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Department
of Health



National Nursing Workforce Strategy – Round two public consultation summary

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Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea, sky and community. We pay our respects to them and their cultures and to all Elders past and present.

Introduction

The Commonwealth Department of Health and Aged Care (department), Victorian Department of Health and SaferCare Victoria are developing Australia's first National Nursing Workforce Strategy (strategy), in collaboration with all jurisdictions and the nursing profession.

The strategy will establish priorities to guide the nursing workforce now and into the future. It will provide a framework to help address workforce challenges, foster collaboration, and drive action among stakeholders in shaping the future of nursing workforce planning, investment and reform.

As part of the strategy's development, extensive research and a first round of consultation was undertaken. This process identified issues facing the nursing workforce and opportunities for the future. It involved consultation with around 6,000 stakeholders, 19 environmental scans and literature reviews, and a supply and demand study. The collection of research and stakeholder consultation findings is published on the strategy website at www.health.gov.au/nnws.

These findings informed the drafting of the strategy. The draft strategy was released for consultation from 11 September 2024 to 20 October 2024. The purpose was to provide stakeholders and interested members of the public an opportunity to share their views and feedback on the draft strategy before its finalisation. Feedback received through the public consultation process will be used to refine and inform the final strategy.

This document provides a summary of the consultation process and feedback received on the draft strategy.

Method

Consultation on the draft strategy occurred between 11 September 2024 to 20 October 2024.

Feedback was sought on the vision, outcomes, and priority actions. Stakeholders were asked if they could see how the strategy's actions can be applied or implemented to their sector or area of work. Stakeholders were also asked if they could see the link between the actions and the strategy's vision to improve the health and wellbeing of all Australians.

The draft strategy is available to read at: [Draft National Nursing Workforce Strategy - Australian Government Department of Health and Aged Care - Citizen Space](#).

Consultation activities

Extensive consultation activities were undertaken, including:

- an online survey
- written submissions
- consultation workshops
- targeted stakeholder meetings
- conference presentations
- focus groups.

A total of 1,210 stakeholders were engaged throughout the consultation period. This included 487 stakeholders engaged in workshops, meetings and focus groups, 661 engaged with the online survey and 62 provided a written submission.

Survey

The online survey was built in Qualtrics and hosted on the department's Consultation Hub. The online survey provided the option for respondents to answer a series of questions or provide a written submission. Survey questions were not mandatory, allowing respondents to provide feedback to questions of their choosing. Due to survey questions not being mandatory, there is a variance between the number of respondents that responded to each question. This variance is broken down in the findings of this report.

The survey was designed with a mixture of open and close-ended questions. Close-ended questions provided quantitative data which was useful to gauge overall sentiment of the strategy. Respondents provided qualitative data by selecting specific outcomes or actions and entering their feedback or suggestions in an open-ended free text field.

Communications campaign

A communications campaign was delivered to raise awareness and support stakeholder engagement during the consultation period. This involved the creation of

promotional consultation materials including a flyer, two-page summary of the draft strategy and a video from the Commonwealth and Victorian Chief Nursing and Midwifery Officers. These materials were sent to a list of more than 200 interested stakeholders. Several newsletter articles promoting consultation were shared via a range of stakeholder channels and to professional networks.

The promotional video was released on the department website and through the department's social media channels. A series of social media posts (Facebook, Instagram, LinkedIn and X) were uploaded during the consultation period to remind stakeholders to participate. A total of 1,300 people interacted with the social media posts and 243 people directly accessed the online survey through the social media posts.

Analysis of results

This report presents the analysis of feedback and data collected during public consultation.

Quantitative data on the vision, outcomes and priority areas presented in this report is from the survey respondents (n=661).

Qualitative data is captured from 62 written submissions and 51 stakeholder groups who engaged in workshops, meetings, focus groups or provided written feedback (a total of 487 stakeholders).

The qualitative data collected from the survey and written submissions was simultaneously analysed with the feedback from stakeholders who engaged in consultation activities. This data was synthesised into an analysis framework. This involved coding the qualitative responses for feedback on key themes and the creation of analysis notes to further refine the draft strategy.

Who we heard from

Stakeholders in consultation activities

Stakeholders from a diverse range of backgrounds were engaged during various consultation activities. These activities included targeted meetings, focus groups, conferences and consultation workshops. Feedback was heard from:

- jurisdictional Chief Nursing and Midwifery Officers and their senior executives
- nursing professional bodies and organisations
- non-nursing organisations including medical and allied health
- Aboriginal and Torres Strait Islander stakeholders
- rural and remote stakeholders
- government agencies
- nurses (registered nurses, enrolled nurses, student nurses, assistants in nursing - however named, former nurses, nurse practitioners, nurse educators, nurse researchers, nurse managers and nurse leaders)
- medical and allied health professionals
- healthcare consumers
- interested members of the public.

Demographics of survey respondents

Demographic questions were not mandatory. This allowed respondents to participate in the survey anonymously. Therefore, the demographic data presented is captured from respondents who chose to provide it.

Survey respondents were asked to identify if they were participating on behalf of an organisation/institution or as an individual. A total of 541 respondents indicated they were responding as an individual and 157 indicated they were responding on behalf of an organisation or institution.

Response	N	%
I am answering as an individual.	541	78%
I am answering on behalf of an organisation / institution.	157	22%
Total	698	100%

Table 1: A total of 698 survey respondents: Are you responding as an individual or on behalf of an organisation?

Individuals

Of the 541 individuals, 254 chose to identify their role, as displayed in Figure 1.

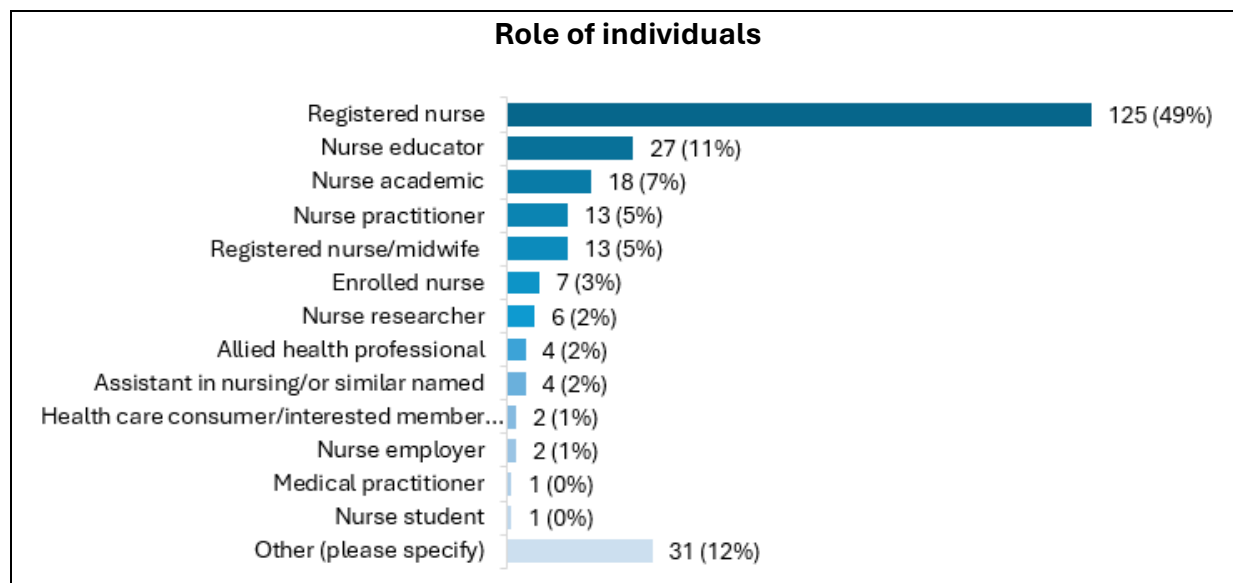


Figure 1: A total of 254 individual responses: Please select the category that best describes you.

