EDUCATION AND HEALTH STANDING COMMITTEE

THE ROLE AND INTERACTION OF HEALTH PROFESSIONALS IN THE WESTERN AUSTRALIAN PUBLIC HEALTH SYSTEM

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
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FIFTH SESSION

Members

Mrs C.A. Martin (Chairman)
Mr M.F. Board (Deputy Chairman)
Mr R.A. Ainsworth
Mr P.W. Andrews
Mr S.R. Hill

[3.15 pm]

WATSON, MS MARGARET JEAN OSBORNE,
Chief Executive Officer,
Nurses Board of Western Australia,
examined:

The DEPUTY CHAIRMAN: The proceedings today are like a proceeding of the Parliament; you can give us our opinions and point of view, but you cannot mislead us intentionally, otherwise that will be considered a contempt of the Parliament. Have you signed a form entitled "Information for Witnesses" and did you understand the information contained in that form?

Ms Watson: Yes.

The DEPUTY CHAIRMAN: Thank you for your submission. We have some questions that we need to explore, but before we do that would you like to summarise the major points that you have made in your submission, or outline for the record the role of the Nurses Board now and how it may be changing?

Ms Watson: The Nurses Board of Western Australia is established under the Nurses Act 1992 and its role is to regulate the practice of nursing in Western Australia. The board carries out those responsibilities in a variety of forms. Primarily there are three main areas. The board approves all educational programs that lead to the registration of nurses or midwives. We are interested only in beginning practice. The board does not involve itself in advanced level practice. However, the exception is, of course, the impending nurse practitioner legislation. That will make a difference to the board's normal responsibilities for the registration of nurses. The board approves all educational programs. Nurses who have satisfactorily completed these programs are then eligible to register with the Nurses Board of Western Australia. The registration entitles them to use the term "nurse", which is protected under the Act. All nurses are required to register within Western Australia if they intend to practise as a nurse, and they are required to renew their registration and keep it current on either an annual or three-year basis; nurses now have an option. The third main area of responsibility is professional standards. The board has the disciplinary responsibility for nurses who may breach section 61 of the Act with regard to their ability to practise as a nurse. Generally these disciplinary matters revolve around misconduct, negligence or impropriety, or they may have an addiction to drugs or alcohol that inhibits their ability to practise as a nurse, or be physically or mentally unable to practise as a nurse. These are the general areas in which the board receives complaints and deals with these matters from a disciplinary perspective.

The board also provides a practice advisory service and releases a number of publications to support nurses in dealing with issues that come before them. Some examples are medication administration and documentation, and ethical dilemmas that nurses face. We have recently issued a guideline for the use of restraint within Western Australia. If we believe nurses need guidelines about a particular issue, we will work towards developing those guidelines for them. We also provide a telephone advisory service for nurses in practice. We have a research focus. Under the Act we are encouraged to support research within the profession, and we do that through providing financial assistance to nurses to undertake research through scholarship programs. We also undertake our own research on areas of interest from the board's perspective. We also have a responsibility to advise the minister on any other matter that we believe may impact on the nursing profession within the State.

The DEPUTY CHAIRMAN: You have probably seen our terms of reference. They are pretty wide. In simple terms, we are looking at how the nature of health delivery in this State is changing,

particularly due to changes in technology and drugs. We are looking also at how the emerging occupations are working together and are trained and educated, and whether there is enough flexibility within the system to be able to provide from the customers' point of view the best clinical outcomes for the training and education that we provide. It seems to me that over the past couple of years there has not been another occupation that has had more reports, inquiries, scrutiny, public debate, political interference and all sorts of things than nursing. I guess the reason for that is twofold. First, we seem to have got ourselves into a situation in which we do not have an adequate number of nurses to meet the demand in the system. Within the nursing profession itself there also seems to be a debate about the support that is given to nurses, their ongoing professional development, the recognition that they get from other health professionals, and their flexibility to be able to move between the professions. That is an area in which we are very interested, because it is core to our inquiry. From the board's point of view, why are we in this position? Is it that Governments and health professionals at an administrative level have not done enough long-term work force planning to meet the demand, or is it something that has accelerated very quickly over the past few years and has caught people out? Why are we in this position, or is it not as bad as the public debate would have us believe?

