a range of incentives that enable nurses to pursue career progression and specifically invest in gaining a higher qualification to be eligible for more senior or different roles. These range from financial incentives such as grants and scholarships, to being part of a recognised program of professional development and increased pay and recognition of seniority after completion.

Survey results:

73% of nurses can see the benefits of pursuing higher nursing qualifications.

70% of nurses believe they have plenty of opportunity to use their first nursing qualification as a pathway to a higher one. Providing access to opportunities for career progression is rated a lower priority compared with other areas requiring improvements (10/12 Panel and 12/12 Hub).

Quote:

‘There are nurses who are just happy to be the way they are, and there are nurses who are ambitious. [Organisations will have to look at] how they can retain and attract more staff as well. The majority of states are already providing free education and they’re providing scholarships and further opportunities as well, which just needs to be continued. If we want to have a long term solution, then we need to make sure we are providing free nursing education, financial support and further opportunities.’ – Acute healthcare providers webinar participant

Specialised training and professional development opportunities: Stakeholders agree that professional development opportunities that allow nurses to further their expertise in specific areas of interest, such as aged care, mental health or emergency nursing, are available and accessible to the nursing workforce.

Rapid career advancement: Stakeholders reported that some nurses in Australia are advancing quickly in their careers due to a significant skill shortage at higher levels. They agree that this rapid progression offers quick advancement opportunities (‘jumping up the ladder’) but also raised concerns about stability and the presence of junior staff in senior roles. This also has an effect on culture and is discussed below.

### 4.10.2 There are challenges associated with further study that affect decisions to progress

Stakeholders agree that while there are opportunities for nurses to progress, there are a range of challenges that inhibit career progression. Feedback suggests that clinical placements for postgraduate studies pose the same challenges as undergraduate studies.

Quote:

‘The current situation in Australia where a nurse can only rely on 3 years of education for what might be a 30–50 year career is wholly inadequate for such a dynamic industry.’ – Submission

Nationally consistent approach to recognition of qualifications and competencies: As noted earlier, although nurses are registered at the national level, state and territory health systems and sector requirements means a significant amount of ‘red tape’ can be involved in moving between systems and jurisdictions. The lack of recognition impedes the ability to move from one stream of nursing to another without incurring a financial (and time) burden to ‘go back to the start’. More standardised national recognition and requirements will also aid geographic mobility (between states, care contexts or desire for a short-term residence in a remote setting).

Survey results:

59% of nurses feel they did not understand the different training options before beginning their nursing qualifications.

Awareness of opportunities: Many nurses reported that at the time of commencing study, they were not aware of the opportunities to advance within the nursing profession. They reported a lack of understanding of the pathways for career progression and stakeholders agree that this may negatively influence a decision to become a nurse. However, most qualified nurses reported becoming familiar with the options for career progression over time in the workforce. Nurses want more information about the pathways and a clear national roadmap so they know what qualifications or training they need to complete to advance in the profession.

Survey results:

41% of nurses feel supported to access opportunities for career progression.

Workplace support: While some workplaces reported offering support to their workforce to enable further study and professional development for career progression, some stakeholders identified a lack of support from employers. Some suggested that while support may be communicated, it is lacking in workplace practices, and it can be difficult for some nurses to meet work and study expectations. This support is considered to be both time allowed for study and financial assistance.

Survey results:

51% of nurses are confident that they could realistically manage further study alongside their current work as a nurse.

Quote:

‘When you’re at university and when you’re on placements, you’re obviously not allowed to work. Trying to tell your employer that, hey I’m not going to be able to work for the next 2 months … they’re obviously not going to like that.’ – Student nurses/midwives webinar participant

Financial strain: The cost of further study is considered prohibitive and some stakeholders believe this prevents many nurses from investigating the options for career progression.

Quote:

‘It’s very expensive. A nurse of say 3, 4 years can’t pay for postgraduate study. Often, there’s high upfront fees. Scholarships are available, yes, but there’s not enough.’ – Clinical educator depth interview

Pay: Some stakeholders identified pay as a barrier to career progression, with some believing there is a lack of recognition for superior or more complex skills in terms of pay rates – for example, the nurse unit manager role. The lack of financial recognition for clinical skills is seen as a deterrent for skilled staff to stay in clinical roles, leading some to pursue non-clinical pathways for better pay and recognition.

Workplace culture issues: Some stakeholders believe that workplace bullying and cultural issues are negatively influencing career progression, with some nurses reluctant to invest in the profession and move into more qualified and/or senior positions that are unsupported. This is particularly the case for the progression of ENs to RNs.

Quote:

‘For progression post [qualifications], you’ve got to do a postgrad or a master’s and that takes a lot of money. And what’s the payoff really? For a nurse who’s on a pretty crappy wage anyway ... If you’re a personal care worker, studying to be become an RN, and you work in a hospital, or you work in an aged care setting, you still have to do your 400‑hour unpaid placement? It just seems ridiculous.’ – VET/EN education sector depth interview

Career progression into clinical roles: Stakeholders suggested there are fewer opportunities to progress into more senior or highly skilled clinical roles as compared with non-clinical roles, which may also contribute to a pathway for career progression of highly qualified skilled staff limited to non-clinical work.

Clinical placement: Stakeholders suggested that in addition to the challenges identified earlier, clinical placements present specific challenges for those already working in the nursing profession. Some also questioned the need for clinical placements, particularly when they work in a healthcare setting.

Quote:

‘There’s nothing encouraging you into nursing when you want to do the nursing role, but you hear all these terrible stories of being abused, which is true, you get yelled at. It’s kind of like you feel like you’re people’s sounding board, sometimes for all other issues that are going on in their life, and you’re in the background thinking “I’m not getting paid enough”. The length of the transition from EN to RN, the pay and the not getting paid for placements doesn’t add up.’ – Enrolled nurse depth interview

## 4.11 Nurse workloads, wellbeing and burnout

### 4.11.1 Current nursing workloads are considered unsustainable

Stakeholders consistently referred to nurse burnout and the unsustainability of nursing workloads. Key themes include the following:

Staffing levels and workloads: Stakeholders said that while most jurisdictions have mandated nurse-to-patient ratios that guide nurse staffing levels, unsafe workloads persist and nurses continue to feel overwhelmed and burdened. They believe excessive workloads are driving high burnout rates in more experienced nurses, which in turn results in inadequate support for less experienced nurses and a net loss of ‘wisdom from the system’.

Administrative burden: Stakeholders agree the overwhelming burden of administrative tasks is taking time away from the ‘real work’ of caring for patients. This is referred to as a ‘tsunami’ of administration tasks and red tape for nurses, contributing to nurse dissatisfaction because they believe they are not doing the priority work of supporting patients.

Work-life balance and flexibility: Nurses reported a growing desire for greater work-life balance, more flexible work arrangements and recognition that there are genuine times when they need to prioritise personal and family commitments over work. Many nurses seek new models of flexible work that take their needs and circumstances into account when designing rosters, rather than the more rigid traditional and fixed approach to rostering. The consultation indicates that nurses are ‘voting with their feet’ and leaving for roles that offer more flexible options.

Survey results:

Nurses rank ‘Supporting nurses by ensuring effective workload management systems’ as the number one priority for government to address.

56% of nurses suffer burnout at least monthly, with 17% suffering burnout at least weekly.

49% of nurses agree they have enough time to deliver high-quality patient care.

46% of nurses say they struggle with stress regularly, and 23% of nurses report feeling stressed every day at work.

Quotes:

‘We all know that if you get to burnout, it’s too late, you can’t do anything about it, but identifying early those sorts of elements of moral distress and compassion fatigue that every single one of us feels is important.’ – Advanced practice nurse webinar participant

‘Nurses have the right to feel psychologically and physically safe in their workplace, but this is not always the case. It presents significant risks to nurses’ health and may result in them leaving the profession. Unsafe workplaces may be the result of unsafe staffing levels increasing the risk of exhaustion and burnout, bullying from colleagues, a lack of support from educators or more experienced staff, absence of opportunities to remain current with recent practice innovations, poor skill mix, and poor leadership.’ – Submission

‘Because staffing is horrendous at the moment … trying to find and retain staff that want to do shift work in a country area … it’s almost impossible. We’re really struggling across all our regional sites to find experienced staff. We’ve got a very good grad program, so our brand new nurses are quite well supported out here. But we do lose a lot of staff to metro areas. We are finding that a lot of nursing staff that are coming through don’t want to do shiftwork anymore.’ – Acute healthcare provider webinar participant

## 4.12 Workplace culture and nurse leadership

Stakeholders are positive about a wide range of initiatives that have been implemented post COVID-19 to support nurse wellbeing and to build safe, positive and inclusive workplaces. Many also praised the ongoing focus on developing more effective nurse leadership to spearhead these cultural shifts; most trust their workplace leadership.

Overall, however, stakeholders identified an opportunity for more positive and safer workplaces and for more effective nurse leadership to lead this change.

Survey results:

* Nurses feel that **workplace culture and leadership** is the second most important priority.

