

Nursing and Midwifery Workforce Planning

Introduction

Workforce planning is an integral part of the strategic management process. The nursing and midwifery workforce is the largest group of regulated professionals in the healthcare workforce, and as such is accountable to the community for providing quality care through safe, ethical and effective practice and for maintaining the competence necessary for practice. Nurses and midwives operate according to a set of rigorous standards of practice, and ethical and professional conduct.

Nursing and midwifery have faced recurrent labour market shortages. They now face long term structural issues as an ageing nursing and midwifery workforce tries to meet the demands of an ageing population. Nursing and midwifery workforce planning is therefore integral to effective health outcomes for the community and the maintenance of a qualified nursing and midwifery workforce now and into the future.

Purpose

This policy sets out the principles the QNU believes that state and federal governments, employers and the education sector should adopt in planning the nursing and midwifery workforce to ensure there are adequate numbers of appropriately qualified nurses and midwives available to meet the needs of a burgeoning and ageing population.

The QNU believes that the federal government in conjunction with the states should develop and implement a national nursing and midwifery workforce plan based on best practice in any setting that will inform the national health policy. The nursing and midwifery workforce plan should recognise the specific needs of indigenous Australians and a culturally diverse population.

National workforce plan

The QNU believes that a national nursing and midwifery workforce plan should provide a systematic assessment of state and facility staffing needs and the actions necessary to address these needs through a consultative process involving key stakeholders. Although there is already some interface between stakeholders such as health and aged care service providers and those involved in the educational preparation of the nursing and midwifery workforce, this needs to be strengthened considerably to ensure that universities and TAFEs prepare candidates who are 'work ready' and providers ensure there are enough clinical placements to accommodate students.

Investing in nursing and midwifery care through systematic planning of the workforce will provide returns of better care outcomes and less use of expensive health care resources. These benefits will extend beyond health care settings to the community and its contribution to national productivity.

The plan should focus on the following broad actions:

- » setting the business goals within a context of wider societal and environmental challenges including climate change
- » gathering extensive and consistent demographic information
- » establishing a nursing and midwifery workforce database
- » analysing trends and emerging issues
- » identifying health care needs
- » predicting the demand for health care and contemporary nursing and midwifery practice
- » analysing nursing and midwifery staffing gaps
- » undertaking succession planning
- » identifying planned actions and priorities
- » applying evaluation techniques.

Planning the nursing and midwifery infrastructure is more complex than counting nurses/midwives or their hours, their qualifications, shifts, or job preferences. It is the interaction among these variables in the process of care delivery that influences the number and type of nurses/midwives required and related outcomes. The following elements are critical to informing each specific aspect of a national workforce plan:

Focus

Workforce planning must focus on a primary health care model recognising that there will still be a requirement to provide direct clinical care both within the hospital and the community.

» *Primary health*

A system focused on a primary health model requires the delivery of education, promotion, screening activities, prevention strategies and a workforce that will carry out this important role. The government must resource this model adequately so that the community benefits from a well health model.

» *Community health*

Community care can be both acute clinical as well as primary health. Although the shift towards primary health will involve those principles, community care will continue to require adequate nurses/midwives who can provide acute care in a community setting.

» *Patient/family centred focus*

Determining appropriate numbers of nurses/midwives should take into account sufficient time to provide adequate levels of patient/family centred care including the ability to prepare patients properly for discharge and to educate patients and family on post-discharge care.

Service delivery

Workforce planning should include a range of strategies that will enhance service delivery.

- » Nurses and midwives are in a unique position to detect and prevent errors. They are the frontline care providers most directly involved with patients 24/7, responsible for monitoring and assessing clinical changes in patients, intervening when necessary, and communicating changes in status to ensure appropriate intervention and coordination of care. Nurses and midwives should work in a collaborative service model that allows independent decision-making and use of their knowledge within a multidisciplinary team that recognises and respects each professional domain. This will require proper measurement of nurses' and midwives' input into collaborative models of care.
- » Supply must meet demand by recognising that nurses and midwives have sound professional judgement to identify the resources required to build and deliver models of nursing and midwifery tailored to specific community needs in a safe and valuable way. Models of care are dependent on the availability and sustainability of the appropriate and relevant skill mix and the recruitment of appropriately qualified nurses and midwives.
- » Governments and employers must not regard recruitment of overseas trained nurses and midwives as the solution to Australia's nursing and midwifery shortage. Although we acknowledge the international mobility of the nursing and midwifery workforce, this must occur within the context of an ethical migration framework. The fundamental premise for health workforce planning must continue to be one of national self sufficiency. Migration from those countries that are already experiencing crisis in their health workforce will further weaken their already fragile health systems. Comprehensive workforce planning that includes the education sector will provide the most effective and sustainable solution to Australia's health care needs.
- » Contemporary nursing and midwifery practice recognises the value of evidence based models which fuse

individual clinical judgement and expertise with the best available external evidence to generate the kind of practice that is most likely to lead to a positive outcome for a client or patient. It reflects the context within which care takes place; the preferences of the client; and the clinical judgement of the health professional, as well as the best available evidence.

- » Nurses and midwives must have access to professional development to remain cognisant of the current evidence and to engage in opportunities for nursing and midwifery research.
- » The number of qualified nurses and midwives affects the quality of nursing and midwifery practice and a skill mix with a higher proportion of RNs significantly increases positive patient outcomes.
- » Nursing and midwifery work must be performed in accordance with professional standards. Nursing and midwifery roles must not be substituted by unlicensed/non-nursing employees.

Contemporary workforce management

- » Nursing workforce management is based on the service that is to be provided in each sector. Planning the nursing and midwifery workforce requires effective, mandated tools such as the *Business Planning Framework – A tool for Nursing Workload Management Version 4 (BPF)* that matches workloads to workforce capability. This includes a combination of identified nursing and midwifery direct clinical care hours in addition to defined hours specifically allocated to education, training and research.
- » Proper forward planning will rely on increasing the capacity of health services to offer clinical placements, and refresher and re-entry opportunities. This will involve increased clinical supervisory support for greater student numbers and clinical placements. This is a key component of a nursing and midwifery workforce plan.
- » Nurse/midwife sensitive indicators should be a recognised measure of input into the national health care system.
- » Well-managed learning and development opportunities for nurses and midwives will deliver the right people with the right skills at the right time to enable health care agencies to deliver health outcomes into the future. Learning and development requires rigour and attention by health managers planning the future nursing and midwifery workforce.

Recruitment and retention

Ongoing planning and development of a quality nursing and midwifery workforce will require specific, targeted strategies that allow flexibility in recruitment and retention of nurses and comply with relevant industrial instruments. Essential components include:

- » work/life balance initiatives
- » support for professional development through in-service and continuing education
- » opportunities for career advancement
- » increased access to refresher and re-entry courses
- » culturally sensitive programs
- » adapting work requirements and the work environment for retention of specific cohorts of the workforce.

References

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