[3.30 pm]

Ms Watson: There are a couple issues. Western Australia is not unique in having a shortage of nurses and nor is Australia; it is an international issue. It is not caused by one particular fault, if you like. The fact that there is a major shortage of nurses is multidimensional. This is not new information to you and I am sure we are all saying the same thing. Nursing has predominantly been a female profession. When I started my training I was to be either a nurse, a teacher or a secretary; they were the sorts options that we had in those days. Now females have a greater choice and ability to pursue whatever profession they like. Nursing is now competing with other areas instead of just, for example, the teaching and the secretarial-type areas. Women now have a much greater choice, which is a contributing factor to the nurse shortage.

The pressures on health systems across the world are such that their funding is a major issue. Nurses are the only health professionals who are with patients 24 hours a day and, therefore, they are a big expense to the system. As the health system has been required to become more efficient and make cut backs, the prime area under consideration is that which costs the most, which has generally been human resources. Certainly, nurses have suffered as a result of that. That has also been a contributing factor. The working environment of nurses is extremely pressurised. The inflexibility of the system has not encouraged nurses to stay in the system when other occupations and professions offer greater flexibility. Again, that is just a symptom of the pressure that is on the system as a whole.

On the positive side though, nursing is one of the few professions that offers flexibility inasmuch as if you are a nurse trained in Australia you can get a job anywhere in the world. The profession offers the benefits of travel and working different hours, which other professions do not offer. Although there may be a downside to some of this, there are also some positives that we should not lose sight of.

Nursing has been reviewed to death; there is no question about it, particularly in the past little while. Reviews carried out over a long period have put up a series of recommendations that have not been considered or progressed. Now many of these recommendations from very good reviews are being ignored, and the situation just compounds and worsens. As the member suggested, we are seeing an escalation of the difficulties.

The DEPUTY CHAIRMAN: A number of national reviews have been carried out. In fact, one recently looked into nursing and I thought it was an excellent review and we raised it in Parliament. It is not as though the research has not been done. It seems that the decision to change some of the educational requirements and clinical interdisciplinary measures requires the involvement of other

health professionals, particularly that of doctors. It also requires the profession itself to be united to some degree on certain outcomes. This committee wants to examine whether there are emerging areas that should be explored. For example, today there seems to be an increasing specialisation in the area of nursing; a nurse is either a psychiatric nurse or is working in sub-specialty areas like that of renal care. Is the mere process of specialisation stopping the opportunity for promotion in nursing because the career structure in nursing has become narrower and nurses are getting locked into one particular kind of work, with the old general variety of nurses disappearing? In terms of the hierarchy of carers, there is a care assistant or a patient assistant, for example, and then there is an enrolled nurse and a registered nurse. Now we have the nurse practitioner. Is that the right thing to have? Is there anything that is missing there, should there be a change in those relationships to some degree or is there any emerging trend, particularly at the top end? One issue that continues to come up is that we should be specialising more in the area of aged care. I know that we have aged care nurses, but perhaps occupations across the board should be specialising in that area. Does the board have an opinion on any of those subjects?

Ms Watson: The board has possibly not considered those particular areas in depth. The board has considered the role of what we call the unregulated health worker; that is, the patient care assistant or carer - there are a variety of names. Although that worker has had a significant role in aged care sector - I doubt whether aged care service could continue without that worker - it is a fairly new role that has been introduced into the acute care sector. The board is concerned that that worker has no minimum standard of education. Therefore, anyone off the street can come in and undertake that role. The board is also concerned that there is no regulatory control, but that is not to say that the board wants to regulate these people. However, in the interests of community protection there should be some sort of the regulatory framework. It is something that could be introduced by the employer; however, there must be some accountability somewhere and we do not see that happening at the moment in the case of that type of worker.

The board has recently undertaken a two-year research project into what is called the scope of a nursing practice decision-making framework for nurses. This recognises that nurses are now working with unregulated workers and it may provide some framework on which they can make decisions on the delegation of duties. Clearly, nurses go through three years - in some instances in this State, three and a half years - of undergraduate preparation. Therefore, they must use that knowledge and skill in an appropriate manner. Historically, many nurses, particular those working in aged care, have undertaken particular tasks that do not necessarily require nursing knowledge and skill. They have not asked themselves whether the task could have been delegated to someone who was not a nurse. It comes down to the way the task is approached. Clearly, the board sees the need to move in the direction of providing some sort of framework for nurses to work in a different context from what they have been traditionally used to, but also to understand that they have a discrete body of knowledge and skill that should be used appropriately and efficiently when there are not many nurses around. The area of unregulated workers would certainly be one of interest.