Most of the individuals who responded to this question were registered nurses (49%), followed by others (12%) and nurse educators (11%). Respondents who identified as 'other' listed themselves as former nurses, other healthcare employees and interested members of the public.

Individuals were asked if they were a health professional, which sector of healthcare they work in. A total of 237 individual respondents chose to answer this question.

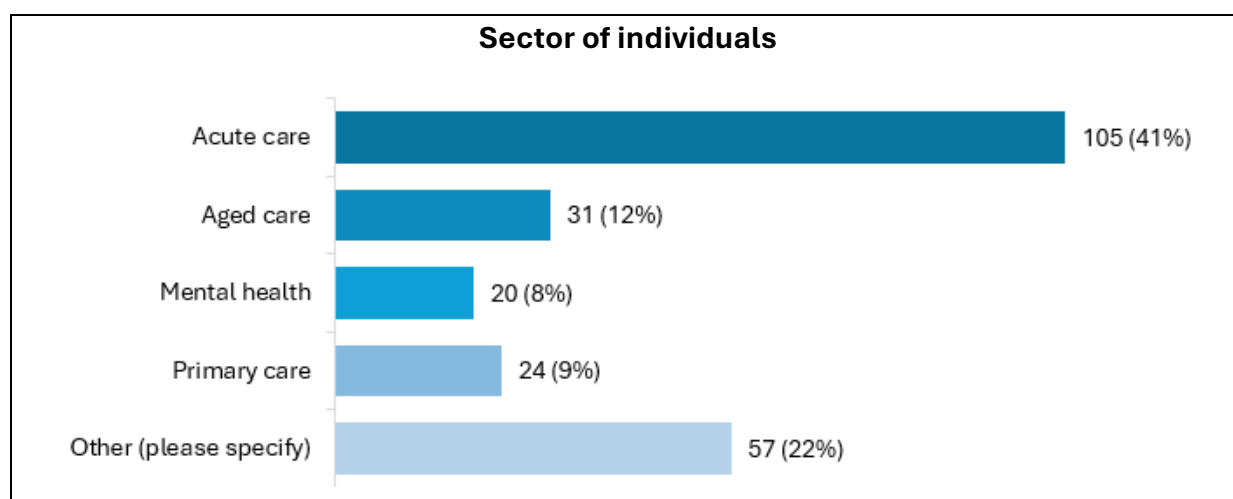


Figure 2: A total of 237 individual responses: If you are a health professional, which sector do you work in?

Majority of the individual health professionals who responded to the online survey work in the acute care sector (41%), followed by the option 'other' (22%) and aged care (12%).

Respondents who identified as ‘other’ listed their sector of work as nurse managers, nurse leaders, specialty nurses, academics, researchers, former nurses, policy, palliative aged care, clinical operations, agency, cancer care, retrieval and interested members of the public.

Organisations

Of the 157 organisations, 112 chose to answer this question, as displayed in Figure 3. Figure 3 displays organisations divided into national and jurisdictional levels. Majority of organisations were national (34%), followed by organisations from Victoria (18%) and New South Wales (13%).

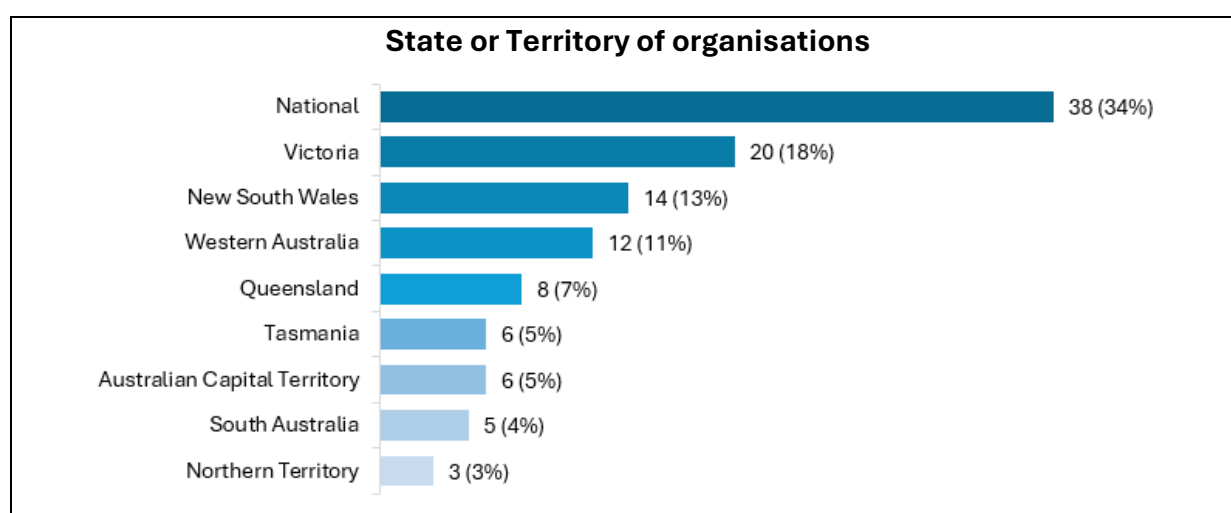


Figure 3: A total of 112 organisation responses: In which State(s) and/or Territory(ies) do you mainly operate.

Respondents were asked which category best described their organisation type. Of the 157 respondents, 84 chose to answer this question, as displayed in Figure 4. Most organisational respondents were health service delivery organisations (26%), followed by peak/professional bodies of nursing (25%) and other peak/professional bodies (17%).