Quote:

‘Strong leadership within the nursing workforce is vital to ensure a high-quality, sustainable, and effective healthcare system. This is achieved by enhancing the skills and capabilities of senior nurse team leaders, including Nursing Unit Managers (NUMs). Surprisingly, only 33% of NUMs have completed studies beyond an undergraduate degree.’– Submission

### 4.12.1 Nurses experience a sense of camaraderie and collaboration with their peers

As noted above, nurses reported often finding strength in their connections with fellow nurses who share similar challenges and experiences. This sense of camaraderie is not only comforting but contributes to a safer and more collaborative workplace. The sense of collegiality, empowerment and teamwork among nurses is a positive aspect of the role and enhances the work environment and job satisfaction.

### 4.12.2 Issues of workplace culture and safety can have a negative impact on the nursing experience in pockets

While there are examples of positive workplace culture, stakeholders agree there are unfortunate examples where workplace safety can be compromised. Issues relate to both physical and psychological safety and although not widespread, deserve to be highlighted as factors that can affect workplace retention:

Instances of workplace bullying: The consultation did hear of instances of workplace bullying and poor behaviour, although this was often seen as dependent on specific organisational leadership. In isolated cases there is recognition bullying can escalate to workplace violence, which is universally abhorred.

Cultural safety and diversity: Stakeholders agree on the importance of culturally safe workplaces, and the need for leadership to model good cultural practices should not be underestimated. They believe these are enablers for a positive workplace culture and noted there is a high multicultural population within the nursing workforce and a desire to ensure the workforce reflects the diversity of the community they serve.

LGBTIQ+ nurses: Consultation with nurses and students who identify as LGBTIQ+ suggests that while much work has occurred to ensure full inclusion in the nursing profession and health workplaces, there remain a number of issues relating to workplace safety including bullying, harassment, exclusion and violence. In some instances, the issue is with perpetrators being patients rather than colleagues.

Inclusive practices: While stakeholders agree there has been a focus on more inclusive workplaces and nurses reported a shift towards greater acceptance of diversity in the nursing profession compared with the past, understanding is often still limited, and the large burden of education falls on LGBTIQ+ community members, adding to their mental load at work.

Bullying and discrimination based on gender and sexuality: Some nurses and students who identify as LGBTIQ+ indicated that some may be hesitant about sharing their identities with colleagues or patients for fear of bullying and discrimination.

Quotes:

‘We need to move away from a culture of blame … zero tolerance to bullying should be beyond lip service and just “on paper”.’ – Nursing and Midwifery Leaders

‘Cultural safety for First Nations students and students from culturally and linguistically diverse backgrounds is a priority with reports of racism on clinical placements being all too frequent.’ – Submission

‘I had a proud moment when I was updating my work contract. It gave me the option to choose how I identify, and I had a little happy dance … but it’s one little step forward, and it’s still 5 steps backwards. I know for a fact that if me and my partner have a kid, I can have maternity leave, but my partner can’t. One tiny step forward … and we’re still in the dark ages.’ – LGBTIQ+ community webinar participant

‘There’s a lot that we deal with [homophobia, ignorance, invasive questions] day in, day out; it’s normal for us.’ – LGBTIQ+ community webinar participant

### 4.12.3 Nurse leadership priorities reflect a need for capacity building of leaders at all levels

Capability around leadership: While the survey suggested that most nurses trust their workplace leaders and that leadership is responsive, stakeholders agree there is an opportunity for further support and training to build capability of nurse leadership at all levels.

Survey results:

43% of nurses agree nurse leadership is responsive enough to my issues and concerns.

Quote:

‘The pandemic has put lot of pressure on people, and leadership. Traditional leadership used to be – I am the boss, and you do what I am asking you to do. But the leadership landscape has changed … and that’s not going to work with the younger generation anymore, who are more savvy and also a more transient workforce.’ – Acute health provider depth interview

Senior staff attrition and leadership development challenges: Stakeholders reported some examples where loss of senior staff has led to inexperienced nurses being placed in management roles. This has resulted in some new leaders feeling unprepared and overwhelmed. The lack of skills to manage and lead effectively can compound existing issues, leading to burnout among team members.

Survey results:

52% of nurses receive clear and consistent information about strategic goals.

52% of nurses say their workplaces manage change effectively.

57% of nurses receive constructive feedback on performance.

43% of nurses agree nurse leadership is responsive enough to their issues and concerns.

49% of nurses trust workplace leadership.

52% of nurses believe their needs are well represented to employers.

## 4.13 Role scope and skill mix

In almost every form of consultation, ‘scope of practice’ emerged spontaneously as a significant concern among nurses and stakeholders. The narrative that unfolded from the interviews and discussions indicates that nurses across all nursing roles are advocating for a more defined and expanded scope of practice that aligns with their qualifications, skills and the evolving needs of healthcare delivery.

Quote:

‘I think that’s something we really need to highlight, the EN scope is not utilised. They are taught so much, the assessments are so robust … people don’t even understand what the EN’s scope is or what they can do. It’s just extraordinary. I think that they’re a very underutilised and marginalised and to some degree, in my experience, discriminated against workforce. And I’m speaking as an RN.’ – Nurse unit manager depth interview

The consultation highlights the importance and clear benefits of allowing nurses to use their full skills and competencies. Working to optimal scope of practice was cited by nurses as supporting enhanced job satisfaction and also ensuring more efficient and effective patient care. The NMBA provides frameworks and guidelines to support this, ensuring nurses can contribute effectively within their roles, although it was noted that workplace policies can limit nurses working to their full scope of practice.

### 4.13.1 More support for nurses to work to their full individual scope of practice is seen as a priority

Nurses understand their individual scope of practice extremely well: Nurses understand their scope of practice well but cite a lack of opportunity or lack of recognition of their skills from their colleagues or workplaces that is preventing them from operating at their optimal scope of practice. This can lead to decreased job satisfaction and poorer patient outcomes.

Rural and remote nurses explained they often have a broader scope due to staff shortages and the unique healthcare needs of their communities.

Survey results:

95% of nurses are familiar with the term ‘scope of practice’.

Quote:

‘One of the big [issues is] recognition of nurses’ scope of practice, Australia wide. The scope of practice of a remote area nurse in the Northern Territory, or isolated practising in Queensland or WA is very, very different to that of a [nurse in a] regional or rural hospital.’ – Rural and remote webinar participant

Ensuring nursing teams have an effective skill mix is just as crucial to safety as sufficient staffing numbers: Appropriate skill mix and cohesive teamwork is crucial to the ‘team sport’ of nursing, and nurses feel that structured and supported career pathways with clear progression opportunities will help retention and skill development.

### 4.13.2 Nurses are calling for organisational scopes of practice that clearly delineate the expected competencies and responsibilities

Definitions: Nurses identified the need for clearly defined expected competencies and responsibilities when working in specific settings such as wards, services or rural and remote areas. This transparency is seen as critical for optimising the nursing workforce and ensuring nurses can work to their full potential. Nurses in rural and remote regions, who often represent the majority of the healthcare workforce in these areas, were particularly vocal about the need to be fully enabled to use all their knowledge and skills to improve health equity and access for their communities.

Capability: Nurses reported being capable of performing complex interventions but are often restricted by time constraints, insufficient support and a perceived subordinate role within the interdisciplinary team.

This consultation into an NNWS was undertaken concurrently with the Unleashing the Potential of our Health Workforce – Scope of Practice Review. This independent review focuses on health professionals who currently provide or have the potential to provide primary care and explores the available evidence of the benefits, risks, barriers and enablers associated with health practitioners working to their full scope of practice.

#### A note on the Unleashing the Potential of our Health Workforce Review

Full scope of practice is defined as the professional activities that a practitioner is educated (skills/knowledge), competent and authorised to perform, and for which they are accountable. The findings from our consultations are entirely consistent with the issues raised in the Unleashing the Potential of our Health Workforce Review, which identify 5 key themes, outlined in Issues Paper 1 (published 23 January 2024 and replicated below).

Nurses are in leadership roles and undertaking evidence-based, person-centred care in many settings, including primary health care. However, as acknowledged in Unleashing the Potential of our Health Workforce Review, there is a lack of widespread, nationally consistent acknowledgment of this, supported by secure funding and policy. Nurses across Australia are expressing a strong desire for a more clearly defined and expanded scope of practice that allows them to contribute meaningfully to patient care and the health system.

Five key themes emerged from a synthesis of evidence to date and are explored within this Issues Paper. Key findings for each of these emerging themes are presented below.

**Legislation and regulation:** legislation or regulation may authorise or inhibit health professionals in performing a particular activity. Evidence to date revealed inconsistencies in the regulatory approaches across primary health care professions, and barriers relating to inconsistent State and Territory legislation and the practice of named professions in specific pieces of legislation or regulation. Greater harmonisation of legislation and a more risk-based approach to regulation are among the potential policy solutions for further exploration.

**Employer practices and settings:** practices and settings at the individual service level which influence health professionals’ ability to work to full scope of practice, including role design and employment models. Evidence to date emphasised the inherent challenges in progressing scope of practice reform over a dispersed primary health care sector in which individual employers hold significant influence over health professionals’ authority to practice individually and as multidisciplinary care teams. Targeting leadership and culture to promote enabling and authorising environments at the service level emerged as a critical complement to other system-level reform.