Enrolled nurses have never been used to their potential within Western Australia due to limitations, not of legislation but of industry. The preparation of the enrolled nurse in Western Australia has led the country over many years, but they have not been allowed to practice for whatever reason; for example, it could be because there are plenty of registered nurses - I am not sure. However, they are nurses who are accountable for their actions and are regulated by the Nurses Board of Western Australia. Clearly, they are now experiencing an increase in their scope of practice, not from any legislation base but because industry is now asking what can these nurses actually do. Industry is finding that they can do a lot more than what they have been able to in the past. That has been positive thing for the enrolled nurses.

The DEPUTY CHAIRMAN: That point has been made by a number of people over a long period. Perhaps some of the solutions to our current difficulties are staring us in the face; that is, that we

have enrolled nurses that are underutilised. However, it all comes down to some of the difficulties within the professions and jurisdictions and so forth.

The attrition rate for nurses leaving nursing, or at least the public health system, is quite high. What is your opinion on why that is so and what do you think we should be doing to rectify the bleeding, as it were? We have also asked this question today of people from Edith Cowan University and Curtin University of Technology.

Ms Watson: The issues are not new. It is reducing system expectations, because nurses are expected to do more with fewer numbers. The responsibility on nurses has increased in relation to their professional role. A nurse employed in a public facility must undertake additional responsibilities - as a professional does - such as performance management, continuous quality improvement, preceptorship and mentorship, all of which are additional tasks on top their clinical role - which is why they are there - with no additional support or resources. There comes a time when you say enough is enough. Ten years ago we had eight nursing agencies in Western Australia and now we have 25. Agency nurses still do their clinical work, which is what they are prepared to do, but they do not have to bother with any of the additional responsibilities that permanent staff working for an organisation are required to do in this day and age.

The DEPUTY CHAIRMAN: That, in turn, puts a greater workload on the ones left in the system.

Ms Watson: Exactly.

Mr P.W. ANDREWS: Do you support a period of internship for graduate nurses?

Ms Watson: We support a graduate year, whether it is an internship or a graduate program. Many years ago in this State we changed the educational preparation for nurses but we did not change the system in which they work. We are about the only profession in which new graduates are expected to hit the ground running as soon as they are registered. The full responsibilities of a registered nurse are expected to be met, but they are not prepared for that. They are prepared as a beginning practitioner. Whether it is an internship year or a graduate year, it should be appropriately funded and recognised. That would be extremely helpful.

Mr P.W. ANDREWS: Do you think there is a culture of bullying amongst nurses?

Ms Watson: That certainly seems to be the case from the evidence. Although the board receives some complaints - I cannot discuss individual ones - in relation to bullying and harassment within the workplace, which is unfortunate, I have had no personal evidence of it.

Mr P.W. ANDREWS: I know it is hard to make a comparison, and any bullying is a problem, but is it a major problem in the system? Is it systemic or is it confined to particular units in hospitals?

Ms Watson: I cannot comment on that. I am aware of significant pressures in regional areas but they are not from within the profession. They primarily relate to differences between doctors and nurses where the nurse may not be comfortable with the direction of the medical practitioner but the medical practitioner says that he is the one that is needed most around the place and, therefore, things should be done his way. That sort of harassment goes on within the profession. I read the paper and I hear what is said and the matter would seem to be of concern.

[3.45 pm]

Mr R.A. AINSWORTH: In your submission you mentioned the reintroduction of a mentoring program for graduate nurses. What would that entail, and what were the benefits of the system when it was in place before?

Ms Watson: There was funding to support a mentoring program when nurses went into the universities. That did not actually translate into the mentoring programs that we expected. However, it is similar to an internship-type approach, under which there is guidance, identified mentors, the opportunity to reflect on practice and a gradual decreasing of support, I guess, as the nurse gains confidence. On the issue of graduate nurses hitting the system, it is not the knowledge

that they lack; it is the system knowledge that they lack, and they do not have time to understand that. Some will get to the end of their graduate year and survive; others just find it all too much. It is really mentorship and identifying mentors within the workplace who have the time and the ability to support them through the initial phases.

Mr R.A. AINSWORTH: In your view, the graduates have the required clinical skills but not necessarily the understanding of the hospital system in which they will work.

