

Submission by the Australian Nursing and Midwifery Federation

Response to the Draft National Nursing Workforce Strategy

23 October 2024



Australian
Nursing &
Midwifery
Federation



Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au



Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 322,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks the Department of Health and Aged Care for the opportunity to provide feedback on the draft [National Nursing Workforce Strategy](#) (the Strategy). The ANMF has responded by evaluating the overall approach as well as the more technical aspects contained within the document.

Overview

6. The ANMF appreciates and congratulates the Australian Government and Office of the Chief Nursing and Midwifery Officer on the release of the draft National Nursing Workforce Strategy (NNWS) (the Strategy) and appreciates the work leading to its development, particularly the wide-ranging consultation, analysis of data and the publishing of the Supply and Demand and consultation reports. This work has the potential to positively influence policy development, workforce planning, funding bodies, employers of nurses and those writing, delivering and funding nurse education, unions and other professional organisations. This submission is written with these players in mind and addresses each of the areas of the Strategy.



The Background

7. Assisting readers and users to understand how the Strategy will be used is important. To this end the ANMF suggests the Background includes a brief history highlighting the major achievements of nurses such as gaining professional status as seen through the hallmarks of the profession including the establishment of nurse education in the university system, a specialist body of knowledge, ongoing research, a code of ethics and the formation of professional organisations.^{1,2,3} The Strategy marks a new stage in the evolution of nursing as a profession.
8. Fundamental structural issues must be addressed and acknowledged in the Strategy to avoid a situation where the goals cannot be achieved. These include the:
 - Power imbalances that the nursing profession navigates within Australia's medically dominated health system and,
 - Patriarchal societal attitudes regarding women's subordinate status compared with men, which permeates Australian society and the health and aged care system. These patriarchal attitudes influence policies and practices which contribute to gender pay inequities,⁴ and permit tolerance of sex discrimination and violence which disproportionately impacts the female-dominated nursing workforce.
9. It would be useful to address the questions, 'what is nursing?' and 'what is a nurse?'. A position on this would assist nurses organisations in driving policy and funding and help to justify the need for dedicated nursing positions and roles.
10. The Strategy appears to imply that everything will commence with the Strategy but there is a need to acknowledge the positive initiatives introduced over the years ranging from the advances in nurse education through to expanding scopes of practice, innovative nurse-led models of care, improved wages and the introduction of support for nurses, such as the Nurse Midwife Health Program, Australia. These are just a few examples, but the major achievements of nurses must be highlighted in the Strategy as they add support and validity to the importance of nurses' work in society. Acknowledging the history of nursing is essential in planning for the future as it helps in understanding and developing the identity of nursing.
11. Further explanation is needed about who will use the Strategy and how, including additional detail about the implementation approach. The ANMF acknowledges the Strategy will not include the implementation plan, but some direction is needed to help the reader understand the application of the Strategy. For example, will there be one implementation plan or a series? Will there be policy priorities under each of the main priorities, for example the visual and directional approach used in the Global Strategic Directions for Nursing and Midwifery 2021-2025?⁵ Will the implementation plan map and align projects already underway? It would also be helpful to know the plan about who will govern the implementation and who will be involved in the advisory group and evaluation.



The Audience

12. The belief that all nurses will literally pick up the Strategy and apply it to their work is ambitious. Attempting to be all things to all nurses, risks the strength that the Strategy can bring to policy direction, workforce planning, education, funding application, regulation, and governance. Strengthening these pillars must be central to the aim of such a high-level strategy. While it is not realistic that all nurses will use the document, through strategic policy direction and development, the Strategy has the potential to involve and impact all nurses across contexts over time.
13. The Strategy needs to support and highlight the professionalism and cost effectiveness of nurses, reinforcing their important role in delivering and advocating for universal healthcare now and into the future. This has been expanded and enabled through the role of Nurse Practitioners and their ability to deliver accessible and affordable healthcare.
14. Reference to the need for nurses to be satisfied in and equipped to, undertake their work in environments that are physically and psychologically safe is essential, as this ensures nurses can undertake their role as advocates with safe pathways to raise concerns in the interest of patient and colleague safety.