**Education and training:** pre- and post-professional entry learning and qualifications, including opportunities for professional development, mentoring, supervision and upskilling, and interprofessional learning. Unclear and inconsistent requirements were highlighted through evidence to date, particularly relating to post-professional entry skills, specialities and endorsements. There are further opportunities for common interprofessional competencies to be developed.

**Funding policy:** the way funding and payment is made for delivery of health care. Evidence to date highlighted opportunities to better enable connected and multidisciplinary care across professions, through alternatives to the existing fee-for-service model (for example, block or bundled funding).

**Technology:** integrated and accessible digital tools, communication and information sharing. Acknowledging this as a key policy direction for the broader health system, the evidence indicated significant barriers relating to health information sharing and digital infrastructure, which if resolved could significantly support continuity of care and multidisciplinary care teams.

Unleashing the Potential of our Health Workforce – Scope of Practice Review: Issues Paper, 23 January 2024

## 4.14 Digital tools and technologies

Stakeholders agree there is a significant role for technology in the nursing profession and the opportunity is to leverage its potential to enhance patient care and communication. However, they also noted that challenges such as the overwhelming administrative burden and a lack of standardisation in nursing technology hinder widespread adoption.

### 4.14.1 The need for technological change is well recognised, but there are concerns about its application and impact on nursing

The need and opportunity for change: Stakeholders acknowledge the critical need for the nursing workforce to leverage the advancements and benefits of digital tools and technologies. They understand that the integration of digital health into the Australian nursing workforce is poised to undergo significant transformation over the next 5 to 10 years, agreeing that the emergence of digital health technologies has been accelerated by the COVID-19 pandemic.

Survey results:

47% of nurses feel they are enabled to use data and digital technology effectively to improve outcomes for patients.

Quote:

‘There aren’t enough clinicians with digital literacy. There is that mistrust, [they] want to see it all in one piece of paper. But until we train more [it won’t change], and that’s why I think it’s got to be in an undergraduate degree. It’s like seatbelts. Until the next generation, that’s how we do business, then nothing’s going to change that much.’ – Nurse clinician depth interview

Some more commonly referenced technologies included digital health records, telehealth services and mobile applications that facilitate bedside care and remote monitoring. Stakeholders are also familiar with the growth of informatics as a significant area for the nursing industry, integrating nursing science with information and analytical sciences. Further, stakeholders understand the potential for improving the integration of technology and data to support workforce planning and improve flexibility and retention. For example, helping nurse unit managers with shift planning.

Increasing use of artificial intelligence (AI): Stakeholders with more experience in technology explained that there is an increasing use of AI and wearable technology and that data analytics will grow to become a key part of the care landscape. Potential applications include diagnostics, treatment planning and health outcomes analysis. They noted that the healthcare sector may not be equipped to train and educate nurses in these key technological advancements and there is a critical need for change.

Inconsistent integration into nurse practices: Stakeholders reported that the adoption of digital tools and platforms varies across settings, workplaces, regions and states and territories. They explained there is an inconsistent approach to the integration of digital tools and platforms into workplaces and nurse practices. Some health settings continue to rely on paper charting across the current system, while others advance their systems and processes to leverage the efficiency of digitisation. Stakeholders noted that this proves challenging when nurses move between settings, particularly going from a workplace that is less digitally connected to one that is more progressed.

Survey results:

59% of nurses regularly use digital recording such as electronic medical records.

Quote:

‘The pandemic really ramped up a lot of the digital implementation [and] that was helpful. We actually did a lot of standardisation in New South Wales… Some organisations have a well embedded electronic medical records and are really starting to use data analytics at a bedside nurse level, and then there’s other organisations that are still paper-based. So they’re really at very different points of the journey. [We] have really understood the importance from the pandemic how important nursing time is. And are really trying to reduce that burden of documentation.’ – Digital health webinar participant

The impact of technology on nursing: While the potential benefits of technology are recognised, all stakeholders agree there are possible unintended consequences of increased digital tools and technologies in nursing:

Person-centred care: There is a perceived risk that the human and empathetic approach to nursing care will be replaced, and they agree that AI and technology should not be a substitute for human contact. Stakeholders fear that using technology may take away time and important interaction with patients that may negatively influence the patient’s healthcare experience and their health outcomes.

Deskilling: Some stakeholders fear that the increased use of technology in nursing may result in nurses deskilling and being unable to perform the core tasks of patient care without technology on hand. This poses a risk in circumstances when technology fails.

Administrative burden: While it can enhance patient care and improve communication, nurses in particular reported that the large volume of online charting, forms and paperwork increases the administrative workload that they are already managing. Stakeholders, primarily nurses and employers, acknowledged that paperwork contributes to one of the biggest issues for nurses – workload management.

Survey results:

56% feel they can easily access professional development related to the use of digital tools and technologies.

62% feel they can easily access support to help manage the use of digital tools and technologies.

63% of nurses do not feel that their education prepared them to use digital tools and technology in the workplace.

Quotes:

‘Nothing can replace the physical presence of a nurse. If [technology can give you a more] convenient way of doing things, that’s wonderful. But not to patients. I think it’s still important to have that human-to-human contact. I’m hopeful about [technological improvements in] a lot of different areas, but … it needs to be practical and really work with people, patients and the community members.’ – State workshop participant

‘[Nurses feel that] they’re being taken away from their core business that they came into nursing or midwifery to provide by being asked to be data-entry people [but] they’re not seeing the benefits of any of the digital transformation at this stage.’ – Digital health webinar participant

### 4.14.2 Education, training and leadership in digital tools and technologies is lacking

Digital literacy: As noted above, there is recognition that the nursing workforce includes a mix of digitally savvy, more commonly younger nurses and less digitally savvy nurses who are more likely to be older and have not grown up with modern technology. Stakeholders acknowledge that digital literacy should begin during undergraduate nursing training and needs to be integrated into all education, along with ongoing professional development. Some indicated that there are undergraduate courses that do not focus enough on digital tools and data, and some are not teaching students to use electronic medical records.

Stakeholders agree that to attract and retain a new generation of digitally adept nurses, the Australian nursing workforce must accelerate its digital transformation. This includes addressing infrastructure challenges, such as interoperability, to ensure seamless care coordination across different healthcare settings.

Quote:

‘I think [technology] is a bit of a double-edged sword … I refer to nurses as digital hostages instead of digital immigrants; it isn’t something that they chose to come to use – [for example, the] over 50s female cohort particularly, who had been actively excluded from computer work or technology in the 70s and 80s. I see that there’s been a real acceleration of people’s overall computer skills. But I think in terms of our ability as organisations to optimise and personalise the systems that we’re using to meet their needs and have them fit for purpose? That’s absolutely where we have a gap.’ – Digital health webinar participant

The opportunity for co-design: Nurses stressed the importance of being included in the development of technology and data collection processes at both the design and implementation stages to ensure clinical workflow and patient needs are prioritised. Stakeholders agree that the inclusion of nursing informatics specialists in decision-making processes could help to bridge the gap between technology and clinical practice.

Role of chief nursing information officers: Stakeholders agree that nurses in decision-making roles, such as chief nursing information officers, are crucial for the successful integration of digital health solutions. They noted that these roles are essential for ensuring digital health tools are clinically relevant, user-friendly and align with nursing workflows. However, some stakeholders reported that the recognition and establishment of such roles are inconsistent across the health system, and they believe that some organisations lack the foresight to invest in nursing informatics leadership.

## 4.15 Geographic distribution of nursing workforce

Stakeholders acknowledged the need to address the uneven geographic distribution of the nursing workforce, especially in regional, rural and remote areas. They explained that policy initiatives that aim to attract and support nurses in rural settings through targeted programs and incentives have been introduced over many years, to varying levels of success.

Quote:

‘So when you go out bush, one of the positive things is that you don’t pay for accommodation because there’s nursing quarters, mostly in those really, really remote areas. So a lot of people will view it as a financial incentive. So I’ll say I can go out there. I won’t pay rent for a year. I will get the $20,000 if I stay 2 years. I’ll work. I’ll get some experience, and then, you know, I’ll come back. So they’re really, really positive things.’ – Early career nurse researcher depth interview

### 4.15.1 The nursing challenges in regional, rural and remote areas are similar to challenges in metropolitan areas, but magnified

The need for a dedicated strategy: Stakeholders across Australia agree the challenges of recruiting and retaining nurses in regional, rural and remote areas are significant. They understand that these areas experience the same workforce challenges as their metropolitan counterparts but they are exacerbated by geographically isolated populations, First Nations people and ageing communities that experience more social disadvantage, have a higher prevalence of health risk factors and have reduced access to services.

Stakeholders noted issues such as significant shortages, high workloads, longer hours, an ageing workforce, poor workplace safety, lack of suitable accommodation in many locations, inconsistent leadership and limited access to mentorship, education and ongoing professional development and training. These result in poor retention rates, relocation barriers and an overreliance on agency staffing.

Survey results:

76% of nurses believe that the current nursing workforce is not able to address the needs of regional, rural and remote communities. ‘Addressing the needs of rural, regional and remote communities’ was ranked the fourth most important priority for government to address. There are no significant differences in attitudes and priorities between metropolitan and regional nurses.

