

I welcome the opportunity to provide a submission to the Productivity Commission's Inquiry into Caring for Older Australians.

As a nurse or midwife currently working in the health system I have a vested interest in ensuring the care that's provided to older Australians within this system is of the highest quality.

The recent federal budget commitment for aged care goes some way in addressing a number of critical issues affecting the industry – particularly the funding for education of existing staff and for the examination of a national regulation system for aged care workers.

However, further reform of the aged care industry is still very much needed, and well overdue, to ensure our aged care system can meet the challenges facing it in coming decades.

Keep nursing in aged care by reversing the decline in Registered Nurse and Enrolled Nurse numbers through regulated skills mix ratios

In 2003 there were 27,210 (FTE) registered and enrolled nurses in the aged care sector¹. In 2007 that number had dropped to 23,103 (FTE)². That's a decline of over 4100 (FTE) nurses, which is a decrease of 23 percent in registered nurses and 11 percent in enrolled nurses.

There needs to be more, not less, RNs and ENs employed in aged care – and at all times of day – to ensure there is the right mix of skills in the nursing team so quality time and care can be provided to each resident.

Assistants in Nursing (AIN) and Personal Carers (PCs), which are increasing in numbers in aged care, are doing an outstanding job under very difficult circumstances. But AINs need the support of skilled RNs and ENs to ensure quality care is provided to every resident.

Footnote 1&2: Access Economics (2009) *Nurses in Residential Aged Care*, Report for the Australian Nursing Federation, p. 10.

Protect the integrity of nursing and ensure quality care for aged care residents by ensuring all people who provide nursing care are licensed

Aged care should be delivered by licensed nursing staff to ensure the professionalism of the aged care sector.

Assistants in Nursing and care staff should be recognised for their professional skills through a national licensing system.

Close the wages gap to retain and recruit quality staff

Nurses working in aged care are paid significantly less than their counterparts in other sectors.

In fact aged care nurses, in some states and territories, earn, on average, about \$300 a week less than their colleagues working in other areas of the health system. Yet they have undertaken the same training and education and have equivalent nurse qualifications, experience and workloads as public sector nurses.

Aged care providers claim funding mechanisms in aged care have hampered their ability to provide pay parity. However there is currently no requirement on operators to spend any of their government funding on direct care or even wages.

This disparity in wages makes it increasingly difficult to attract sufficient nurses to the sector.

There must be better wages in aged care to keep nurses in the sector.

Ensure transparency and accountability for the funding provided for the care of residents

The federal government funds nursing homes but does not place requirements on nursing home owners to show how much is spent on direct care including nurses' wages.

A clearly defined amount of funding needs to be allocated to staffing and direct care services. Residents need to be allocated a set number of hours of staff time according to the level of care they require.

A process must be established and enforced to ensure aged care providers are accountable for government funding and transparent in how that funding is spent.

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The highlighted statement reveals the contradiction and here, I attempt to disentangle the mess of this statement, whose clarity could help.

Funding mechanisms may be related to processes of HR or payroll using a database to work through payments and this being hampered could indicate that there is a loss of data, or that there is insufficient funds at one stage indicating that there is no more to be paid, as per computer logic, but not necessarily and rarely, if ever, accurate logic to reflect the true circumstances, that of there being more to be paid, but not just at that time, due to banking times and funds availability. That would explain pay parity, which means that two nurses could have for some reason compared their pay slips and found that one was less or more than the other, despite similar award rates.

The solution to this problem is one of technical communication and time from the nurse concerned, which of course will impact on his or her ability to manage the work/life balance which is crucial to the nature of the work itself.

Empirically, this is related to the drop in the numbers of nurses in the workforce because the GFC had largely affected the way we could carry on about money and leave it be, instead in many cases uprooting the foundations of the work life balance and nurses in particular have borne the brunt of this phenomenon quite brutally, with many needing to step down from clinical hours and having to use their inquiring and analytical skills in areas such as finance and re-distribution of resources.

In this clarity, the second statement in this highlighted text shows that the usual approach of the "devil-may-care-a-damn" attitude with which nurses used to work, having adapted to it over

many decades, reflected in the words—“no requirement on operators to spend any of the funding” is now offering further clarity.

This no requirement, theoretically works like this. You take the money from the government's funding and budget and pay it in, no questions asked because it is not required of you to do so, therefore earning you, for want of the most correct term for it, “dignity points, and the person you are debiting funds to, their award wages and the government, its job down, in arrears, for which they have already been paid, whilst they made those plans.

But now, the no requirement began to become counter-productive, because of the GFC, and its precumbent problems specific to nursing of already existing shortage of recognition for work done adequately showing in the wages, which with the GFC just opened a huge can of worms, made an existing problem become worse and so we have seen more nurses simply not getting any work at all from the problem of the world's finances making everybody's attention turn towards that area of worry before they can even just think of their and health and wellbeing and continue to attend their GP and such.

So, these two statements have become clearer and required this further clarification because it was too condensed and perhaps the most crucial point in this entire campaign.

Now, what needs to be done is to help nurses feel confident that they can come to the floor and again and reasonably forget about the by now exaggerated effects of the financial crisis and attend to the duties and responsibilities they were trained for.

Two, the requirement on operators to spend their funding on direct care and wages has to be instituted compulsorily by the Government and operators have to abide by this requirement to ensure that it does get there, leaving the whole mess of chasing and following up on delayed funds to the recycle bin of ideas...thereby, this new idea will take up all that energy as a requirement, and I imagine that one tick or a yes button within the funding database can manage this requirement, thus neatly tidying up this process.

Any questions please address to :

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