Ms Watson: That is what they lack. They are expected to know how to get hold of the doctor, how to find the drugs, how to do everything and hit the ground running on their first day. Even under the graduate programs that are very well developed, I would suggest, in Western Australia, if the nurses who are going to provide the support go off sick, there is nothing there. There are not sufficient resources to support them.

Mr R.A. AINSWORTH: On the same area of training, other people to whom we have spoken have indicated that there may be a need for more specialised training of nurses when they are going into areas such as mental health and aged care. I know, from what we have heard, that the general nurse training at the university level covers all those aspects.

Ms Watson: It is comprehensive, yes.

Mr R.A. AINSWORTH: Yes, it is comprehensive. However, it has been put to us that for people working in those areas - such as mental health in particular - which are still quite specialised, there needs to be an additional focus on that and perhaps a streaming of the nurses in their final year into a chosen area, and more emphasis on that part of their training, or some other process to give them better preparation. What are your thoughts on that?

Ms Watson: We get lobbied very heavily on that particular issue. However, it is not only mental health or aged care but also indigenous health and paediatrics. Every nursing specialty area would suggest that there is not enough of that specialty knowledge in the program, so we are responding to that all the time. However, we are looking at a beginning practitioner here; we are not looking at someone who is a full bottle on everything. I think that is the problem. Mental health is a specialty, once they are through their basic preparation, if you like. I would see aged care as a specialty. Further education needs to be developed at a postgraduate level.

Mr R.A. AINSWORTH: That leads on to another problem about which we have also heard; that is, that when people take on those additional areas of training, there is not always recompense for doing the actual course, and also there is no recognition of the higher qualification as far as salary levels or career paths in the future are concerned. From my point of view, that area needs to be looked at very closely if we are to retain nurses in the system.

Ms Watson: That is right. I am sure that the unions will be quite vocal about ensuring that nurses get appropriate recognition for knowledge that has been gained along the way. I do not think that is unrealistic.

Mr S.R. HILL: I have a quick question. In the working environment, there are nurses in regional Western Australia, for example. What pressures are on them? Basically, there is the metropolitan area and the rural area. What are the differences between the nurses in those two areas? Obviously, if the nurses are in a rural area, in a nursing post or something like that, they will probably need to be more multiskilled. However, what happens when those pressures build up? Do we lose those nurses out of the system all of a sudden? Do they just say, “Look, I’ve had enough. I’ve got no peer support; I have nothing here”?

Ms Watson: I am sure these nurses would argue that there is insufficient content in the program to deal with rural and remote issues. There are difficulties for rural and remote nurses. They are a special group of nurses. They work under extremely difficult circumstances, with absolutely limited support. The problem the board has is that they often work outside their scope of nursing practice, in the best interests of their patients, because they cannot get any support, because there is

no-one at the end of the phone and because they know what must be done. I guess that is why we are very hopeful about the role of the nurse practitioner, which will give them some legal protection. Nine times out of 10, it is all right, but the one time out of 10 is a problem. The nurse appears before the board, and we must deal with that nurse. That is just not fair. It is not the nurse's fault that he or she has done what is in the best interests of the patient, but legally that nurse has worked outside his or her scope, and that is what happens. We are very hopeful that the nurse practitioner role will address many of these problems.

Mr S.R. HILL: A couple of nurses have spoken to me, as have some doctors, in the Geraldton area. What can the nurses do? They obviously have a problem in the working environment there. It is the doctors against the nurses. Sometimes the nurses will transfer to, for example, Mullewa Hospital to get out of the situation that they are in. They will drive every day to do the shift there. What role does your board have in that? Do you try to mediate something?

Ms Watson: No, we do not. We certainly would encourage them to talk through the issues with their supervisors and their employers, but it gets very difficult because you are dealing with local community politics. Clearly, in the eyes of the public, if you like, a doctor is worth more than a nurse is. We can provide general guidance on how they can deal with the matter, but we certainly cannot intervene unless the situation gets to a stage that the nurse believes patient care has been compromised and her ability to care for the patient has been compromised. Then we would intervene.