In particular, there is a need for more nurse-led services such as increasing RN prescribing abilities. These are deemed vital for expanding healthcare access in regional, rural and remote areas given the shortage of doctors.

Stakeholders acknowledged that these issues highlight the importance of specialised approaches and policies in a dedicated strategy to support regional, rural and remote nursing workforces as part of a national approach to the nursing workforce. TheNational rural and remote nursing generalist frameworkwas referenced as an example of an initiative designed to support and sustain the rural and remote nursing workforce. It explains that a dedicated approach to workforce capacity building at the local level is needed (‘grow your own’), including rotational workforce strategies (non-agency), better incentives and relocation support, similar to the GP program.

Financial assistance: Stakeholders agree that programs that provide funding to support other health professionals to live and work in regional, rural and remote areas are proving effective and there is much to be learned from the success of these initiatives and how to incentivise nurses. Similarly, some stakeholders noted that rural nursing students need financial support to get to placements in metropolitan areas so they can complete the degree that will allow them to nurse in a regional, rural or remote area.

Quote:

‘The provision of funding for scholarships, grants, and financial incentives specifically targeted at students pursuing nursing education in rural and remote areas should be considered. For example, the HELP for Rural Doctors and Nurse Practitioners initiative that reduces outstanding Higher Education Loan Program (HELP) debt for eligible doctors and nurse practitioners who live and work in rural, remote or very remote areas of Australia could be expanded to encompass the broader nursing workforce to encourage relocation.’ – Submission

Isolation is a significant issue: Remote locations can contribute to professional and social isolation for nurses, impacting on job satisfaction, safety and mental wellbeing.

### 4.15.2 A lack of awareness of the benefits of nursing in regional, rural and remote areas

Stakeholders identified a gap in understanding or misperceptions that relate to nursing in a regional, remote or rural area and suggested that more needs to be done to show the next generation of nurses the benefits of nursing in these areas at the earliest moment possible in the nursing journey.

Quotes:

‘Exposing people to those remote environment experiences during their undergraduate training, so working with the higher education providers to plant the seeds early.’ – State and territory workshop participant

‘There’s a higher expectation of autonomous practice because it’s just less healthcare providers within those towns. So professional capability needs a huge investment and focus. There needs to be that investment in there about risk clinical governance but also having the confidence and the support networks around. I think there’s a high need for stewardship coming into the nursing and midwifery profession to fit into community to be supported around accommodation. Well, not necessarily paid for accommodation and also career support and guidance for your partner and your family. If you’re going there with 3 kids, you know, what is the support and guidance and counselling that you can get about the best education for your kids during that time.’ – Rural health leader depth interview

## 4.16 Engaging First Nations people

Developing an NNWS presents an important opportunity to address the unique challenges and opportunities for building and supporting the First Nations nursing workforce, as well as providing better support to the health needs of First Nations consumers.

### 4.16.1 The issues affecting the First Nations nursing workforce are significant

Under-representation and workforce profile: A critical issue underscored across submissions is the under-representation of First Nations people in the nursing and midwifery workforce. Despite First Nations people comprising 3.8% of the population, they represent only a fraction of the nursing workforce: 1.23% of RNs, 2.80% of ENs and 1.26% of nurse practitioners (Department of Health and Aged Care, 2022, Nursing factsheets). This disparity underscores the need for targeted recruitment and support strategies to increase First Nations people’s participation in the profession. The workforce shortages have a significant knock-on effect for other staff.

Quote:

‘Where I am working, we have such depleted staff levels. Ripple effect from COVID, surgical wait times have blown out and are pushing staff to work above and beyond. Staff mix is imbalanced, junior workforce heavy, senior staff is unbalanced.’ – Yarning circle

Cultural safety: Stakeholders emphasised the importance of cultural safety in education and practice settings for First Nations nurses. Participants from the yarning circles shared personal experiences and observations of racism and a general lack of cultural safety in healthcare environments. These challenges range from direct encounters with prejudice and discrimination to more subtle forms of bias that undermine the professional and personal wellbeing of First Nations nurses. The impact of these experiences is profound, contributing to a work environment where First Nations people may feel undervalued, misunderstood and isolated. Stakeholders want to see workplaces creating environments that are respectful and inclusive of First Nations people’s cultures, knowledge and values. Stakeholders agree that education providers and healthcare services must foster culturally safe environments to attract and retain First Nations nurses.

Educational barriers: Stakeholders reported that First Nations students face significant barriers in accessing and completing nursing education including financial, logistical, social challenges and a lack of culturally appropriate support. These barriers follow nurses across the spectrum of education, from being a student trough to transitioning to practice. Poor induction, inadequate preceptorship and the perceived quality of educators were identified as barriers to effective learning and professional development. The transition from student to practising nurse is hindered by a lack of structured support and mentorship, impacting on the readiness and confidence of new graduates. Also, the variability in university curriculums and the demands placed on students and educators contribute to the complexity of preparing a workforce that is competent, confident and culturally safe.

Quote:

‘I am a level 2 [endorsed] EN, and I can’t go and finish my RN studies because there are no scholarships that can match my income ... I have 4 children and a husband; I can’t take the time off to study because I have to support my family. I feel like there is a lot of judgement. People say: “You should already have finished by now”, or “Why aren’t you an RN already?”.’ – Yarning circle

Inconsistent standards and recognition: A barrier identified during the yarning circles submissions was the inconsistency in standards and the recognition of qualifications across jurisdictions. This inconsistency creates a complex landscape for First Nations nurses, who may find their skills and experiences are not uniformly acknowledged or valued. This barrier extends to the difficulties faced by nurses in navigating career pathways, particularly in rural and remote practice, where qualifications and experience obtained in one area may not be recognised in another, limiting mobility and career progression.

Nursing in rural and regional locations: For many First Nations nurses, workforce issues are compounded by the noted difficulties of working in a rural, remote or regional area. Stakeholders identified the importance of First Nations nurses returning to their community to support the local system and to ‘give back’, with a priority for many being staying on Country. Working in rural and remote environments presents unique challenges and opportunities for the First Nations nursing workforce, which have both direct and indirect effects on healthcare delivery, professional development and personal wellbeing.

First Nations nurses in these environments often face a scarcity of healthcare resources including limited access to medical equipment, technology and specialised care services. This scarcity means that they must often ‘do more with less,’ relying on their ingenuity and resourcefulness to provide care and often performing acts of ‘clinical courage’.

Access to continuing education, training programs and mentorships is limited compared with in urban centres. This can hinder career progression and the ability to stay updated with the latest nursing practices and standards. However, on the positive side, working in rural and remote areas offers First Nations nurses the opportunity to engage deeply with First Nations communities. This close engagement facilitates a deeper understanding of the cultural, social and environmental determinants of health affecting these communities. Nurses can develop a high level of cultural competency, which is crucial for providing culturally safe and respectful care.

Workforce development and support: Stakeholders would like to see robust support mechanisms for First Nations nurses and midwives in nursing education institutions and workplaces across Australia, including mentorship programs, leadership development and transition-to-practice programs specifically designed for First Nations graduates.

Quote:

‘We are not looking after our most valuable assets – the providers of that care.’ – Yarning circle

Strengthening leadership and participation among First Nations people: A recurring theme from the consultation was the importance of strengthening the leadership and participation of First Nations people at all levels of the health system. This involves expanding opportunities for First Nations people to adopt roles as health professionals, managers and policymakers.

### 4.16.2 There are a range of priorities to consider for First Nations people in an NNWS

Yarning circles participants were asked to identify positive aspects of the nursing workforce. While clear disparities still exist, consultation attendees noted advancements in the following areas:

* empowerment of younger First Nations people to address racism
* increased identification and advertisement of positions for First Nations people
* success of school-based models and the expansion of nursing roles and opportunities
* initiatives like the Closing the Gap scheme focusing on addressing disparities in rural and regional communities
* development of culturally safe training and mentorship programs.

However, consultation with First Nations stakeholders highlights the challenges facing our First Nations nursing workforce, including systemic barriers to education, recruitment, retention and professional development of First Nations nurses. Many of the issues are consistent with the rest of the nursing workforce population, but there are some issues particularly relevant for First Nations communities.

First Nations stakeholders proposed comprehensive strategies aimed at enhancing healthcare outcomes for these communities including:

* recognising the significant contributions of the nursing workforce to service delivery, especially in rural and remote First Nations communities, areas where nurses often serve as the primary or sole healthcare provider
* prioritising specific considerations to better support the training, recruitment and retention of nursing professionals in these areas
* reflecting a collective and interconnected approach, embedding strategies to increase and support First Nations nurses into the rural and remote nursing workforce, recognising that a culturally safe professional environment underpins future growth.

## 4.17 Cultural and linguistic diversity

The consultation engaged with nurses and students from CALD backgrounds, as well as internationally trained and qualified nurses and students. These participants identified a number of barriers preventing their full participation in the Australian nursing workforce. The issues relevant to all nurses also apply to CALD nurses, but there are some areas noted as particularly problematic for nurses from different cultural backgrounds.

