INQUIRY INTO REGISTERED NURSES IN NEW SOUTH WALES NURSING HOMES

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<div align="center">**Submission**</div>

The General Purpose Standing Committee No. 3   Inquiry into registered nurses in New South Wales nursing homes.

Key issues requiring immediate attention

Caring for an increasingly unwell, vulnerable and complex nursing home population

With the rapid increase in people aged 85 years and over, expected to rise to between five a ten per cent of the total world population by 2050, we can expect the current high demands on nursing home services to continue in the near future (United Nations Populations Fund [UNPF], 2010). To produce quality care services and quality outcomes for older people, nursing home staff need to possess a highly complex clinical skill-set in care of older people, especially to provide humane and safe care for people with a cognitive impairment (Flynn, Liang, Dickson & Aiken, 2010).

Registered nurses and allied health staff have the requisite skills to care for this increasingly vulnerable and complex aged care demographic (International Council of Nurses, 2013). A picture emerges of the Australian nursing home sector struggling to keep abreast of economic changes, philosophical and theoretical advances and improving buoyancy for the predicted tsunami of ageing post-World War II 'baby-boomers'. In the face of global demographic changes, the importance of skilled nursing staff retention is increasing (Spilsbury, Hewit, Stirk & Bowman, 2011).

Funding model for nursing home care services

Of particular concern to registered nurses is the funding arrangements for care services, with older people requiring high level care drawing higher funding (Piccenna, Chee, Lewis, Gruen, & Bragge, 2013). This focus renders it more attractive for aged care providers to admit more people with high-level needs and to reassess existing residents to claim maximum funding. Since there is no standard staff-resident ratio formula, executive managers are welcoming an influx of highly dependent older people without commensurately increasing staffing numbers and skill sets.

It is, therefore, concerning to see a continuous downsizing of skilled nurses (Harrington et al., 2012), merging of small LTC services with larger more competitive providers (Baldwin, Chenoweth & dela Rama, 2015), and development of an organisational culture requiring increased speed, efficiency and competition (Parker, 2011).

Funding model for nursing personnel

Changes in the workforce profile have also seen a decrease in numbers of qualified managerial nurses available to supervise and provide leadership (Healy, Mavromaras & Sloane, 2012). These nurses play a key role in this care setting, generally assuming professional leadership in care, management of services, staff education and training, and taking responsibility for accountability to service owners, funding bodies and regulatory authorities (Vogelsmeir, Farrah, Roam & Ott, 2010; World Health Organization, 2011).

It is the stress associated with workplace policy and planning, workplace restructuring and down-sizing, and high care demands associated with reduced workforce numbers and skill in nursing homes, that see nurse managers retiring prematurely and/or leaving nursing: this is occurring across Australia (Chenoweth et al., 2014).

There are few advocacy systems to address the total human burden on nursing home staff and managers that are inflicted by regulatory, certification, national, state, and industry sources. There is no agency or mandate that ensures coordination and collaboration of these independent forces to be cognizant of total logistical impact (Pitfield, Shahriyarmolki & Livingston, 2011).

Opportunity to provide quality nursing services

Dramatic changes in the structure and culture of nursing home care have directly impacted on the health of nursing home staff (Blakeley & Ribiero, 2008), and have proved to be counterproductive to the quality of nursing care, nursing productivity and nursing recruitment and retention (Filipova, 2011; Specht, 2015).

Reiterated with increased concern, is the ongoing issue of registered nurses being replaced by nursing assistants/personal care assistants for nursing work (Bowblis, 2011). Being forced to lose contact with bedside care, where their diagnostic and clinical skills are most needed, is a major source of concern and stress for registered nurses (Filipova, 2011).

This has become a major factor in registered nurses' decisions to leave the nursing home sector, particularly when system changes are made without consultation or reference to the expertise of nursing staff (Choi, Cheung & Pang, 2013; Chenoweth et al., 2014) . This approach to management appears ubiquitous. Nurses report resentment at this lack of acknowledgement and cite the current system as diminishing their sense of autonomy and

workplace inclusion (Choi, Flynn & Aiken, 2011).