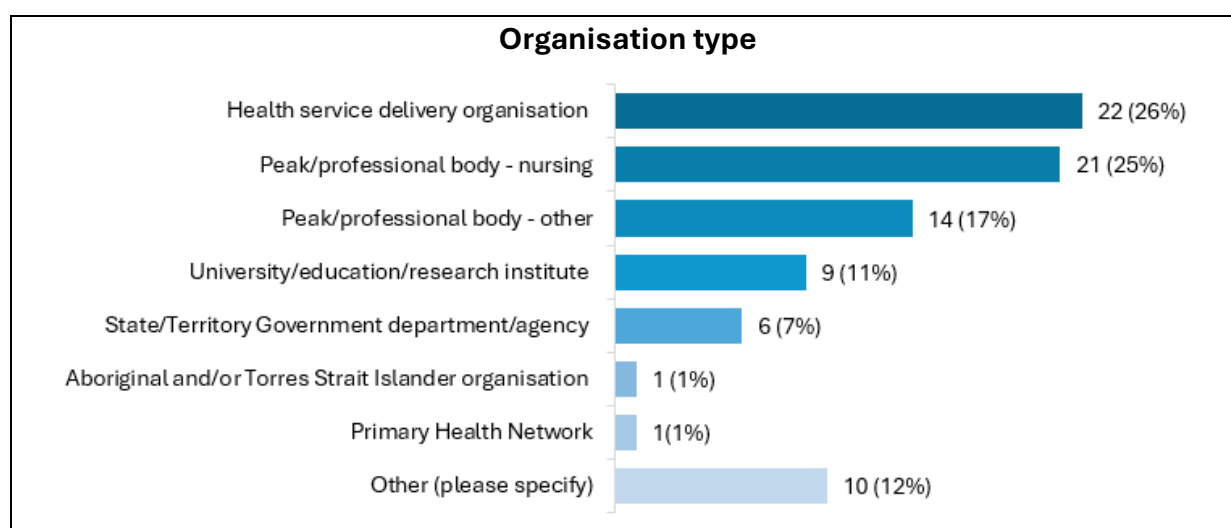


Figure 4: A total of 84 organisation responses: Please select the category that best describes your organisation.

Key themes and sentiment

The quantitative data shows more than 50% of respondents did not have any suggested changes to the vision, outcomes or actions, indicating the draft strategy is on the right track. More than 70% of respondents indicated they believe the outcomes support the vision. Further, more than 70% of respondents indicated they could see the link between the actions and the strategy's vision.

Feedback on improving the draft strategy was constructive across all consultation methods. A key theme raised by many respondents was the strategy could be improved by providing explanation of certain terms used throughout the strategy. Feedback also identified opportunities to strengthen the language used within the strategy to convey the vital role nurses have in the broader health workforce, as well as opportunities to include actions for all forms of diversity which could result in a strategy that is inclusive for all.

Another key theme was the issue of remuneration and recognition of skills and competencies, and how inconsistencies between jurisdictions affect this. Some respondents also linked this to nursing being a gendered workforce that is not valued in an economic sense.

Whilst many responses were focused on the issues faced by the nursing workforce, the feedback was linked directly to the actions that are aspiring to address these issues. This shows that, the actions within the strategy are addressing key issues. Further refining of the supporting narrative of the actions and strengthening of the language will assist in clearly conveying the intent of each action. Some respondents suggested stronger links between the strategy and evidence base and had questions about the evidence and the need for some actions. This highlighted the opportunity to refer to the strong evidence base of the issues and opportunities facing the nursing workforce, now available at [National Nursing Workforce Strategy – building the evidence base](#).

Many stakeholders provided ideas for the next steps of the strategy. Many suggestions for implementation of the strategy's actions were received, as well as questions about who will be responsible for implementing the actions and how the strategy will be evaluated and monitored.

Vision

The draft vision statement is: *‘the nursing workforce is valued for its vital contribution to the health and wellbeing of all Australians and is empowered to innovate and excel in dynamic and diverse environments.’* Respondents were asked if they had any suggested changes to the vision. A total of 517 survey respondents chose to answer this question.

Of the 517 survey responses, 292 (56%) respondents did not have any suggested changes to the vision, 131 (25%) suggested changes and 94 (18%) were unsure.

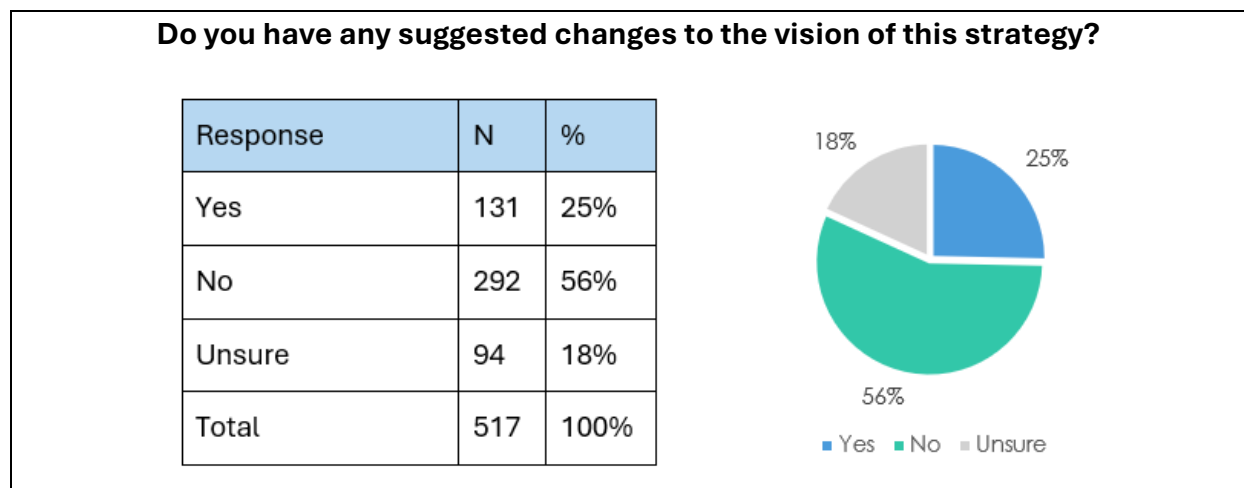


Figure 5: A total of 517 survey responses: do you have any suggested changes to the vision of this strategy?

What we heard

Respondents were invited to provide their suggested changes to the vision. Qualitative data from 69 individuals, 38 organisations and 10 stakeholder groups in consultation activities was analysed.

A key theme of the feedback acknowledged that the vision provided an opportunity to raise the profile of the nursing profession as highly educated, evidence-based and scientific healthcare professionals. Many respondents gave suggestions to strengthen the language in the vision.

Feedback highlighted changes to the term ‘all Australians’ to ensure the vision is inclusive of all people that need access to health care in Australia.

Outcomes

Respondents were asked if the outcomes support the vision. A total of 436 survey respondents chose to answer this question. Of the 436 survey responses, 313 (72%) respondents said yes, the outcomes support the vision, 70 (16%) said no and 53 (12%) were unsure.