### 4.17.1 Nurses from CALD backgrounds are valued in Australia’s nursing workforce and they are somewhat (more) positive about their nursing experience

Cultural knowledge: Stakeholders agree that CALD nurses bring a wealth of cultural knowledge and linguistic skills that are invaluable in delivering person-centred care in Australia’s diverse society. They recognise that their ability to communicate effectively with patients from various backgrounds not only enhances the patient experience but also improves health outcomes. Having a workforce that reflects the multicultural community they serve leads to improved patient trust and care outcomes. They noted that CALD nurses offer:

Diverse perspectives: Stakeholders agree that CALD nurses contribute diverse perspectives to healthcare teams, leading to more holistic care plans.

Language skills: Their multilingual capabilities are crucial in overcoming language barriers, ensuring that non–English speaking patients receive clear and understandable health information.

Cultural competency: Stakeholders explained that CALD nurses often have a deeper understanding of cultural nuances, which can be leveraged to tailor healthcare services to meet the unique needs of different patient groups.

Survey results:

75% of CALD nurses say they currently enjoy their role compared with 69% of non-CALD nurses.

75% of CALD nurses feel empowered to perform their role well compared with   
68% of non‑CALD nurses.

44% of CALD nurses are satisfied with the amount of recognition they receive for their work compared with 33% of non-CALD nurses.

Quote:

‘International nurses bring skills from overseas that aren’t necessarily taught in degrees here. They are really useful and it’s probably only once they’re clinical and on the floor that we can realise the value that they bring and what we can learn from them. Plenty of opportunities to learn and continue education*.’* – Internationally qualified nurses webinar participant

Attitudes towards nursing: Nurses from CALD backgrounds are somewhat more positive about their nursing experience in Australia than non-CALD nurses, with many appreciating the opportunity to work in a well-resourced health system (often in comparison with their birth country).

### 4.17.2 Language barriers, a lack of cultural training and limitations in the recognition of prior learning impact on the ability to harness the potential of CALD nurses

Language barriers and communication challenges: Stakeholders reported that nurses from CALD backgrounds often experience language barriers that affect their ability to communicate effectively with patients, colleagues and management. They acknowledged the impact of this, noting it can lead to misunderstanding and decreased patient satisfaction and can compromise the quality of care provided. Ensuring nurses have access to language support services and training in medical English help mitigate these challenges.

Cultural competence and inclusive policies and practices: Stakeholders agree there is a need for greater cultural competence and sensitivity within the nurse education and health system to ensure nurses from CALD backgrounds feel respected and valued. To foster a more inclusive environment, stakeholders believe education institutions and workplaces must provide cultural competence training for all healthcare staff that:

* promotes understanding and appreciation of different cultural practices, beliefs and attitudes towards health and health care
* ensures fair recruitment practices and equitable career progression opportunities
* addresses any form of discrimination or bias in the workplace.

Some stakeholders suggested that cultural awareness should extend to workplaces recognising cultural differences – for example, family responsibilities or cultural obligations that require a flexible work schedule and make allowances accordingly.

Recognition of international qualifications and experience: As outlined, IQNs often face difficulties in getting their qualifications and experience recognised in Australia. Stakeholders more familiar with the IQN journey explained that the complexity, cost and length of the migration journey for skilled IQNs to Australia discourages IQNs from relocating here for work. They noted that visa and nursing registration costs are high, and the lack of streamlined pathways to permanent residency is a hindrance. Should there be a specific recruitment drive for IQNs, stakeholders suggested introducing a special occupation list for IQNs, similar to New Zealand’s green list, and increasing the availability of the Objective Structured Clinical Examination in more locations. They agree there is a need for a clear process and more transparency in assessing international qualifications and experience to optimise the interest in international nurses working in Australia.

Quotes:

‘One of the largest barriers faced by IQN’s in their career advancement is having their academic credentials recognised by regulators and nursing boards. Nurses coming from the major source countries of India are not always able to afford the nursing conversion courses offered by Australian universities which help them bridge the gap between overseas and Australian qualifications.’ – Submission

‘Structural barriers facing those from varied cultural backgrounds must be identified. For example, AHPRA/NMBA barriers to gaining registration and barriers to workforce participation because industrial instruments/institutions/employers are not culturally sensitive.’ – Submission

### 4.17.3 There is a need for specific support and professional development for Australia’s CALD nurses

Support networks and mentorship: Stakeholders identified the need for support networks and mentorship programs for CALD nurses to help them navigate the challenges of working in a new country and health system or in an English-speaking workplace when English is not their first language. They suggested that these networks can provide guidance, support and a sense of community, which is particularly important for those who may feel isolated due to cultural differences.

Survey results:

49% of CALD nurses are satisfied with their nursing leadership’s responsiveness to their questions and concerns compared with 41% of non-CALD nurses.

Quote:

‘The practice and registration process, the qualification systems with the internationally qualified nurses really needs to be looked at because the bridging courses are very, very expensive. There is not much support during transition and the international nurses are not used to life here, especially those who come from Asia. Or any part of the country or the world per se. They need to be supported in terms of the change in country lifestyle.’ – Internationally qualified nurses webinar participant

Professional development and training: Stakeholders suggested that CALD nurses in Australia do not have equal access to professional development and training opportunities to advance their careers. They explained that this includes IQNs, who often face a learn-on-the-job approach, yet they would benefit from professional development and training to ensure their nursing skills align with the Australian health system.

#### Discrimination, racism and occupational violence is affecting the nurse experience

Stakeholders acknowledge that discrimination, racism and occupational violence occurs in Australia’s health system, and some have more experience with this in the workplace than others. These stakeholders explained that they have observed international students and nurses from CALD backgrounds being subjected to discrimination based on their English language skills or accents.

Results:

28% of CALD nurses say they have experienced racism.

Stakeholders agree there is a need for safe spaces where nurses from diverse backgrounds can discuss their issues and challenges without fear of bullying or discrimination.

The qualitative discussions highlighted safety concerns for nurses from CALD backgrounds, with many feeling somewhat comfortable sharing their experiences of racism. However, the quantitative research received a contrasting response, with 73% saying they feel safe in their workplace compared with 68% of non-CALD nurses. Some CALD nurses may have associated the reference to ‘safe in their workplace’ to mean physically safe from violence versus safe from discrimination or racism.

Results:

73% of CALD nurses feel safe in their workplace compared with 68% non-CALD nurses

Quotes:

‘The language barriers are really terrible as well. You’re going to have toolbox meetings, and these guys don’t even know what you’re talking about. They don’t know anything. You know, you can sit there in a meeting for a half an hour and they still walk away and just won’t even acknowledge what was being said. It’s really, really bad.’ – Rural, regional and remote webinar participant

‘We use an interpreter by Google or the iPad ... So when we want to talk with international language patients, we use a translator, and then they can go to their own language when they communicate with us here.’ – Aged care providers webinar participant

‘A lack of cultural awareness can impact negatively on both the child and family but also on the nurse providing care. Greater emphasis on cultural competence for both First Nations and Culturally and Linguistically Diverse communities needs to be provided both during undergraduate nursing education but also once in the workforce. Cultural competence in nursing leaders is also critical.’ – Submission

# 5 Lessons learned from other sectors

A core focus of the consultation was to ensure the nursing workforce voice was heard and contributed meaningfully to a contemporary perspective of issues facing Australia’s nursing workforce. However, we note that many of the workforce and related issues are not specific to the nursing sector. Indeed, the challenges and pressures of a contested workforce, technological change, increased data, sector reputation, changing skillset and appropriate skills and education are replicated across a range of adjacent sectors.

As a result, the consultation approach included a range of local and global experts in nurse workforce issues, as well as experts in adjacent industries including paramedicine, defence, mining, education, policing and early childhood. Several workforce futurists across multiple sectors were also engaged to glean applicable insights and innovations.

Generally, the findings suggest there are no ‘silver bullets’ or easy resolutions to the complex issues Australia faces to ensure a sustainable future nursing workforce. Many of the issues are comparable in adjacent industries, with significant consistency on challenges across sectors. Rather, experts noted that other sectors have embraced a number of key trends, helping them to build a more sustainable workforce in their space, and share the following observations.

## 5.1 Recruitment

### 5.1.1 Maximising education entry pathways can increase acquisition opportunities and volume

Other sectors advised that increasing the number of entry options to an industry or career stream has led to improved volumes in other sectors via:

A focus on increasing overall volume into existing education channels – for example, more incentives to tempt more participants into the profession. This includes targeting non-traditional audiences, as evidenced by a program at Victoria Police to support CALD applicants to prepare their application to the police force.

An increase in the types or classes of profession – for example, in Victoria initiatives such as the introduction of protective services officers into the police workforce and paramedic volunteers (community officers in Ambulance Victoria, and also in the United States) have broadened the types of roles available and better supported existing roles through a redistributed skill mix.

An increase in on-the-job training to both assist in fast-tracking application of skills and minimise financial disincentive to have to train full-time before entering paid employment.

