CHAPTER 1

INTRODUCTION

Terms of Reference

1.1 The Senate referred the matter to the Committee on 5 April 2001 for inquiry and report by 25 October 2001. Due to the Committee completing its inquiry into child migration and the intervention of the federal election this reporting date could not be met. At the commencement of the new Parliament, the Senate agreed to the readoption of the reference on 14 February 2002 with a reporting date of 27 June 2002.

1.2 The complete terms of reference for the inquiry are:

(a) The shortage of nurses in Australia and the impact that this is having on the delivery of health and aged care services; and

(b) Opportunities to improve current arrangements for the education and training of nurses, encompassing enrolled, registered and postgraduate nurses.

That the Committee specifically make recommendations on:

(i) nurse education and training to meet future labour force needs,
(ii) the interface between universities and the health system,
(iii) strategies to retain nurses in the workforce and to attract nurses back into the profession including the aged care sector and regional areas,
(iv) options to make a nursing career more family friendly, and
(v) strategies to improve occupational health and safety.

1.3 In considering the broad range of issues associated with nursing it was difficult to attribute many to only one of the terms of reference. For example, the issue of nurse recruitment and retention, while primarily a workforce issue, is affected by a number of factors including the adequacy of educational preparation of nurses, models of nursing practice and clinical leadership. The Committee was cognisant of the interrelatedness of issues involved with the inquiry and their importance in drafting the report and recommendations.

Conduct of the Inquiry

1.4 The inquiry was advertised in *The Weekend Australian* on 14 April 2001 and through the Internet. Invitations to submit were also sent to Commonwealth and State governments and many organisations and individuals within the nursing profession. The closing date for submissions was originally 29 June 2001, although the Committee continued to receive submissions throughout the course of the inquiry.
1.5 The inquiry attracted wide interest throughout Australia with the Committee receiving 975 public submissions and 13 confidential submissions. Submissions came from every State and Territory with many representing regional and remote areas of Australia and were broadly representative of the entire nursing profession. Many organisations and individuals also provided additional written information to develop the issues raised in their submissions or oral evidence. The list of submissions and other written material received by the Committee and for which publication was authorised is at Appendix 1. Submissions that were received electronically may be accessed through the Committee’s website at www.aph.gov.au/senate_ca

1.6 The Australian Nursing Federation circulated a questionnaire based on the Committee’s terms of reference to its members in some States for completion and submission to the Committee. 658 responses were received by the Committee from individual nurses in response to this questionnaire, with 624 accepted as public submissions. A summary is at Appendix 3.

1.7 The Committee held a public hearing in Canberra on 28 August 2001 before the federal election was called. Further public hearings were held in Perth – 27 February 2002, Melbourne – 28 February, Hobart – 15 March, Canberra – 21 March, Sydney – 22 March, Brisbane – 26 March, and Adelaide – 27 March. A list of witnesses who appeared at the public hearings is included in Appendix 2.

1.8 Having received over 1,000 submissions, the Committee was again confronted with the difficulty of attempting to give as many groups and individuals an opportunity to speak directly to the Committee. The schedule for most hearing days was especially tight, and with many witnesses being heard in a panel format a few received only a short time to put their point of view. The Committee apologises to people who may have been inconvenienced by these procedures or were unable to be accommodated within the hearing schedule. The arrangements that are required to balance available time with maximum opportunity for individual witnesses is an especially complicated exercise in an inquiry that generates such interest.

1.9 The Committee places great value on submissions it receives as primary sources of information. Many of the submissions made to this inquiry, representing a wide range of organisations and individuals, emphasised the same or similar arguments. In preparing this report, it has not been possible to refer to all these submissions in footnotes. Thus, in many instances, footnotes acknowledge submission/s which are representative only of the point or argument being advanced. This in no way downgrades the importance placed on the many other submissions that have reinforced the same or similar point without being specifically identified.

1.10 The Committee found the range of titles and variation of nomenclature used in nursing throughout Australia to be most confusing. In this report the Committee has used titles and expressions as described in the Glossary at the end of the report. The titles of some Commonwealth and State departments have altered during the course of the inquiry. The references in the report are to the title at the time a submission was lodged or evidence presented.
The Committee considers that the range of titles currently used in nursing across Australia, particularly to describe level of nurse and qualification, need to be standardised to ensure uniformity and consistency.

**Recommendation 1:** That standard nomenclature be adopted throughout Australia to describe level of nurse and their qualifications, and including unregulated nursing and personal care assistants.

### Previous inquiries and reviews into nursing

Nursing has been the subject of many reviews, inquiries and research projects in recent years, canvassing all areas of nursing, including recruitment and retention, workforce planning, education, and aged care and other specialised fields of nursing practice. Issues relevant to the Committee’s terms of reference were discussed, strategies to address them identified and recommendations proposed.

Reference to this material was included in many of the submissions received by the Committee, often with the submitters having been involved in or having contributed to the work of an inquiry. Examples of these reviews are referred to below with a more comprehensive list provided at Appendix 4.

1.14 Implementation by the Commonwealth and States of the strategies and recommendations from these reviews has varied across jurisdictions. The attitude of nurses to the degree of implementation was powerfully conveyed:

The nursing profession (and in this case – particularly the ranks of rural nurses) is heartily sick of the number of inquiries which are held but from which governments rarely implement any innovative recommendations and strategies. There is a perception that inquiries are conducted, they are shelved for a few years until the problems rise to the surface again, then a further range of inquiries are conducted – but nothing substantial happens.  

1.15 Shortly after the reference of this matter to the Committee the Commonwealth established on 30 April 2001 a National Review of Nursing Education. This Review is examining the effectiveness of current arrangements for the education and training of nurses encompassing enrolled, registered and specialist nurses; factors in the labour market that affect the employment of nurses and the choice of nursing as an occupation; and the key factors governing the demand for and supply of nursing education and training. The Review has commissioned research projects on a range of nursing issues, released a discussion paper in December 2001 and is due to complete its final report by the end of July 2002.

1.16 The information available from these reviews, inquiries and other research projects is simply voluminous. Strategies to address issues have been identified and recommendations made. The Committee believes that it is now time for concerted action.

**Acknowledgments**

1.17 The Committee expresses its appreciation to the individuals and organisations who made submissions to the Committee or gave evidence to the inquiry. As noted above, the Committee places great value on the submissions it receives as primary sources of information. Many witnesses provided additional written information and copies of articles or other published material. This information was most helpful to the Committee during its deliberations on the inquiry.

1.18 The Committee would also like to thank the staff of the King Edward Memorial Hospital for Women in Perth, the Freemasons Hospital in Melbourne and the Mater Misericordiae Hospital in Brisbane for their assistance in enabling the Committee to hold public hearings at their facilities. In particular, the Committee would like to thank Jim Swindon, Ro Hogan and the group of nurse unit managers from the Freemasons Hospital with whom it was able to meet and informally discuss nursing issues.

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2 Submission 800, p.7 (NRHA).