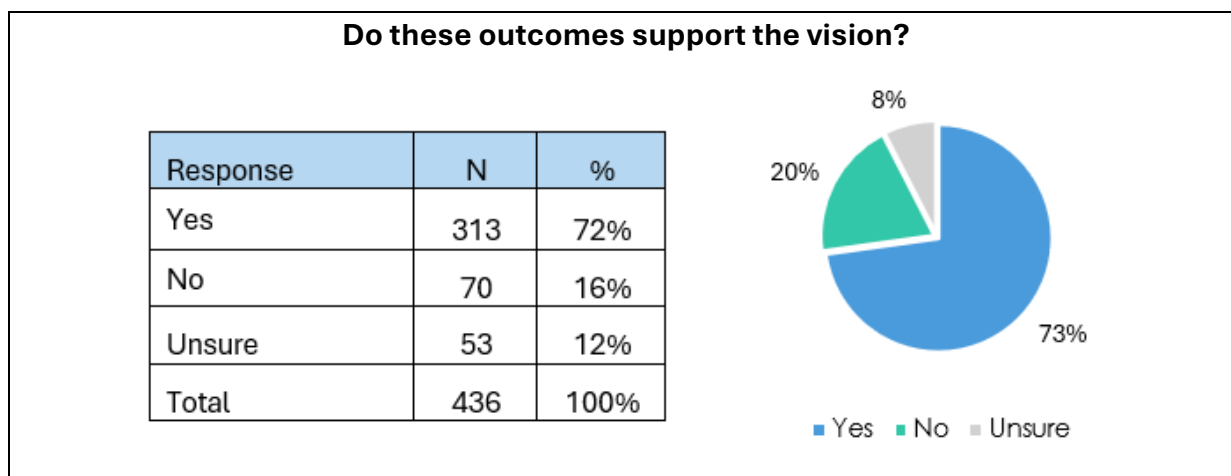


Figure 6: A total of 436 survey responses: do these outcomes support the vision?

Respondents were invited to select which outcomes they would change. Respondents were able to select multiple outcomes. The figures in the table below are indicative of how many times an outcome was selected for change.

Which outcomes would you change?		
Outcome	N	%
1. Sufficient supply and distribution of nurses to meet the diverse health needs of the Australian community.	19	16%
2. Nursing roles enable the workforce to work to optimum scope of practice and improve access to and experience of person-centred care.	16	14%
3. Improved retention of the nursing workforce.	13	11%
4. Positive practice environments which foster diversity, cultural safety and wellbeing.	18	15%
5. Nursing management and leadership engaged in effective decision-making and policy at all levels, in all contexts and valued for its contribution.	19	16%

Which outcomes would you change?		
6. Aboriginal and Torres Strait Islander population parity achieved within the nursing workforce.	11	9%
7. Career and education infrastructure enable nurses to progress their careers and lead and participate in research and innovation in the way they choose.	22	19%
TOTAL	118	100%

Table 2: Question: which outcomes would you change? Note respondents could select multiple actions.

What we heard

Respondents were invited to provide their suggested changes to the outcomes through open-ended questions linked to each outcome. The key themes are summarised below, including the number of stakeholder groups who provided feedback.

Outcome 1: Feedback identified that in addition to the sufficient supply and distribution of nurses, this outcome should also address capability and skills. It was highlighted that the diverse health needs of the Australian community were not clearly defined and it is important to reflect the multicultural context of the Australian community. One individual respondent suggested that ‘the workforce should reflect the community it serves and be open and aware of the multitudinous identities that constitute the community’.

Feedback provided by 14 individuals, 16 organisations and 3 stakeholder groups in consultation activities.

Outcome 2: Feedback confirmed the need for an action related to scope of practice and support for the outcome. It was noted that the term ‘full scope of practice’ is the more commonly term used rather than ‘optimum scope of practice’.

Feedback provided by 8 individuals and 12 organisations.

Outcome 3: The feedback referred to the link between this outcome and supporting the sufficient supply and distribution of nurses (outcome 1). The importance of improving remuneration and the effect on retention of the workforce was highlighted. Additional suggestions included adding ‘attraction to’ as well as retention of the nursing workforce and examples of barriers or changes required to improve retention were provided.

Feedback provided by 12 individuals and 8 organisations.

Outcome 4: Feedback included providing clarity on the term ‘positive practice environment’. It was noted that a positive practice environment will also contribute to

improving the retention of the workforce. Ideas for the implementation of this outcome were shared and there were questions about how this outcome will be measured.

Feedback provided by 11 individuals and 10 organisations.

Outcome 5: Feedback included the suggestion to re-word the outcome to ensure leadership that occurs across all levels of nursing are captured and not just nurses already in leadership and management roles. The feedback heard suggested that this outcome should include the support of nurses developing leadership capacity and skills.

Feedback provided by 14 individuals and 8 organisations.

Outcome 6: Feedback suggested that the word 'parity' should be changed to 'equity'. It was also noted in the feedback that the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 seeks parity, not only equity. It was suggested that the inclusion of all cultures and ethnicities within the Australian population be included in this outcome.

Feedback provided by 5 individuals, 6 organisations.

Outcome 7: Feedback was generally supportive of this outcome. Suggestions were made to strengthen this outcome by separating career pathways from education infrastructure. It was heard that although they influence each other, separating these terms will strengthen the importance of each individually.

Feedback provided by 9 individuals and 12 organisations.

Priorities and actions

Priority 1: Value

Respondents were asked if they had any suggested changes to the actions in Priority 1. The total number of survey respondents that chose to answer this question was 400. Of the 400 survey responses, 203 (51%) indicated they did not have any suggested changes to the actions, 166 (42%) had suggested changes to the actions and 31 (8%) were unsure.

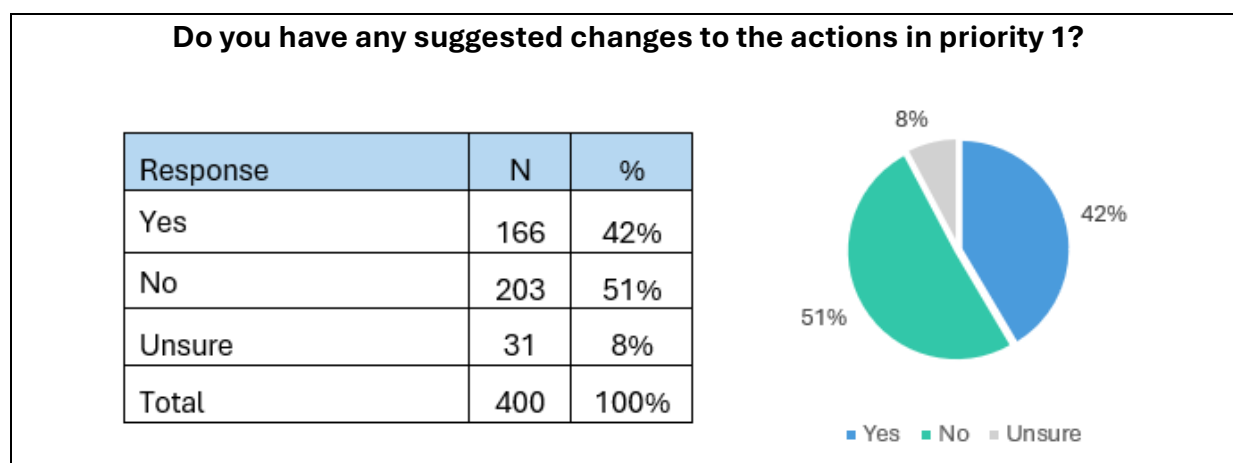


Figure 7: A total of 400 survey responses: do you have any suggested changes to the actions in priority 1?