Quote:

‘The majority of nurses will tell you they learnt more in the first 6 months on the job than they learned in their years in university … The accounting firms used to do a 2 + 2 scheme where you’re working full time and you’re making a living and you’re doing couple of night courses and you’re becoming a world-class professional in that moment. Because you’re getting mentored and you’re on the job and you’re getting all of the theory put into practice.’ – Australian Futurist

### 5.1.2 Experts noted that changing barriers to entry does not equate to lowering standards

Some stakeholders in the consultation maintained that lowering barriers to entry to a profession will lead to lower standards overall, but there are examples in other sectors where an equivalent change of barriers has not resulted in this outcome – for example, the defence force, policing and paramedicine.

## 5.2 Education

### 5.2.1 Dual-sector education providers can provide innovative and nimble solutions

Education providers who focus on a dual sector approach are where innovation appears to flourish currently. Other sectors referred to short courses in Cert 2 (for paramedic volunteers), retraining of paramedics to nursing (Federation University Ballarat) and the Victoria Police Diversity Recruit Program (Victoria University) as examples of courses focused on bringing in non-traditional audiences to their sectors. These examples appear to reside more often with existing dual sector education providers than the go8, for example (Group of 8).

Quote:

‘There’s a lot of people that are changing professions, and they’re coming in to the shortened 2-year master nursing program. That’s an example of changing their barriers to entry. It’s not that you’re lowering, it’s the fact that you’re changing.’ – Academic

### 5.2.2 The re-work of work means flexibility is key

Quote:

‘The war for talent is over. Talent won.’ – PwC, United States

Virtually all sectors identified a key impact of a global skills shortage is that employees hold greater ‘bargaining power’ than in the past. The ageing population, dropping birth rate and more people leaving the workforce than entering it, contributes to there being not enough people for available jobs. The skills shortage means greater power for employees over employers. In a competitive employment market, the experts agree that employers across many sectors have had to understand employee needs more than ever before and to tailor their workplaces to better meet employee expectations.

A consistent global response has been more flexible options so people can tailor their work life in a way that suits their whole life. Flexibility presents in a number of different ways, many of which a career in nursing is not currently compatible with. Key themes include the following:

Fewer people want full-time work: Many want to accommodate 2 careers at the same time – for example, 2 part-time roles or one full-time role and one part-time. Also, people want both their careers to gel with the other, allowing them opportunities to combine, dial up or down, take a sabbatical when needed, or otherwise juggle multiple roles.

People want more notice and flexibility in rostering: In the past there was high acceptance of rosters changing at short notice and with minimum input from employees. But people are less accepting of this today, and employers have had to adapt accordingly. Some want more hours, some want less. But they want a voice in the decision making and a roster that is tailored to their preferences.

People want more control over when, where and how they work: Technological platforms are enabling skilled workers to do this. Technology has enabled buyers and sellers to find each other, ensuring solo traders can build their own customer base and ways of working. Healthcare workers and community members are achieving these benefits in Australia through platforms such as Mabel. In the US, this ‘open talent model’ has further extended to reward and remuneration in the airline industry, for example, which trialled differing remuneration structures on the basis of appeal of shifts and locations (less appealing shifts and flying to less appealing locations paid more to maximise the trend towards allowing more employee choice).

People want to stay in work and train for new opportunities at the same time: They want to maintain financial stability through a paid role, without compromising their ability to retrain or further train (e.g. at night or on the job).

People want to move around and experience other roles: Other sectors have shown the effectiveness of creating role diversity within a single profession. For example, the tech industry often encourages employees to explore different roles within the organisation, broadening their skill set and preventing stagnation.

Given the nature of near-full employment, experts in other sectors reported an increase in employees choosing to leave if their demands are not met.

Quote:

‘I like to refer to the workplace agreement now as a social contract – “I will give you my capacity and I’ll make a contribution to your organisation in a way that suits my lifestyle and in return I’ll have flexibility – or I’ll leave”.’ – US Workplace Futurist

‘It’s certainly an expectation in the ambulance service. It’s a very awkward view we came to a couple of years ago that called out that flexibility was the main reason why people were leaving the industry. The workforce now is 53% women in the service. The expectations are that people will work flexibly; they don’t want to work 40 hours a week. They want to match work life to home. Now, the ambulance service is trying very hard at the moment to make that happen, but it’s not easy because of the nature of the shifts that have to be done.’ – Past CEO, ambulance service

### 5.2.3 Apply proven change management principles

Many adjacent industry experts agree that change management theory and principles provide useful considerations when attempting system transformation. While there are an array of components to change management theory, participants noted the following 6 factors to be particularly useful in practice:

Garnering key stakeholder perspectives early can expand thinking: Experts reflect that a broader group of stakeholders can be brought together to provide system-wide solutions to the issues facing various sectors. Although most sectors engage those within in reflecting on system blockers and enablers, a number of experts noted co-design opportunities and system thinking that brings the ‘unusual suspects’ to the table in offering workshop sector solutions. Stakeholder mapping can help identify key stakeholders requiring a voice in developing transformational strategies.

Ensuring regulators are included in reform early can be useful: Experts noted that Australia’s regulatory system has considerable impact, and where system-wide change is an outcome there can be benefit in including regulators early.

Adopting ‘futurist thinking’: Including futurist experts outside of the sector can help paint a picture of the future that a strategy will need to prepare for. Other sectors use futurists to inform strategies, not just those within a sector, to ensure applicability and avoid ‘always doing what we’ve always done’ thinking.

This is especially the case for the impact of technology, given most experts agree it has/will revolutionise industries such as health in unimaginable ways. Having stakeholders at the table who can identify multiple scenarios of how technology might affect nursing will be critical. For example, one US expert shared that technology has fundamentally affected sectors such as warehousing and distribution, where robots now gather data and information as opposed to highly trained employees. Indeed, those highly trained people with advanced technical skills are now supervising distribution logistics. People who are in the sector often cannot identify the full scope of possible applications of technology – specialist tech futurists may be required for input.

There is likely to be a role for greater investment in communication to better engage: A number of experts reflected on how increased communication – both within the sector to employees, and also outside a specific sector to better capture potential employees – has a role to play in attraction and retention in other sectors. A range of examples were given:

Targeted recruitment communications can result in better outcomes (rather than a broadcast approach): Many experts suggested that a ‘one size fits all’ approach to recruitment and retention communications is no longer compelling, and that people want more tailored ‘reasons and benefits’ to consider change. The defence force has multilevel communication approaches, with overarching narratives aimed at more emotive reasons to consider the sector supplemented by shorter, tailored communication that focuses on the ‘extrinsic needs’ and functional benefits of particular roles.

Targeted campaigns for specific audiences and roles: Sectors are refining their audiences and providing a highly targeted ‘offer’ in their communication to encourage particular audience segments to consider. One example in the US was a fast food chain specifically targeting the nurse workforce for employment. Communications pointed out the ‘poor workplaces’ nurses experience (e.g. ‘you are overworked and undervalued’) and highlighted specific ‘promises’ that they would not be similarly treated in the organisation.

External communications can drive profile and reputation: Experts noted the importance of ‘social norming’ in influencing young people towards a particular career. Upholding the reputation and pride in a career is critical given the array of influencers of choice for employees. There are examples of some careers or sectors facing diminished recruitment due to lowered interest (e.g. defence) and an increase in communications aimed at restoring pride and peer acceptance in career choices has proved successful at addressing widespread perceptions.

Successful change management programs leverage technology to facilitate career progression: In other sectors, digital platforms are used for continuous learning and skill enhancement and for tracking and recognising achievements. In nursing, adopting such technologies could enable nurses to pursue specialised training, acquire new competencies and document their professional growth, making them eligible for advanced roles and responsibilities.

Other sectors have shown the value of investing in leadership development programs: These programs equip employees with the necessary skills to lead teams, manage projects and drive innovation. For nursing, investing in leadership development could empower nurses to take on managerial roles, lead quality improvement initiatives and contribute to policy development, thereby elevating the profession and addressing some systemic challenges.

Quote:

**‘It would be about ongoing honest collaboration, you know, the earnest connection of people together to try and solve a problem, and the inclusion would be terrific. I think that is the lens that you look through. In any problem solution, it needs to be broad. The more representative you can be [in getting] all of the perspectives, the better placed you are to be able to consider options.’ –** NNWS Strategy Advisory Group member

# 6 Concluding remarks

This consultation report outlines a comprehensive range of perspectives from all sections of the nursing workforce as well as health system administrators, regulators, the community, nurse educators, academics, students and professional peak bodies. While there are a wide range of perspectives, the consultation has identified a consistent range of key themes, priorities and opportunities to consider in developing an NNWS.

1 There are a number of barriers to a sustainable nursing workforce that are the result of deeper system issues. There is a strong appetite for system-wide change and a desire to address systemic barriers in a unified approach to nurse education, supply and workforce management. Policy settings, health system structures, the use of data and nurse funding require better harmonisation across the Commonwealth and states and territories to reduce competition for nurses and ensure a cohesive national strategy.

2 Current pressures are exacerbated by workforce shortages. Nurse workloads and burnout are ongoing themes despite the existence of mandated ratios in many jurisdictions. While no doubt exacerbated by continuing workforce shortages, an NNWS will need to identify quick wins that can at least partially alleviate the impact.