The Language

15. To present a Strategy that is visionary and future focussed, it is important to employ strong statements from a strengths-based perspective. The Strategy is a high-level document that should offer direction to and for a constantly evolving profession. The feedback in this submission is offered to add strength, ensure the direction is clear and the impacts of the Strategy are widely felt so the nursing profession continues to maintain a strong professional stance.
16. Clear direction and succinct language that is forward focussed will strengthen the message, especially where sound rationales are articulated, and nursing history is acknowledged. This will communicate the intent of the Strategy and show the evolving direction of the profession to policy makers and planners who are nurses and those who are not.
17. The following sections will focus on and provide feedback and suggestions on the existing wording of the Strategy and the ideas within.

The Vision Statement

18. **The nursing workforce is valued for its vital contribution to the health and wellbeing of all Australians and is empowered to innovate and excel in dynamic and diverse environments.**
Do you have any suggested changes to the Vision of this strategy?
19. The perception of the nursing workforce by the public is important, however it should not be central to the Strategy vision. The ANMF advocates for replacing the word “valued” with “recognised and respected” as it is important that the work of nurses is recognised and respected.



20. The Vision needs to be strengths-based and reflect what nursing is and who nurses are, for example, *The nursing workforce is an educated, skilled, dynamic and innovative profession that is recognised and respected, works autonomously, innovates and excels in dynamic and diverse environments, contributing to the health and wellbeing of all people living in Australia across diverse environments.*

The Structure and Terminology



Table 1: WHO Summary of global strategic directions and policy priorities 2021-2025
(Source, <https://www.who.int/publications/i/item/9789240033863>)



21. The structure of the Strategy could benefit from stronger strategic alignment including visual representations. This would assist the reader and those using the document, understand how each priority aligns with actions, outcomes, and success measures and assists in thinking about implementation. While the ANMF is not endorsing the World Health Organization's [Global Strategic directions for Nursing and Midwifery 2021 – 2025](#) and acknowledges there is limited evaluation data, Table 1 presents an example of alignment between policy focus, strategic priorities and directions, policy priorities and enabling actions. This approach commences with a broad focus and moves to the more specific, helping the reader/user understand how the Strategy can be applied across settings and inform service delivery, education, leadership, and jobs. A similar approach might be useful for the Strategy to demonstrate alignment and the connection between the strategy, implementation and evaluation.
22. A monitoring and evaluation framework would be helpful to understand how implementation of the Strategy will be evaluated. If this is to be included in the implementation plan, it should be mentioned in the Strategy, so the reader is aware.

Outcomes

23. The Outcomes appear early in the Strategy which interrupts the alignment and flow of the priorities and actions. Outcomes would normally use an action verb, but this is not consistent in the Strategy, for example, one outcome reads,
Sufficient supply and distribution of nurses to meet the diverse health needs of the Australian community.
But it would be more reflective of an outcome as,
Supply and distribute sufficient nurses to meet the diverse health needs of Australian communities.
Another example includes,
Positive practice environments which foster diversity, cultural safety, and wellbeing.
Which may better reflect an outcome with the following wording,
Implement positive practice standards (such as the ANMF Positive Practice environment standards for nursing and midwifery⁶) across all workplaces to help foster diversity, cultural safety, and wellbeing.
24. Many of the outcomes are not measurable and the likelihood of achieving them is low which may impact on the motivation of applying the Strategy. The use of aspirational statements is appropriate but should not be labelled outcomes. Further to previous comments, alignment with outcomes should be demonstrated and will help when evaluating the strategy.



Priorities and actions

25. Priorities are an important element of the Strategy. Further description of each priority could strengthen understanding of their intent and help to create strategic alignment with the priorities, actions and outcomes mentioned earlier. Some actions and measures of success, read like outcomes which may result in confusion.
26. The next section addresses the priorities and actions in the Strategy. The priorities are helpful but could be strengthened by ensuring their intent is clear. A brief rationale will add strength by helping the reader understand why it is essential. The actions could be strengthened by providing additional detail and suggestions have been included in the tables below in red.

Priority 1: Value

Statement: Priority 1 focuses on the need to uplift the value and perception of nurses and nursing from within the profession and from a public perspective.

The ANMF would recommend the above statement be rewritten from a strengths perspective that acknowledges positive perceptions.