The DEPUTY CHAIRMAN: Let us explore a few more controversial areas, which is why we are here. We are not trying to set in concrete what we sometimes already know; we want to explore the future to some degree. The nurse practitioner legislation will be passed. Both sides of Parliament fully support it. It goes a little further in that it now refers to non-remote locations where there are areas of need. Some of those areas of need might be after hours in secondary hospitals. There might be emergency situations in tertiary hospitals as part of triage and so forth. That is the first opening of the door to some degree in changing some of the models that have been in place in the past. This is the area that I want to explore. From the point of view of the Nurses Board of Western Australia, do you think that this could go further? In the newspaper, there has been the report of the debate - I am not saying whether I agree or disagree with it - about what pharmacies can do, whether the people employed by pharmacies should be allowed to give injections, whether nurses could be employed in pharmacies to provide primary health care at a certain level and whether we should have clinics in our community to which people could go. Rather than their first call being to an emergency tertiary hospital, after hours they could perhaps go to a 24-hour medical clinic, and a nurse practitioner, or whatever this occupation would be called, would deal with many health care needs. You are here on behalf of the board, so it would be unfair to talk about your personal position. However, does the board have a view on where this should be going, or are you prepared to put a position on that?

Ms Watson: The board has not discussed that in detail, but certainly the board views the role of the nurse practitioner as something that is long overdue in Western Australia, or even across Australia. We are way behind. You talk about having nursing clinics. There have always been nursing clinics in the United Kingdom. People have always had the ability to go to the district nurse rather than to the doctor. It seems to me that a lot of initiatives have occurred overseas, and we have been, for whatever reason, extremely slow in picking up on them. I think the territorial issues have prevented that.

The DEPUTY CHAIRMAN: Do you think Medicare has had a bit to do with that, in the way it is structured?

Ms Watson: Absolutely, yes. For one thing, the doctors will never support an independent nurse practitioner having her own Medicare number, because that will detract from their potential to earn; and that is not unreasonable. As well, the federal Government would probably see that this would

put the costs even more through the roof than they are currently. I would argue that that is not necessarily the case. However, I think that inhibits the public's access to good health care, and that is what everybody is trying to work towards.

The DEPUTY CHAIRMAN: Do you think there is a role for the board in this developing area? Under the legislation, the board has a specific role, particularly in the education area and approving registration.

Ms Watson: That is right.

The DEPUTY CHAIRMAN: In that sense, the board would have a primary role in representing the developing needs of the occupation and ascertaining how the educational requirements should meet them, which is why you will be involved in the registration of nurse practitioners.

Ms Watson: That is right.

The DEPUTY CHAIRMAN: As a board, do you look into the future and consider where the occupation will be in 10 years and how technology and computerisation will affect the role of the nurse? Are they the sorts of things that you consider?

Ms Watson: Yes, we do. Obviously, like any other organisation, we have a strategic plan, and we do consider these matters. Our ability to impact is variable. I guess a problem for the board is that there is not really a good understanding of the role of the board across many sectors of the community, which often are involved in these issues. To get the board, as an entity, to be consulted is often quite difficult. We put in our submission here because we felt we had a voice and a view, and we wanted to let this group understand what the board was about as well. We do look into the future, but we must be very clear that we are the statutory authority. We are not there for the nurses; we are there for the public protection. That is really the line that we always fall down on.

The DEPUTY CHAIRMAN: Margaret, would you like to verbally add anything to what you have already given us in the submission?

Ms Watson: No, except perhaps to ask one question. Where do we go from here with this?

The DEPUTY CHAIRMAN: Unlike all the other reviews into and reports on nursing, this is not a report into nursing as such. We are looking at the overall delivery of health services by occupations, particularly emerging occupations, in Western Australia and how they interrelate. We mention that because we think that is the key to a better system of delivery of health services. We are members of Parliament. This is a bipartisan approach. At the end of our deliberations - probably by the middle of next year to September - we will present a report to the Parliament with a number of recommendations, which will go to the minister and to the Department of Health, on what we feel is needed to meet some of the existing demands and needs, such as the need for additional manpower planning and research, and how and where that should be done etc, to try to get ahead of the game, rather than being reactionary, across all the medical professions. We feel that the Parliament can play a proactive role. The minister of the day will then need to respond to that report. That is where we are. We hope to do something that is well received and effective.

Ms Watson: I wish you luck.

The DEPUTY CHAIRMAN: Thank you, Margaret. You will get a copy of the transcript. When you get it, if you think there are some errors, you can correct them. You will have 10 days to return the transcript. If, on reading it, you feel that you have left out something or you want to provide supplementary information, you can do that as well.

Ms Watson: Thank you very much.

Proceedings suspended from 4.00 to 4.22 pm