3 Scope of practice is at the heart of many solutions. Recognising that scope of practice issues in primary care are subject to a review, it will be important to consider scope of practice issues across the nursing workforce more broadly in an NNWS, as they speak to the core of many sustainable workforce issues.

4 Recruitment of new nurses into the system is an important strategic lever to grow supply, but retention of nurses is the priority. Jurisdictional workforce initiatives and strategies have been implemented but may simply be shifting the problem. The consultation has identified a number of strategies, initiatives and programs that are in place to support recruitment and retention across the various state and territory health systems. These range from incentives, workplace wellbeing initiatives, retention and sign-on bonuses through to subsidised and fee‑free studies. These initiatives have shown some success but may simply be shifting the problem of shortages elsewhere.

5 Lack of choice and flexibility is driving nurses out of the system. Lack of choice and flexibility over their work is a key pain point driving nurses out of the sector as they seek other alternatives to balance their workloads, manage burnout and secure better financial returns. Greater flexibility of hours, contracts and location of work can have a positive impact on staff retention and careers.

6 Better community and sector engagement is needed to boost perceptions of a career in nursing. Community perceptions of nursing are very positive, with nurses among the most ethical and trusted professions, but the COVID-19 pandemic has taken a toll on community perceptions of the attractiveness of a career in nursing. The consultation suggests a need to improve communication about the variety of roles, skills and impact of nurses.

7 There is a need to strengthen and align nurse education and training. The consultation has identified a range of issues in nurse education, including a perception that nurse education does not always equip graduates with the skills and knowledge health systems need. Strengthening nurse education and training programs to better align with contemporary and future practice needs is highly important. This involves addressing the flexibility and sustainability of clinical placements, enhancing transition to practice programs and promoting nurse-led research and innovation.

8 There is a need to address the student experience and issues of ‘placement poverty’. The lack of financial support for the quantum of hours required to become a nurse is crippling, causing significant stress, unsafe practices (sleeping in cars, parking in unsafe areas due to affordability) and rejection of the career. Expectations of educational and workplace institutions are unrealistic and inflexible around placements, creating ‘placement poverty’. Many students experience poor leadership and culture during placements (e.g. racism) and complete their placement feeling devalued and lacking in key skills.

9 There is need for a stronger experiential component in nurse education. There is a perception among stakeholders that trainee nurses (and career changers) are not suitably prepared for nursing roles, lacking practical skills. Whether it is university-managed, health service–managed or mandatory for undergrads, the exact model can be crafted (noting some resistance to the idea of reintroducing apprenticeships) – for example, the RUSON model.

10 Ongoing support is needed nationally to ensure more fulfilling career progression. More support to access career progression opportunities would help retain nurses. National recognition of qualifications and competencies is required to move from one stream of nursing to another without incurring a financial (and time) burden to ‘go back to the start’. Progression from novice to expert is equally critical, requiring a clear national roadmap to advance in the profession. This will also aid geographic mobility (between jurisdictions, care contexts or a short-term role in a remote setting). Clearer and better supported pathways for career progression within nursing, and addressing barriers to further study and professional development, presents an opportunity. This includes leveraging digital technologies for learning and more coordinated recognition of achievements (see also theme 13).

11 There is a need to elevate wellbeing and workplace culture across the country. Following the COVID-19 pandemic there has been a concerted effort to support nurse mental health and wellbeing to create more positive practice environments. The opportunity remains to double down on these efforts, delivering this outcome at scale across Australia so it is the norm rather than isolated examples. The consultation has called for more work in promoting positive workplace cultures and nurse wellbeing. There is a demand for a stronger commitment and support of safer workplaces covering a range of pain points from a focus on enhanced ratios, to elimination of workplace violence and bullying, and provision of genuinely safe workplaces.

12 Focus on professionalising and supporting nurse leadership at all levels. Recognising the critical role of leadership in creating positive and supportive cultures would help retain nurses and improve patient care.

13 Undeniable future demand for better use of technology to enhance patient-centred care. The consultation notes the need to encourage the adoption of digital tools and technologies within the nursing profession to improve healthcare delivery and patient care. This includes education, training and leadership development in digital health technologies in a coordinated national approach. However, it should be noted that there is a preference that data and technology is used to enhance person-centred care, not replace.

14 Enhance efforts to ensure workforce diversity and inclusion. The consultation highlighted the need for the nursing workforce to reflect the diversity of the patient communities it serves, including CALD and LGBTIQ+ peoples.

15 A call for a dedicated First Nations strategy. Addressing the unique challenges required to support the First Nations nursing workforce and communities was highlighted in the consultation. Strategies should focus on increasing representation, providing culturally safe work and learning environments, and ensuring equitable access to education and professional development opportunities to boost the First Nations nursing workforce.

16 Workforce issues are magnified in rural, regional and remote contexts. It will be important to develop targeted strategies to address the geographic and skills distribution of the nursing workforce, especially in regional, rural and remote areas. This includes incentives for relocation, support for living costs and specialised programs to attract and retain nurses in these areas.

17 Jurisdictional workforce initiatives and strategies have emerged, with some examples that can be implemented at scale. The consultation has identified a number of strategies, initiatives and programs that are in place to support recruitment and retention across the various state and territory health systems. These range from incentives, workplace wellbeing initiatives, retention and sign-on bonuses through to subsidised and fee-free studies. The ‘future state’ report will cover these in detail and highlight opportunities for national implementation.

18 A desire for a greater focus on nurse-led innovation and research. Fostering an environment of research-led innovation and adaptability will support the advancement of the nursing profession as a whole and also enhance opportunities for lifelong careers in nursing. Approaches and lessons from other sectors should also be incorporated in anticipation of future changes in healthcare service delivery, as well as in anticipating broader social and cultural changes that will no doubt affect ways of working in the nursing profession of the future.

We look forward to building on these key themes in the next phase of reporting – Building the evidence base for a National Nursing Workforce Strategy – Report of Stage 1 - Volume 2.

# 7 Appendices

## 7.1 A: Summary of consultation participant numbers

### 7.1.1 Consultation by the NNWS project team

**Workshops and conferences**

| Date | Type | Workshop/conference name | Number |
| --- | --- | --- | --- |
| 5 May 2023 | National | 6th Australian Nursing and Midwifery Conference | 60 |
| 28 July 2023 | National | Australian Primary Healthcare Nurses Association Festival of Nursing | 68 |
| 10 August 2023 | National | Australian College of Nursing – National Nursing Forum | 236 |
| 14 September 2023 | National | Australian College of Children and Young People’s Nurses Conference | 42 |
| 13 September 2023 | National | 47th International Mental Health Nursing Conference | 60 |
| 11 October 2023 | National | CRANAPlus Conference | 70 |
| 12 October 2023 | National | ANMF Biennial Conference | 113 |
| 12 October 2023 | National | Australian College of Health Services Management Asia-Pacific Health Leadership Conference | 25 |
| 12 October 2023 | National | Council of Deans of Nursing and Midwifery | 37 |
| 13 October 2023 | National | Australian College of Nurse Practitioners Conference | 150 |
| 18 October 2023 | ACT | University of Canberra student workshop | 15 |
| 21 October 2023 | National | Cancer Nurses Society of Australia Conference | 30 |
| 2 November 2023 | QLD | Association of Queensland Nursing and Midwifery Leaders | 87 |
| 2 November 2023 | National | Universities Australia Health Education Standing Group | 15 |
| 3 November 2023 | National | Private Hospitals Consultation Forum | 18 |
| 20 November 2023 | National | Australian Private Hospitals Association Workforce Taskforce | 12 |
| 20 November 2023 | National | Coalition of National Nursing and Midwifery Organisations webinar | 9 |
| 23 November 2023 | National | Coalition of National Nursing and Midwifery Organisations webinar | 11 |
| 24 November 2023 | National | Health Roundtable Executive Directors of Nursing | 9 |
| 30 November 2023 | National | CATSINaM Congress | 34 |

CNMO symposiums

| Date | Type | Workshop/conference name | Number |
| --- | --- | --- | --- |
| 17 October 2023 | ACT | Chief Nursing and Midwifery Officer (CNMO) Symposium | 85 |
| 17 October 2023 | SA | CNMO Symposium | 92 |
| 10 November 2023 | TAS | CNMO Symposium | 160 |
| 23 November 2023 | VIC | CNMO Forum | 109 |

**Consultation forums**

| Date | Type | Workshop/conference name | Number |
| --- | --- | --- | --- |
| 3 November 2023 | National | Private Hospitals Consultation Forum | 18 |
| 20 November 2023 | National | Australian Private Hospitals Association Workforce Taskforce | 12 |
| 20 November 2023 | National | Coalition of National Nursing and Midwifery Organisations webinar | 9 |
| 23 November 2023 | National | Coalition of National Nursing and Midwifery Organisations webinar | 11 |
| 24 November 2023 | National | Health Roundtable Executive Directors of Nursing | 9 |

**Community conversations**

| Date | Type | Workshop/conference name | Number |
| --- | --- | --- | --- |
| 11 December 2023 | National | Consumers Health Forum community conversation | 12 |
| 14 December 2023 | National | Consumers Health Forum community conversation | 12 |

