

**Submission
No 160**

INQUIRY INTO REGISTERED NURSES IN NEW SOUTH WALES NURSING HOMES

Organisation: The University of Notre Dame Australia - Sydney School of
Nursing

Date received: 4/08/2015

The Director

General Purpose Standing Committee No. 3

Parliament House

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Sydney NSW 2000

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RECEIVED

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Dear Sir/Madam,

Please accept my submission;

The health and care needs of our society have changed; Individuals are living longer and at the same time, the burden of chronic disease is increasing. The pattern of use and demographic of nursing homes are changing. Changes health status and increases in the ageing population are likely have a dramatic effect on nursing homes and in particular the role of the registered nurse.

In the past, registered nurses assumed a supervisory role within the nursing home environment. The registered nurse supervised unregulated staff, dispensed medications, monitored patients and often performed the role of the manager. With the increasing costs of long term care, the role of the registered nurse has changed. Some would claim, not for the better.

There is increasing reliance on the unregulated nursing staff within the nursing home environment. This may be due to the cost of the registered nurse. The unregulated staff, including assistant in nursing or the personal care assistant have variable training. While some of these staff are in fact undergraduate Bachelor of Nursing students, many complete a short competency based course. Some of these are as short as 5 weeks. Since these courses or the providers are not accredited by the peak nursing body, Australian Nursing and Midwifery Accreditation Council, their content, duration and teaching methods are questionable.

Of most concern to me, is the role the unregulated staff play in medication administration. Unregulated staff do not have the same level of knowledge or skill as the registered nurse in medication administration. For example, a student enrolled in a Bachelor of Nursing receives knowledge in the area of pharmacology, pharmacokinetics and the process of medication administration. Approximately one semester is devoted to these areas in any Bachelor of Nursing program. Students have a clinical assessment by simulation before they are allowed to dispense medications in a clinical setting. I do not believe the same level of assessment is included the AIN/PCA training.

There is considerable evidence that more RN staff hours are associated with better patient outcomes; for example comfort for the patients (Shin 2013). The registered nurse is seen as a key contributor to nursing home quality and researchers have found that when the registered nurse is involved in decision making, there are better clinical outcomes (Dellfield, Castle, McGilton and Spilsbury 2015). Registered nurses also play a role in preventing and responding to critical incidents in the nursing home environment and this may reduce admissions to hospital.

Clients who live in a nursing home have complex care requirements and require registered nurses with baccalaureate qualifications to manage their care. The registered nurse should also be responsible for the supervision of the unregulated staff. Registered nurses must remain in the nursing home environment in a direct care role. There is an urgent need for the unregulated staff to be regulated in line with other nursing professions and so standards must be developed for both education and practice. Older Australians deserve this.

Associate Professor Tracey Moroney, RN, BN (Hons) (Syd), PhD (Syd), Grad Cert Ed Studies, MACN

References:

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