Action	
1.1	Increase investment in nurse leadership and the development of future nurse leaders.
1.2	Identify and promote Aboriginal and Torres Strait Islander nurse leaders supporting them to further develop and mentor other emerging nurse leaders through the implementation of policies, access to appropriate funding, ensuring self-determination and collaboration.
1.3	Continue to expand existing and implement new anti-racism initiatives in nursing including intentional data collection about racism to inform initiatives.
1.4	Support internationally qualified nurses to transition into Australia's health and aged care system through intersectoral and community support, policy development that has zero tolerance for racism, ensures ethical recruitment, streamlines immigration and permanent resident pathways and ensures migrant workers are safe with access to industrial representation.
1.5	Building on the positive perception nurses have of the value of their role, identify and strengthen the gains achieved through prior modernisation of the workforce through development of improved nurse leadership and strong links between governments, regulators, unions, education providers and workplaces.

27. While development of nurse leaders is essential, leadership is a broad and much used term. A definition of leadership would help clarify the use of the term in this document.
28. *Modernise the identity of nursing* is a very broad statement and needs further explanation and rationale. Again, it has the propensity to devalue current and previous nursing initiatives and advancements and the profession itself. It is also problematic to write about the identity of nursing when it has not been defined within the Strategy.



29. Racism in the workplace is endemic, thus it must be addressed by the Strategy. Preliminary findings of a yet to be published survey on racism in the workplace found 81% of nurses and midwives who responded and identified as culturally and linguistically diverse reported racism in their workplace with around 1 in 4 suggesting their CALD status limited their career opportunities and had directly impacted their career progression with only 1 in 4 believing their manager or workplace could effectively deal with a report of racism.⁷ This not only impacts the lives and wellbeing of nurses but more broadly, retention. One of the success measures in the Strategy states, *[t]he nursing profession leads the removal of racism from the health and aged care system* (p. 6). Whilst nurses must be a part of addressing racism, other groups, sectors and professions, including government, employers, policy makers and the media must share the responsibility and actions for eliminating racism. It is unrealistic to expect that nurses can influence systemic racism in isolation, it requires systemic approaches, collaboration and partnerships which is an element of leadership.

Priority 2: Plan

Statement: Priority 2 focuses on workforce planning, education, and regulation as pivotal to meeting the health and aged care needs of the Australian community and drive change and working with and supporting nurses to ensure they are educated to meet the health, and wellness needs of people and the demands of changing health services and evolving technology.

Action	
2.1	Implement a nationally coordinated, timely and transparent system for collecting and sharing nursing workforce data to help inform modelling and planning.
2.2	Implement strategies that enhance workforce mobility and flexibility. See comment below.
2.3	Grow Promote/support/expand the Aboriginal and Torres Strait Islander nursing workforce through policy development, appropriate educational streams, adequate funding, self-determination and decision making and collaboration.
2.4	Investigate and implement the most contemporary structure of pre-registration courses. See comment below.
2.5	Facilitate access to and completion of nursing education including access to quality and relevant mandatory clinical placements and simulated learning.
2.6	Explore student employment models for all health and aged care settings using best practice evidenced based principles and guiding policy and access to sustainable funding.
2.7	Ensure regulatory processes and outcomes are transparent, effective and timely.
2.8	Develop and implement a nationally consistent accreditation process for targeted post graduate nursing education.

30. Additional information in the introductory statement for priority 2 could help clarify the intent and a suggestion is included in red.

31. At 2.2 the ANMF is concerned that employers may use this type of statement to enforce mobility of workers. It must be clear that this statement is about the worker's choice. There is also concern that this could lead to dilution of nursing skills and specialist practice.



32. It would be more appropriate if the statement at 2.4 was about educational accreditation standards to ensure they reflect contemporary nursing and educational practice. The Strategy will not be implementing these programs but rather ensuring education is contemporary and meets the needs of the end users.
33. It must be clear that student models of employment are not implying a return to hospital or apprenticeship based training. Additionally, 'student based employment models' must not be used to replace clinical practicum hours.
34. ANMF recommends the success measure that states, *Governments collaborate on nursing workforce issues and develop solutions using robust data and evidence* (p. 8) concludes with 'in consultation with the nursing workforce'.
35. The ANMF questions how the success measure, *Aboriginal and Torres Strait Islander people have equal representation and opportunities in the nursing workforce, and their communities and organisations have access to relevant and reliable data to inform their health decisions* (p. 8) will be measured?
36. The ANMF has concern regarding the success measure that states, *Nurses can easily move between settings, services and states and territories* (p. 8). The definition of 'settings' requires clarification to ensure it is referring to transferable qualifications in a specialty not dilution of specialist skills.