Respondents were invited to select which actions they would change and were able to select multiple actions. The figures in Table 3 are indicative of how many times an action was selected for change.

Which actions in priority 1 would you change?		
Action	N	%
1.1 Invest in nurse leadership.	51	21%
1.2 Grow Aboriginal and Torres Strait Islander nurse leadership.	23	10%
1.3 Adopt anti-racism initiatives in nursing.	42	17%
1.4 Support internationally qualified nurses to transition into Australia's health and aged care system.	53	22%
1.5 Modernise the identity of nursing.	72	30%
TOTAL	241	100%

Table 3: Question: which actions in priority 1 would you change? Note respondents could select multiple actions.

What we heard

Respondents were invited to provide their suggested changes to the actions in priority 1 through open-ended questions linked to each action. The key themes are summarised below, including feedback from stakeholder groups in consultation activities.

Action 1.1: Many responses expressed that the action was focussed on leadership at the highest levels and were unsure on what was meant by 'leadership' in the context of consumer care or day to day management or professional advancement. It was also highlighted that the word 'invest' was linked to remuneration and funding.

Feedback provided by 30 individuals, 26 organisations and 3 stakeholder groups in consultation activities.

Action 1.2: Supportive feedback was received for this action. Responses from some individual responses questioned the need for this action, other responses highlighting an opportunity to strengthen the supporting narrative for this action.

Feedback provided by 12 individuals, 9 organisations and 3 stakeholder groups in consultation activities.

Action 1.3: Feedback supported the importance of an action that addressed racism. Respondents identified an opportunity to include an action that addresses all forms of discrimination.

Feedback provided by 30 individuals, 21 organisations and 7 stakeholder groups in consultation activities.

Action 1.4: Supportive feedback was received for this action, and it was heard that cultural safety should be an important aspect of this action. Positive feedback was received around maximising the benefits of the Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners. Additionally, it was pointed out that this action also addresses the attraction and retention actions.

Feedback provided by 40 individuals, 18 organisations and 3 stakeholder groups in consultation activities.

Action 1.5: Many respondents expressed the need for an action around the identity of nursing, however the collective feedback on this action showed that many respondents did not understand this action and did not resonate with the word 'modernise'. Some respondents provided alternative suggestions to the word modernise such as 'transform' and 'contemporise'.

Feedback provided by 47 individuals, 29 organisations and 4 stakeholder groups in consultation activities.

Priority 2: Plan

Respondents were asked if they had any suggested changes for the actions in priority 2. The total number of survey respondents that chose to answer this question was 339. Of the 339 survey responses, 209 (62%) identified they did not have any suggested changes to the actions, 110 (32%) had suggested changes and 20 (6%) were unsure.

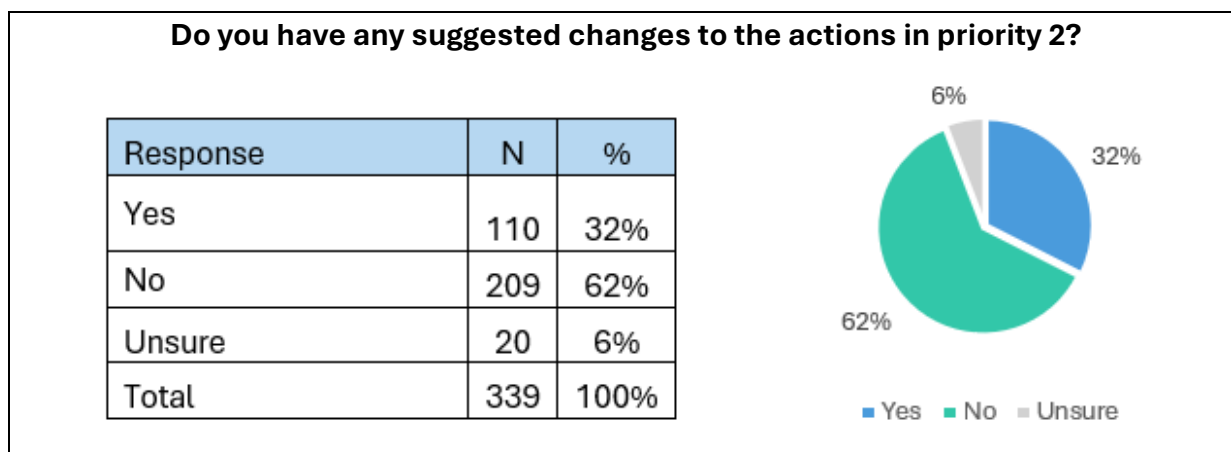


Figure 8: A total of 339 survey responses: do you have any suggested changes to the actions in priority 2?

Respondents were invited to select which actions they would change and were able to select multiple actions. The figures in Table 4 are indicative of how many times an action was selected for change.

Which actions in priority 2 would you change?		
Action	N	%
2.1 Implement nationally coordinated nursing workforce data, modelling and planning.	19	12%
2.2 Implement strategies that enhance workforce mobility and flexibility.	24	15%
2.3 Grow the Aboriginal and Torres Strait Islander nursing workforce.	8	5%
2.4 Investigate and implement the most contemporary structure of pre-registration courses.	28	17%
2.5 Facilitate students to access and complete nursing education.	30	18%
2.6 Adapt student employment models for all health and aged care settings.	22	13%

Which actions in priority 2 would you change?		
2.7 Increase transparency and timeliness of regulatory processes and outcomes.	10	6%
2.8 Develop and implement a nationally consistent accreditation process for post graduate nursing education.	24	15%
TOTAL	165	100%

Table 4: Question: which actions in priority 2 would you change? Note respondents could select multiple actions.

What we heard

Respondents were invited to provide their suggested changes to the actions in priority 2 through open-ended questions linked to each action. The key themes are summarised below, including feedback from stakeholder groups in consultation activities.

Action 2.1: Supportive feedback was received for this action. Feedback included the need for national terminology and standardisation of role titles to ensure workforce data can be collected accurately. Feedback also focused on needing to improve understanding of the areas of specialty for nurses, to assist in training and retention strategies.

Feedback provided by 12 individuals, 20 organisations and 7 stakeholder groups in consultation activities.

Action 2.2: Feedback focused on how to implement the action, such as removing barriers for nurses to move work settings and jurisdictions, providing training and support for these nurses, as well as standardising competencies amongst the profession.

Feedback provided by 16 individuals, 9 organisations and 2 stakeholder groups in consultation activities.

Action 2.3: The feedback identified the opportunity to expand or add an action on growing a diverse nursing workforce, to ensure that the nursing workforce accurately reflects the community it serves. The feedback also highlighted the need for adequate retention strategies to support this action.

