

GUEST EDITORIAL - Ella Lowe, RN, RM, BA(Tas), MHA (UNSW), is Head of the School of Nursing and Midwifery, La Trobe University, Bundoora, Victoria, Australia.

INTRODUCTION

One could argue that workforce planning is 'black art'. This is well demonstrated in the ongoing debate concerning the national shortage of nurses in Australia. Our shortage is similar to that experienced in many other countries. But citing this does little to assuage local concerns. One issue is clear however: nursing is now part of a wider globalization of workforce markets where skilled nurses are seen as commodities that can be traded between various countries and states.

So what are some of the issues that have led to this situation? Within Australia, debate between funders (largely state and federal governments) and within the health industry and profession over costs and responsibilities to educate nurses remains a major issue. This has become more strident particularly in the context of the current shortage. One cannot escape issues around the high cost of undergraduate education and the extra demands this has placed on an already stressed industry and education sector.

The last decade has seen nursing workforce planning largely relegated to the dynamics of labour force economics, with governments allowing market forces to adjust the demand for and supply of nurses. By any reasonable reckoning, this has been a singular failure in public policy. This may be best illustrated by a projected disparity between demand and supply of registered nurses by 2010 of the order of 40,000 (Karmel and Li 2002). To place this level of shortage in context, there are currently about 55,000 registered nurses (Division 1) in Victoria (Nurses Board of Victoria 2003), so the magnitude of this projected shortage is enormous by any reasonable measure. From a policy perspective, if the view of governments at state and federal levels was that the market would maintain some kind of equilibrium between supply and demand, then the current situation within nursing today is living testimony that that was a very shortsighted view.

The Report of the National Review of Nursing Education *Our duty of care* (2002) was presented to government more than one year ago. Both state and federal governments agreed to the wide-ranging terms of reference. The approach adopted in the report drew heavily on feedback from stakeholders and acknowledged a number of major policy issues including:

- Health care is a national issue and that health care provision must be effective and efficient;

- Future developments in nursing should build on current expertise and promote continuous improvement, planning and quality; and,
- Nursing is professionally cohesive with growing support for a national approach to both standards and professional regulation.

As well as this national approach, almost all states and territories have undertaken some kind of comprehensive review of their nursing workforces in the last few years. These have ranged in scale and depth but have generally addressed workforce issues, particularly those relating to recruitment and retention. This is a positive step forward. Whilst a clearer and cogent approach to workforce policy at a federal level will assist in developing national workforce policy, individual states and territories have also been able to identify issues specific to their location, geography, and demography which will require specific policy attention at a state and local level. Given the size, population density and diversity Australia enjoys, this will assist in ensuring that policy can adapt to local conditions.

What has happened within this milieu of reports to state and federal governments about the status of the nursing workforce? Generally, both industry and education sectors appear to have been positive in their initial responses. State governments have implemented recommendations from local reports, and certainly recruitment and retention issues have impacted on policy (including employment terms and conditions) at that level.

At a federal level, the report *Our universities: Backing Australia's future* (Commonwealth of Australia 2003) does address, in some measure, some of the supply concerns raised by these reports. But many of the recommendations will rely on a safe passage through parliament, which is fraught with uncertainty. And these initiatives will not address in any measure the projected shortfall in nurses cited earlier.

Debate about the nursing shortages and recommendations from the various reports has been muted. While the release of reports has led to a flurry of press releases, they have not led to any sustained debate that has gained either wider press coverage or indeed political action. Using the National Review of Nursing Education as an example, this does not mean to say that the federal government is not actively addressing

or acting on the recommendations. This activity is not visible to the broader profession of nursing. What is clear, however, is that there has been no comprehensive and cohesive response from government to the review's recommendations.

This is in stark contrast to the hands-on and highly visible approach that the newly appointed Federal Minister for Health and Ageing, Tony Abbott has employed in dealing with the medical indemnity crisis.

Given this bleak outlook for the supply of nurses into the foreseeable future, how can the health care needs of Australia be addressed? Firstly, it will be imperative to ensure that this scarce resource is wisely used. Secondly and most importantly, we will need to better organise and support change within the various contexts of care where nurses work. This is an area of workforce planning that demands much more interest and research than has been undertaken so far. We will need to understand how nurses plan and organise the work they do, and also examine the effectiveness of the kinds of models of work organisation that are used. In effect, we need to work out how to maximise the utilisation of a scarce set of skills.

And what of the future? State and federal governments need to ensure that appropriate planning and policy development work cohesively to ensure a planned recovery from the current supply crisis into the future. There needs to be much more open debate about the current shortage. Governments must continue to consult with the industry in the development of policy. Adequate funding will be vital to ensure that there is positive material change in the current serious situation confronting nursing both within educational and industry settings.

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