Nursing leadership, nursing care requirements and staff retention

An air of despondency over nursing staff shortages in general, skills-mix inadequacies in particular, and how these affect care quality, resonates in all studies on Australian nursing home staffing (Chenoweth et al., 2010). Those concerns include a heightened emphasis on the dire need to retain well-trained nurse assistants and enrolled nurses (Bowblis, 2011; Alzheimer's Disease International, 2013; Castle and Anderson, 2011). While emphasis in being placed on improved education and training for direct care staff, none of these concerns appear to be currently addressed at the scale required.

Devaluation of registered nurses' experience, expertise and professional status are central to their dissatisfaction in the nursing home sector. Public misconceptions, reinforced by government policy and provider decisions, limit the suitably qualified nurse's ability to fully support older people and their families as their professionalism demands, and to effectively support less qualified staff in respectful, collaborative environments (Flinkman, Leino-Kilpi, Salantera, 2010).

Effective nursing management and leadership in nursing home care positively influences nursing assistants' job satisfaction (Bishop, Squillace, Meagher, Anderson, & Wiener, 2009), their intention to stay (Choi, Flynn, & Aiken, 2011), and intention to leave (Chu, Wodchis, & McGilton, 2014), as well as the outcomes for nursing home residents (Harrington et al, 2011). Nursing leadership is particularly important with respect to staff retention and turnover, two issues which continue to be pervasive concerns (Donoghue & Castle, 2009).

Whilst investigation is continuing on the requisite number of nursing staff required to operate effective nursing home services, the current numbers of nurse managers and clinical nurses are considered insufficient to meet service demands (Bowblis, 2011; Castle & Anderson, 2011; Health Workforce Australia, 2014; King et al., 2013). Indeed the reduction of qualified staff in nursing home care is both a moral and a professional issue, one which will surely raise the ire and the dissatisfaction of the Australian public as they come to feel the brunt of a third-world standard healthcare system.

Recommendations

For Australia to retain its progressive stance on aged care service quality and efficiency, it is essential to utilize the knowledge and skills of registered nurses. A world-class nursing home environment enables full use of all roles and a skill mix that meets both resident and staff needs. To do this, registered nurses need the authority and the support of the executive team to effect quality systems for all residents at different stages of their life (Bamford-Wade & Moss, 2010; Castle & Ferguson-Rome, 2010). A quality aged care system reaps its rewards in providing a safe alternative to the more expensive, more confronting acute care system for older people.

Of importance to current and future workforce planning for the nursing home sector is to determine through research the number and skill mix of registered nurses, allied health and nurse assistants that are required to provide a quality service and quality outcomes for residents with different levels of need, and one which supports personnel career aspirations and further skill development.

For registered nurses (and other direct care staff), significant sources of professional and work satisfaction are found in delivering the highest quality of care and gaining recognition and respect for their contribution to the health and well-being of their residents. That portion of job satisfaction derived from respect and recognition for their expertise in care of the vulnerable older person is particularly vulnerable to concerns about their future role in nursing home services. These nurses have made a lifetime commitment and desire nothing more than to pass their knowledge on to the next generation of qualified nurses who are professionally charged with providing optimal care for Australia's most vulnerable citizens.

The younger cohort of registered nurses expect to focus their efforts on specialized knowledge development. This inclination may provide the greatest motivation for recruiting and retaining educated nurses wishing to specialize in the emergent field of ageing and dementia care; a growth industry. This requires ethical development of a definition of nursing home care and a philosophical basis to prevent unnecessary medicalization of ageing, whilst endowing professional status and a clinical practice mandate.

If the NSW Government is committed to producing an excellent aged care system, it will be

essential to mandate for living and work environments that are humane, supportive and safe, and which operate from a strong service mission in line with resident, family and staff value systems. The presence of strong professional nursing leadership is the key factor in this regard, evidenced by the quality services produced by 'magnet' nursing homes in the USA . Having good management strategies in place, and nurse managers who value advice and welcome collaborative decision-making between registered nurses, medical allied health staff, direct care staff, residents and families for the betterment of service offerings, provides a stronger basis for productive relationships and satisfaction with care services. The registered nurse is central to achieving these goals: a role beyond the reach of less knowledgeable, experienced and qualified nursing home personnel.

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