Feedback provided by 4 individuals, 17 organisations and 9 stakeholder groups in consultation activities.

Action 2.4: Feedback highlighted the need to enhance nursing education and support for early-career nurses. Respondents suggested that more information around career pathways could be included to strengthen this action.

Feedback provided by 17 individuals, 26 organisations and 6 stakeholder groups in consultation activities.

Action 2.5: The feedback centered on the student experience and the need for support in all aspects of student life to successfully complete nursing education. Suggestions included a hybrid approach to education, with a stronger focus on varied professional experience placements alongside classroom learning to prepare to be workforce ready. Examples for how this would look in a practical setting were provided.

Feedback provided by 25 individuals, 14 organisations and 5 stakeholder groups in consultation activities.

Action 2.6: Supportive feedback was received for this action. Feedback was provided to strengthen the language and inclusion of career pathways in this action. Feedback on the student professional experience placement was provided.

Feedback provided by 13 individuals, 2 organisations and 3 stakeholder groups in consultation activities.

Action 2.7: Supportive feedback was received for this action. Suggestions to strengthen the language were provided and questions on who would be responsible for implementation were raised.

Feedback provided by 4 individuals, 9 organisations and 3 stakeholder groups in consultation activities.

Action 2.8: This action received a mix of support and feedback. Concern was heard around the implementation of an accreditation process for post graduate nursing education.

Feedback provided by 13 individuals, 18 organisations and 3 stakeholder groups in consultation activities.

Priority 3: Design

Respondents were asked if they had any suggested changes for the actions in priority 3. The total number of survey respondents that chose to answer this question was 322. Of the 322 survey responses, 229 (71%) identified they did not have any suggested changes to the actions, 73 (23%) had suggested changes to the actions and 20 (6%) were unsure.

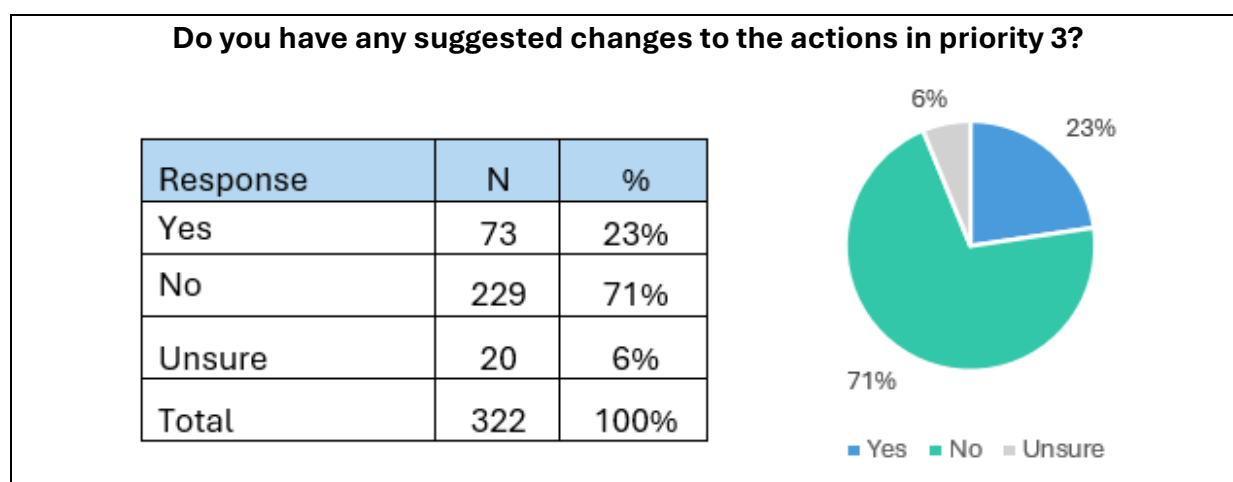


Figure 9: A total of 322 survey responses: do you have any suggested changes to the actions in priority 3?

Respondents of the survey were invited to select which actions they would change and were able to select multiple actions. The figures in Table 5 are indicative of how many times an action was selected for change.

Which actions in priority 3 would you change?		
Action	N	%
3.1 Prepare and engage the nursing workforce in the innovation and use of emerging technologies.	19	11%
3.2 Grow nurse leadership and involvement in the design and delivery of innovative models of care.	16	9%
3.3 Empower Aboriginal and Torres Strait Islander nursing communities to design workforce initiatives that suit local conditions and community situations.	11	6%
3.4 Create and embed funding models that drive evolution and enhancement of nursing practice.	18	10%

Which actions in priority 3 would you change?		
3.5 Enable nurses to work to their optimum scope of practice in all settings.	24	14%
3.6 Mobilise the nursing workforce to lead and contribute to a sustainable and climate-resilient health and aged care system.	88	50%
TOTAL	176	100%

Table 5: Question: which actions in priority 3 would you change? Note respondents could select multiple actions.

What we heard

Respondents were invited to provide their suggested changes to the actions in priority 3 through open-ended questions linked to each action. The key themes are summarised below, including feedback from stakeholder groups in consultation activities.

Action 3.1: Feedback acknowledged that technology is moving fast and the nursing workforce needs to be prepared and engaged in its use. It was also heard that many health services do not have access to emerging technologies. Concerns raised included ensuring that technology does not replace core nursing skills and consumer safety should be at the forefront. It was expressed that nurses should lead research in design, implementation and evaluation of emerging technologies.

Feedback provided by 18 individuals, 16 organisations and 8 stakeholder groups in consultation activities.

Action 3.2: Supportive feedback was received for this action. Feedback reiterated the need for the design and delivery of innovative models of care to be led by nurses.

Feedback provided by 13 individuals, 16 organisations and 4 stakeholder groups in consultation activities.

Action 3.3: This action received strong support in the feedback received. It was highlighted the importance of this action being tailored to local conditions and cultural needs. In addition, the need to ensure Aboriginal and Torres Strait Islander people are involved in the design and delivery of models of care and to make sure they are built by, for and managed by Aboriginal and Torres Strait Islander people. The use of the word ‘empower’ in the action received suggested changes.

Feedback provided by 9 individuals, 9 organisations and 4 stakeholder groups in consultation activities.

Action 3.4: Support for this action was noted and it was suggested that further clarity could be provided to ensure this action occurs in all contexts. Some respondents raised that they felt it was important to address the transparency of funding models and

access of funding. One organisation commented that ‘this action will promote agility in reviewing funding mechanisms to respond quickly to emerging community needs.’

Feedback provided by 13 individuals, 12 organisations and 1 stakeholder group in consultation activities.

Action 3.5: Feedback centred on implementation and how nurses will work to their optimum scope of practice when scope of practice varies between jurisdictions and health services and settings. It was also heard that the definition of nursing roles and positions is inconsistent between jurisdictions. It was suggested that clear career pathways and support for nurses to complete further education and training be part of achieving this action.