Priority 3: Design

Statement: Priority 3 focuses on designing the nursing profession to ensure it **continues to meet the needs of the community.**

Action	
3.1	The nursing workforce will be equipped to engage in and develop innovative health care practices including the use of emerging technologies.
3.2	Develop and expand nurse leadership and involvement in the design and delivery of innovative models of care, use of technologies and health service delivery.
3.3	Empower Aboriginal and Torres Strait Islander nursing communities will design workforce initiatives that suit local conditions and community situations through policies that ensure collaboration and self-determination structures.
3.4	Create Review and expand evidence-based funding models that drive sustainable evolution, and enhancement of nursing practice.
3.5	Enable nurses to work to their optimum scope of practice in all settings through legislation, jurisdictional harmonisation, and collaboration with multidisciplinary teams.
3.6	Mobilise the nursing workforce to lead and contribute to a sustainable and climate- resilient health and aged care system by obtaining sustainable funding for leadership positions and policy development.



37. The word empower can be problematic as it implies a power differential where a group 'gives' Aboriginal people the power to do something. The ANMF suggests removing it. Alternatives are suggested in red.
38. It will be important that use of technology mentioned in the 3.1 supports nurses in their work and is not to the detriment of the nursing workforce or elimination of jobs.

Priority 4: Deliver

Statement: Priority 4 focuses on what is required to enable Australia to grow, attract, recruit, and retain the best possible people to the nursing profession.

Action	
4.1	Develop a nationally consistent approach to transition to practice.
4.2	Develop a national professional development framework.
4.3	Adopt positive practice environment standards in all settings.
4.4	Develop a national career framework.
4.5	Provide opportunities, funding Build and grow secure employment for nurse-led clinical academic/research career pathways.
4.6	Develop a dedicated rural and remote nursing recruitment and retention strategy (inclusive of students).
4.7	Prioritise the removal of gender barriers for the nursing workforce including but not limited to childcare provision, rostering practices etc.

39. The ANMF would suggest adding creation of career pathways for nurses working in digital health, technology and associated policy frameworks as well as new and emerging areas of practice.
40. The term 'practice environment standards' needs to be defined and clarified to ensure there is shared understanding.

Other Comments

41. The ANMF suggests the need for definitions and the expansion of explanations regarding the priorities. This will help to clarify the terms used and ensure the intent is based on a shared understanding rather assumptions.



Conclusion

42. The ANMF appreciates the opportunity to provide feedback on the draft National Nursing Workforce Strategy and recognises the importance of this initiative. It is suggested that the audience be more clearly identified and defined, keeping in mind that this is a high-level document that should influence policy development, workforce planning and funding. It is suggested that a strengths-based approach is used to highlight the significant achievements of nursing in the present and across recent history in Australia. Further, the priority statements and actions could be strengthened and clarified through more detail and the inclusion of rationales. It would be helpful to demonstrate clearer strategic alignment throughout the document by more closely linking the priorities with the actions, success measures and outcomes. Finally, a brief overview of the implementation and evaluation plan would be helpful in providing future direction.

References

1. Douglas, J. "Early Career Registered Nurses: How and Why Do They Stay? Exploring Their Disorienting Dilemmas." Doctor of Philosophy, University of Wollongong, 2019. <https://ro.uow.edu.au/theses1/564/>.
2. Berman, A., J.S. Snyder, T. Levett-Jones, T. Dwyer, M. Hales, N. Harvey, Y. Luxford, et al. Kozier and Erb's Fundamentals of Nursing. Kozier and Erb's Fundamentals of Nursing. 2nd Australian ed. 3 vols. Vol. 1, French's Forest: Pearson, 2012.
3. Willetts, G, and D Clark. "Constructing Nurses' Professional Identity through Social Identity Theory." *International Journal of Nursing Practice* 20, no. 2 (2014): 164-69. 10.1111/ijn.12108.
4. Doleman, Gemma, Christine Duffield, and Ian W Li. "The Gender Pay Gap in the Australian Nursing Workforce: A Retrospective Observational Study." *Collegian* (2024).
5. The World Health Organisation. "Global Strategic Directions for Nursing and Midwifery 2021-2025." Geneva: The World Health Organisation, 2021.
6. Queensland Nurses and Midwives' Union. Positive practice environment standards for nursing and midwifery. QNMU Office. 2020. Available at: <https://www.qnmu.org.au/web/campaigns/ppe-standards.aspx>
7. NSW Nurses and Midwives Association. "NSWNMA Survey on Racism in the Workplace "preliminary yet unpublished findings. Sydney: NSWNMA, 2024.