**Yarning circles**

| Date | Type | Workshop/conference name | Number |
| --- | --- | --- | --- |
| February 2024 | National | Yarning circle in conjunction with National Aboriginal Community Controlled Health Organisations | 2 |
| February 2024 | National | Yarning circle in conjunction with CATSINaM | 4 |
| February 2024 | National | Yarning circle in conjunction with CATSINaM | 3 |
| Total |  |  | 1580 |

### 7.1.2 Consultation activities led by Where*to* (with representation from DOHAC, SCV and VIC DOH).

#### Stage A – Strategy Advisory Group and Strategy Steering Committee members in-depth interviews

| Date | Stakeholder | Interview type | Number |
| --- | --- | --- | --- |
| October | SAG/SCC | In-depth interviews | 11 |

#### Stage B – State and territory government workshops

| Date | Location | Stakeholder | Number |
| --- | --- | --- | --- |
| 20 October | NSW | NSW Health | 23 |
| 14 November | WA | WA Health | 11 |
| 21 November | TAS | Tasmanian Department of Health | 3 |
| 21 November | SA | SA Health | 8 |
| 19 December | NT | NT Health | 10 |

#### Stage C – Interviews with states and territories

| Date | Location | Interview type | Number |
| --- | --- | --- | --- |
| 25 October | ACT | ACT Health interview | 1 |
| 25 October | NSW | NSW Health interview | 2 |
| 2 November | VIC | Department of Health interview | 3 |
| 20 December | QLD | Queensland Health interview | 2 |

#### Stage D – Jurisdictional face-to-face workshops

| Date | Location | Interview format | Number |
| --- | --- | --- | --- |
| 13 September | NT | Metro consultation – Darwin | 16 |
| 10 October | QLD | Regional consultation – Cairns | 29 |
| 18 October | SA | Regional consultation – Tanunda | 11 |
| 19 October | SA | Metro consultation – Adelaide | 34 |
| 23 October | ACT | Metro consultation – Canberra | 44 |
| 26 October | NT | Regional consultation – Alice Springs | 15 |
| 31 October | QLD | Metro consultation – Brisbane | 89 |
| 8 November | TAS | Regional consultation – Devonport | 20 |
| 9 November | TAS | Metro consultation – Hobart | 29 |
| 14 November | WA | Metro consultation – Perth | 46 |
| 15 November | WA | Regional consultation – webinar | 39 |
| 22 November | VIC | Regional consultation – Bendigo | 27 |
| 24 November | VIC | Metro consultation – Melbourne | 55 |
| 24 November | VIC | Metro consultation – Melbourne | 39 |
| 27 November | NSW | Metro consultation – Sydney | 50 |
| 28 November | NSW | Regional consultation – Dubbo | 17 |
| Total |  |  | 560 |

#### Stage E – Webinars

| Date | Type | Attendees | Number |
| --- | --- | --- | --- |
| 23 October | National | Less than 5 years’ experience | 7 |
| 23 October | National | More than 5 years’ experience | 13 |
| 24 October | National | Nurse leadership | 15 |
| 24 October | National | Primary care providers | 3 |
| 26 October | National | Education institutions | 20 |
| 26 October | National | Casual or agency nurses | 11 |
| 30 October | National | Future nurses/family | 12 |
| 30 October | National | Mental health nurses | 18 |
| 31 October | National | Former nurses | 11 |
| 31 October | National | Rehab/community nurses | 10 |
| 1 November | National | Acute healthcare providers | 15 |
| 1 November | National | Aged care nurses | 16 |
| 2 November | National | Midwives | 35 |
| 2 November | National | Internationally qualified nurses | 17 |
| 8 November | National | Aged care providers | 20 |
| 8 November | National | Primary health nurses | 12 |
| 9 November | National | Digital health | 21 |
| 9 November | National | Student nurses/midwives | 17 |
| 9 November | National | LGBTQIA+ community group | 9 |
| 13 November | National | Private sector | 8 |
| 13 November | National | Advanced practice nurses | 8 |
| 13 November | National | Nurse practitioners | 63 |
| 16 November | National | Rural and remote | 44 |
| Total |  |  | 405 |

#### Stage F – In-depth interviews

October – December

| **Sector** | Number |
| --- | --- |
| Academic | 7 |
| Aged care | 7 |
| CALD | 3 |
| Digital Health | 2 |
| Family of patient | 3 |
| First Nations | 2 |
| Government health | 2 |
| Health/nurse | 30 |
| Immigration | 1 |
| International nursing | 6 |
| Midwifery | 3 |
| Nursing accreditation | 1 |
| Nursing considerer | 2 |
| Parent of considerer | 1 |
| Patient | 5 |
| Primary health | 8 |
| Private sector health care | 2 |
| Recruitment | 3 |
| Remote nursing | 11 |
| Total | 99 |

#### Stage G – Adjacent sector interviews

**October – December: National**

| **Sector** | Number |
| --- | --- |
| Emergency services – policing, paramedicine | 2 |
| Futurists | 2 |
| Defence | 2 |
| Corrections | 2 |
| Education | 8 |
| Total | 16 |

#### Stage H – Consultation Hub Survey (online)

| Date | Type | Interview format | Number |
| --- | --- | --- | --- |
| November | National | Open short online survey | 830 |

#### Stage I – Panel-Recruited Nurses Survey

| Date | Type | Participants | Number |
| --- | --- | --- | --- |
| November | National | Nurses from market research recruitment panels | 1485 |

#### Stage J – Vox pops

| Date | Type | Format | Number |
| --- | --- | --- | --- |
| November | National | Vox pops – short video recorded messages | 3 |

#### Stage K – Written submissions

| Date | Type | Format | Number |
| --- | --- | --- | --- |
| November to January | National | Written submissions | 56 |

## 7.2 B: Research questions across all consultation phases

| Key research areas | **Research questions** |
| --- | --- |
| Sociodemographic changes | What will be the impact of a range of demographic factors including the ageing population, increased community diversity more complex and chronic health needs and increasing consumer expectations?  What will be the impact of meeting specific needs of First Nations people, rural/remote and CALD communities? |
| Workforce supply and demand | What are the identify, emerging and future shortfalls in supply of nursing workers?  Where are the most significant changes in demand of nursing professionals likely to be?  What is the 5, 10 and 20-year horizon for the nursing workforce in Australia? |
| Health system goals | How can the nursing workforce support overarching health system goals:  patients and carers have positive experiences and outcomes that matter  people are healthy and well |
| System enablers and barriers | What national and state policy enablers or barriers are present that will affect a national nursing workforce approach across:  leadership and governance  industrial relations  activity-based funding  engagement collaboration and partnerships within and across sectors and jurisdictions  new models of care  integration with other forms of planning  capability building  outcomes-based nursing care  data sharing |
| Community expectations and perceptions of nursing | What are current priorities, perceptions, opportunities and challenges of community expectations of nursing and nurses? |
| Nursing education, training and career progression | What are the current education and training priorities, opportunities and challenges?  What are the current career progression pathways and how can this be improved?  What changes to educational opportunities and pathways would support the future workforce? |
| Changing health services delivery landscape | What types of new and expanded roles will emerge or be required to enable consistently high-quality care delivery outside hospitals?  What workforce changes (i.e. capabilities, supply, demand, roles/responsibilities and team structures) are required to deliver safe, quality and integrated care different settings? |
| Shift to patient focused care | What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) are required to deliver person-driven care? |
| Digital innovation and technology | What workforce changes (i.e. capabilities, supply, demand, roles and responsibilities) are required to optimise the use of new technologies, medicines and AI to improve nursing care service delivery?  What workforce changes (i.e. capabilities, supply, demand, roles/responsibilities, including impacts on specific groups) are required to optimise the use of e-nursing and data analytics to improve nursing care service delivery? |
| Workplace culture and experience | What are the current workplace priorities, opportunities and challenges facing nursing staff and nursing leadership?  What are the enablers and barriers that will need to be overcome to enhance workplace culture and conditions for nurses?  How can we increase diversity and inclusion in our workforce and ensure safe and supportive workplaces for all? |
| Changing scope of nursing practice | How will nursing roles, responsibilities and scope change or expand in the future, and what changes are we seeing currently?  What are the most important emerging roles, skills and capabilities that will affect future nursing care delivery?  How are consumer expectations changing the requirements of specific workforce groups? |
| Future system vision | What should our ambition and vision for the nursing workforce be in 5, 10 and 20 years?  What systems, tools and ways of working might support a more interdisciplinary and flexible workforce in the future? |
| The values and mindsets of nursing | What is the role of the nurse?  What are the key highlights and challenges of nursing?  What are the key pain points in the daily experience of nurses?  What are the key pain points in a nurse’s career journey?  What are the values and priorities you hold as a nurse? |

# 8 References

Australian Government: The Treasury. (2023, August). Intergenerational Report 2023 Australia’s future to 2063. <https://treasury.gov.au/sites/default/files/2023-08/p2023-435150.pdf>

Department of Health and Aged Care. (2022). Nursing factsheets. <https://hwd.health.gov.au/nrmw-dashboards>

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