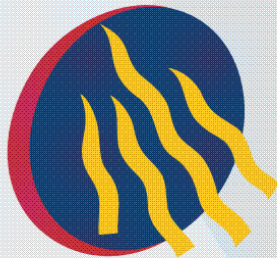


SKILL MIX and STAFF SHORTAGE in RURAL QUEENSLAND HOSPITALS

Find 'em and train 'em
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Queensland Government

Queensland **Health**

THE PROBLEM – We can't find nurses

- Rural nurses are older than city peers – but retire later
- **THE NEXT PROBLEM** – this will get worse so get used to it
- The Baby Boomer workforce will gradually increase the demands on the health services
- The workforce is ageing with more than half the current nursing workforce expected to retire within the next 15 years.

THE PROBLEM CONTINUES

- In 2001 63% of the rural nursing workforce were Baby Boomers
- Currently a national shortage of 19,000 nurses
- SO THERE IS NO QUICK FIX
- Metro nurse usually not multi-skilled
- Rural nurses have difficulty accessing post grad courses due to prac hours needed.

BOONAH HOSPITAL – the best little hospital in S.E.Qld



BOONAH HOSPITAL

Our problem

- No Quick Fix
- Nurses working overtime and double shifts
- Rural Hospital – No Doctor on the premises
- Agency nurses unable to use extended practice
- 40 minutes from city of Ipswich with multitude of nurses – we may as well be 10 hours away
- Nurses afraid of responsibility and required in rural scene

BOONAH HOSPITAL

Our solution

- Encourage Registered Nurses to extend practice – RIPRN
- Enrolled Nurses- all medication endorsed
 - 3 with advanced practice
 - 2 currently studying BN
- Unlicenced Healthcare Workers employed and assisted to enrol in studies
 - 2 enrolled in Bachelor of Nursing
 - 1 enrolled in Diploma of Nursing

BOONAH HOSPITAL

A Learning Organisation

- “The organisations that will truly excel in the future will be the organisations that discover how to tap people’s commitment and capacity to learn at all levels of the organisation” Peter Senge, *The Fifth Discipline*, 1990.
- Staff of 29 nurses – all levels
- FTE 18
- 10 engaged in recognised tertiary study

Unlicensed Healthcare Workers Assistants in Nursing

- Mature age with children at or leaving school
- Live locally often born locally – community loyalty
- Wanting to earn
- Don't want to be a checkout chick
- Often working in the community as carers – wanting to extend skills
- Looking for job satisfaction

Student Nurses or Nurses who are studying

- 50 students from Edith Cowan University about to start work in public and private hospitals
- Why have nurses flipping burgers etc when they can learn valuable skills in hospital.

Unlicensed Healthcare Workers

What can they do?

- Carry out non-complex personal care tasks
- Work with support & supervision of RN
- Carry out tasks that are routine and require a narrow range of skill and knowledge
- Routine task – if need for procedure, client's response and outcome have been established over time and therefore predictable
- Need ongoing education and competence assessment

EDUCATION

- “Supportive relationships are the key to establishing supportive work settings, work places where people want to stay”

Mills, Francis & Bonner, 2005. Rural and Remote Health.

- Informal mentoring
- Encourage ALL staff to engage in continual professional development, AIN to DON

ROSTERING

- Family friendly rosters
- Study friendly rosters
- Leave for study, prac and exams
- Can't please all staff all the time
- Please them as much as is practical and this will be returned

OWNERSHIP

- Encourage feeling of ownership of local healthcare facility
- Encourage staff to take ownership of a particular area of nursing care or hospital e.g. palliative care – find a workshop/conference or research latest trends in that area then **SHARE**
- Encourage staff to take ownership of own education

Skillmix and Staff Shortage

Conclusion

- Find 'em
- Train 'em
- KEEP 'em
- and keep looking for more – they are out there somewhere
- The Alternative – close more beds!