Feedback provided by 15 individuals, 22 organisations and 7 stakeholder groups in consultation activities.

Action 3.6: Supportive feedback was received for this action. The wording of this action received many suggestions for enhancement. Suggestions included ‘climate resilience’ ‘environment sustainability’ ‘empower’ and ‘equip’.

Feedback provided by 5 individuals, 11 organisations and 6 stakeholder groups in consultation activities.

Priority 4: Deliver

Respondents were asked if they had any suggested changes for the actions in priority 4. The total number of respondents that answered this question was 322. Of the 322 survey respondents, 229 (71%) identified they did not have any suggested changes to the actions, 73 (23%) had suggested changes and 20 (6%) were unsure.

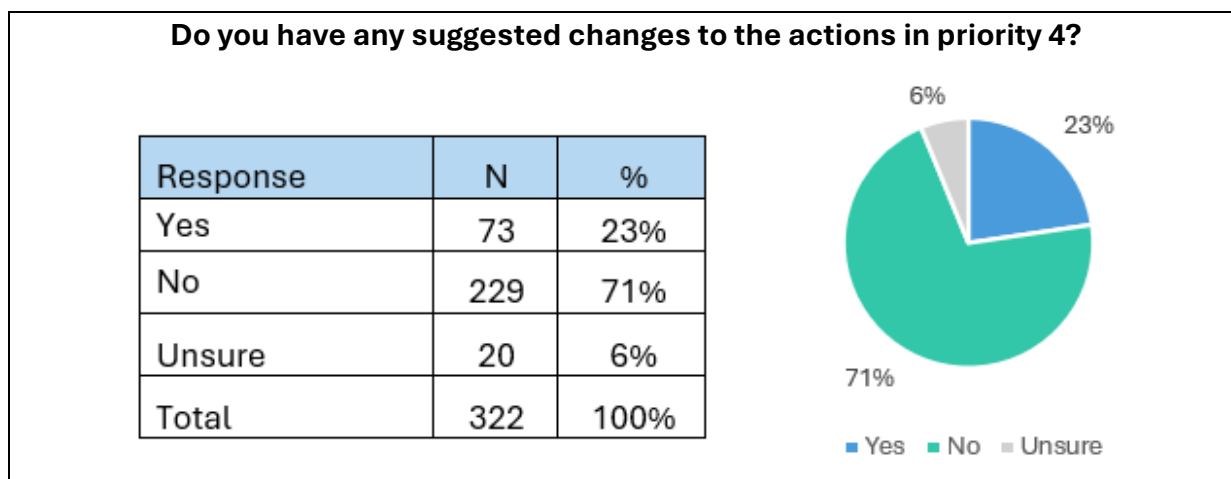


Figure 10: A total of 322 survey responses: do you have any suggested changes to the actions in priority 4?

Respondents of the survey were invited to select which actions they would change and were able to select multiple actions. The figures in Table 6 are indicative of how many times an action was selected for change.

Which actions in priority 4 would you change?		
Action	N	%
4.1 Develop a nationally consistent framework for transition to practice.	18	17%
4.2 Develop a national professional development framework.	14	13%
4.3 Adopt positive practice environment standards in all settings.	17	16%
4.4 Develop a national career framework.	15	14%
4.5 Build and grow nurse clinical-academic/research career pathways.	22	21%
4.6 Develop a dedicated rural and remote recruitment and retention strategy (inclusive of students).	18	17%
TOTAL	104	100%

Table 6: Question: which actions in priority 4 would you change? Note respondents could select multiple actions.

What we heard

Respondents were invited to provide their suggested changes to the actions in priority 4 through open-ended questions linked to each action. The key themes are summarised below, including feedback from stakeholder groups in consultation activities.

Action 4.1: Supportive feedback was received for this action. Suggestions for implementation included embedding a registered undergraduate student of nursing (RUSON) framework to better prepare graduates for the future workforce. Other suggestions included graduate capabilities, a transition to specialty practice and clear pathways that recognise prior learning.

Feedback provided by 10 individuals, 15 organisations and 5 stakeholder groups in consultation activities.

Action 4.2: Feedback sought clarity on the purpose of a national framework and what issue it would address. It was suggested that a national professional development framework needs clear, accessible and articulated pathways. One organisation highlighted that this action is ‘*an opportunity for co-designed, culturally safe, tailored, flexible and non-standard nurse education and career pathways with deep community reach and connection to promote the inclusive growth and employment in communities that is needed for Aboriginal and Torres Strait Islander people to become nurses.*’

Feedback provided by 8 individuals, 12 organisations and 5 stakeholder groups in consultation activities.

Action 4.3: Feedback centred on the need for a definition of a positive practice environment. Some feedback requested this action further consider occupational violence in all nursing settings and how this could be improved.

Feedback provided by 14 individuals, 11 organisations and 4 stakeholder groups in consultation activities.

Action 4.4: Feedback suggested that this action should clearly articulate roles and the education pathways required for nurses, resulting in a nationally consistent approach to nursing job titles, roles and awards. Feedback also included that a national career framework must consider the role of remuneration in recognising the level of education and broad skillsets required by nurses.

Feedback provided by 10 individuals, 13 organisations and 6 stakeholder groups in consultation activities.

Action 4.5: Supportive feedback was received for this action. It was noted that not all nurses want to conduct research however many are happy to contribute to it. It was suggested that nurses across all levels should be supported in this. There was feedback that for nurses who wish to undertake research career pathways, it needs to be easily accessible, with support to succeed.

Feedback provided by 10 individuals, 20 organisations and 2 stakeholder groups in consultation activities.

Action 4.6: Supportive feedback was received for this action, particularly the inclusion of nursing students. It was suggested to include the recognition and promotion of the role of rural and remote nurses. Feedback included suggestions for implementation.

Feedback provided by 11 individuals, 20 organisations and 11 stakeholder groups in consultation activities.

Other Feedback

Survey respondents and stakeholder groups in consultation activities were asked the following questions:

Are you able to see how the strategy's actions can be applied/implemented to your sector or area of work?

Can you see the link between the actions and the strategy's vision to improve the health and wellbeing of all Australians?

Are you able to see how the strategy's actions can be applied/implemented to your sector or area of work?

The strategy is for the whole nursing profession, to apply to all specialties, practice settings and contexts of care and service delivery. Respondents were asked if they could see how the strategy's actions can be applied or implemented to their sector or area of work.

Of the 311 responses, 190 (61%) indicated they could see how the actions could be applied to their sector, 57 (18%) could not see how the actions could be applied to their sector and 64 (21%) were unsure.

Are you able to see how the strategy's actions can be applied/implemented to your sector or area of work?

Response	N	%
Yes	190	61%
No	57	18%
Unsure	64	21%
Total	311	100%

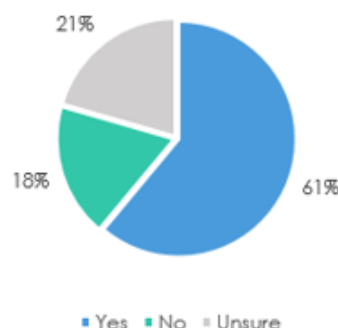


Figure 11: A total of 311 survey responses: are you able to see how the strategy's actions can be applied/implemented to your sector or area of work?

What we heard

Respondents were invited to provide their suggested changes to ensure the actions could be applied to their sector through an open-ended question. Qualitative data from this open-ended question was provided by 36 individuals and 4 organisations through survey responses. This feedback is summarised below.

The framing of this question led to many responses re-iterating issues that need changing rather than changes to the actions themselves. It was noted that the actions will require collaboration with other professional groups when considering changes to

scope of practice. Feedback highlighted that although implementing these actions will require significant change and attention, it is a positive that these actions are ambitious.

Feedback was heard that the actions are broad. It was noted that the strategy provides high level actions which allows for it to be applied across different settings. Feedback also centred on how the strategy will need to be implemented across many settings and questions on who will be responsible for implementation.

Can you see the link between the actions and the strategy's vision to improve the health and wellbeing of all Australians?

Respondents were asked if they could see the link between the actions and the strategy's vision. A total of 303 survey respondents chose to answer this question. Of the 303 survey respondents, 213 (70%) indicated they could see the link between the actions and strategy's vision, 43 (14%) could not see the link and 47 (16%) were unsure.

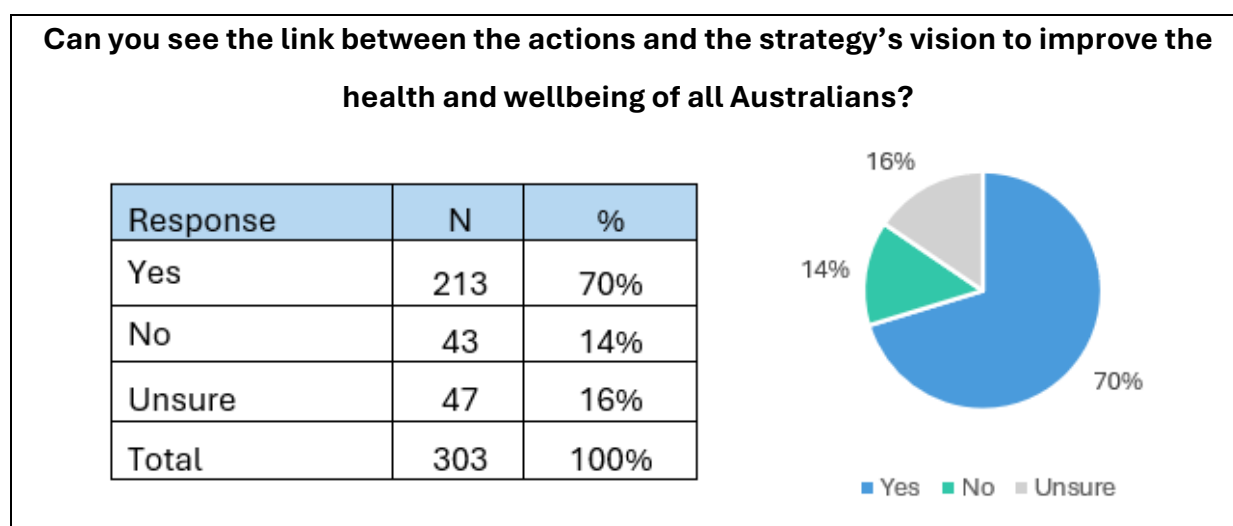


Figure 12: A total of 303 survey responses: can you see the link between the actions and the strategy's vision to improve the health and wellbeing of all Australians?

Respondents were invited to provide their suggested changes to ensure the link between the actions and the strategy's vision is clear. Qualitative data from this open-ended question was provided by 36 individuals through survey responses. Feedback was also received from stakeholder groups in consultation activities.

Feedback highlighted that the link between actions and the vision would be clearer if there were measurable outcomes against the actions. Feedback also suggested the use of clear and specific language when describing the actions to increase understanding.

Conclusion

The high response rate from stakeholders providing feedback on the draft strategy was welcomed. The mix of responses from consumers, nurses, other health professionals and organisations provided a comprehensive picture of how the vision, outcomes, and actions of the strategy were received.

Suggestions proposed during this round of consultation will be considered by the Strategy Steering Committee and Strategy Advisory Group and utilised to refine a final draft of the strategy and its implementation.

We thank all those who took part in this consultation. Stakeholders' willingness to share ideas and provide constructive feedback demonstrates the genuine care for the future of nursing in Australia.

Appendices

Appendix A: List of responses from organisations

Of the 157 organisations who engaged in the survey or provided a written submission, 62 consented to have their organisation name published as having provided a submission. Of these, 59 provided their organisation name.

List of organisation respondents – provided consent to publish name	
ACT Office of the Chief Nursing and Midwifery Officer, ACT Health Directorate	HealthWISE
Aged & Community Care Providers Association (ACCPA)	Hepatitis Australia
Australian Healthcare and Hospitals Association (AHHA)	HEPATITISWA
Australasian Nursing and Midwifery Clinical Trials Network	HumanAbility Jobs Skills Council
Australian College of Children and Young People's Nurses (ACCYPN)	La Trobe University
Australian College of Mental Health Nurses	Maternal Child and Family Health Nurses Australia
Australian College of Nurse Practitioners	Monash Health
Australian College of Nursing	MS Australia
Australian Diabetes Educators Association	MS Australia & MS Nurses Australasia
Australian Primary Health Care Nurses Association (APNA)	MYVISTA
Australian Rural Health Education Network (ARHEN)	National Enrolled Nurse Advisory Council (NENAC)
Bolton Clarke	NBMLHD (Nepean Blue Mountains Local Health District)
Cancer Council Australia	Onecare Limited

List of organisation respondents – provided consent to publish name	
Cancer Nurses Society of Australia	PMH Ex trainees Association
Central Australian Aboriginal Congress	Princess Margaret Hospital Ex Trainees and Nursing Associates Inc (PMH ExTNA)
Children's Hospital Alumni Western Australian (CHAWA)	Public Sector Residential Aged Care Leadership Committee
Climate Action Nurses	Queensland Nurses and Midwives' Union
Cancer Nurses Society of Australia (CNSA)	Ramsay Health Care
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	Royal Australian and New Zealand College of Psychiatrists
Council of Deans of Nursing and Midwifery (Australia and New Zealand)	School of Nursing, University of Tasmania
CRANApplus (Council of Remote Area Nurses Australia)	Silverchain
Dementia Australia	SPHERE Nursing & Midwifery Implementation Science Academy - Maridul Budyari Gumal Sydney Partnership for Health, Education research and Enterprise (SPHERE)
Faculty of Medicine and Health, The University of Sydney	Tarrays Healthcare Staffing
Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne	The Healthy Communities Foundation Australia
Great Ocean Road Health	Victorian Senior Mental Health Nurses
Wheatfields Inc.	