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NATIONAL NURSING WORKFORCE STRATEGY

This document outlines the Gerontological Alliance of Nurse's Australia (GANA) position and recommendations for the 'National Nursing Workforce Strategy'.

GANA was established in 2022. In less than one year it has grown to more than 300 members. It has two industry partners (Warrigal and Opal) and is a member of Coalition of Nursing and Midwifery Organisations. GANA's mission is to **enable access to gerontological nursing knowledge and skills** and provide a **community of specialist nurses** to support the delivery of high quality, evidence based and holistic care in Australia to older population groups and their families/ carers across care settings.

GANA welcomes the opportunity to contribute to the first National Nursing Workforce Strategy of Australia. GANA proposes that **workforce is the most crucial safety issue** currently facing the health and aged sectors. Nurses, as the largest component of the health workforce, is therefore the **largest priority**. Nurses are the predominant leaders in delivering fundamental and clinical care to meet the needs and dignity of older people. Nurses are central to the translation of evidence into practice. Most health and medical advances rely on, or are enabled by, a nurse.

Improving the recruitment and retention of registered nurses is dependent on

- Clearer career pathways for nurses
- Improvements in professional development support for nurses
- Meaningful integration of research about nursing care and evidence- based nursing practice
- The availability of nursing workforce data

Registered nurses are often key leaders in multidisciplinary teams. In these leadership roles they are instrumental in creating and sustaining effective workplace cohesion across all health and aged systems. Therefore, the effective development of the registered nursing workforce is **crucial to the effectiveness of the health care workforce** more broadly, including allied health and assistants in nursing.

The ageing of the population, the prevalence of gerontological conditions such as dementia, and the higher nursing needs of older people with complex comorbidities means **Australia needs nurses with knowledge, skills and attributes (i.e. Capabilities) in gerontological nursing**. We identify two capability levels: (i) generalist and (ii) specialist). We argue that all nurses should be equipped with generalist knowledge skills and attributes in gerontological nursing care.

It is difficult to separate any nursing speciality from the need for generalist gerontological nursing knowledge given **the majority of patients receiving nursing care fall into the older adult category**. In 2019–20, older people (aged 65 and over) accounted for 22% of ED presentations with 1 in 2 of those presentations (almost 1.0 million people) admitted to hospital (AIHW 2020). In the same timeframe, older people had 4.8 million hospitalisations, with 56% of these hospitalisations occurring in public hospitals (AIHW, 2020a).

The chronic diseases which cause the greatest burden of disease within Australia (cancer, musculoskeletal conditions, cardiovascular disease, chronic kidney disease and neurological conditions (AIHW, Australian Burden of Disease, 2022) are largely attributed to older adults and

represent a large proportion of the hospitalised population at any given time, illustrating the importance of **generalist gerontological knowledge** amongst all clinical nursing specialities (Table 1) .

Table 1: Proportion of chronic condition hospitalisation in Older Adults

Condition	Hospitalisations in Older Adults
Cancer	` In 2019–20, a large proportion of all cancer-related hospitalisations were among older age groups. The age-specific rate of cancer related hospitalisations peaked at 2,327 hospitalisations per 10,000 people for those aged 80–84 (AIHW, 2021)
Cardiovascular Disease	84% of cardiovascular disease hospitalisations occur in older adults (AIHW, 2020)
Diabetes	87% of diabetes hospitalisations occur in older adults (AIHW, 2021)
Neurological Conditions (Dementia/Cognitive Decline)	2 of every 1,000 hospitalisations due to dementia in 2021-22 (AIHW, 2022)
Musculoskeletal	68% of older Australians have musculoskeletal condition and 7% of all hospitalisations are for musculoskeletal conditions (AIHW, 2022)
Chronic Kidney Disease	70% of kidney disease hospitalisations occur in older adults (AIHW, 2023)

Consequently, GANA provides the below list of statements and recommendations to support the National Nursing Workforce Strategy. We argue that these approaches will have positive impact on safety of older people who require care, thereby impacting length of stay in hospitals, quality of life morbidity and mortality rates, with a ripple effect on other populations with complex needs.

Now is the time to put, and keep, nurses back into nursing homes, and promote fundamental nursing care as a key priority underpinning health care service delivery.

Thank you for your consideration of our recommendations.

GANA Executive, on behalf of GANA members.

(This document was commenced at the Inaugural GANA workshop at the 2023 Australian Association of Gerontology Conference, Gold Coast, 17th November).

A. Overview of the fundamentals of gerontological nursing

The last 20 years has witnessed the loss of specialist gerontology nursing expertise in Australia. We argue, this is due to the adoption of neoliberal principles that has precipitated a shift in power from clinicians to managers, and a change in emphasis from a commitment to patient care to a primary concern with budgetary efficiency. This is evident in the incentivisation of social care and the disincentivising of clinical care. This paradigm shift is particularly felt in residential aged care homes and in the community where the loss of nursing clinical leadership and expertise means older people have very limited access to nursing support to maintain optimal health or to manage complex health conditions. Moreover, as highlighted by the Royal Commission into Aged Care Quality and Safety, funding models have reduced nursing to a set of tasks, and act as a barrier to nurses being able to deliver person-centred care.

It will take time, and investment, to build the nursing workforce. The demand for nurses in aged care has only recently recommenced and the demand needs to be sustained for the market (the upcoming nurses) to respond. Nurses are the glue of health and aged services, but are stretched so thin as to not be able to be work within the full scope of their practice. This 'stretch' has included dilution (by increasing AINs, Ens and other workforce), role creep (by increased roles including regulatory responsiveness and duplication of documentation).

GANA Statement 1 = The Australian older population is increasing

GANA Recommendation for Workforce Strategy 1 = Australia needs more nurses with generalist and specialist knowledge, skills and attributes (i.e. capabilities) to respond to the growing population, for older people in hospitals, community, residential aged care and more settings.

GANA Statement 2 = Generalist and speciality gerontological nursing recognises the whole person, comprehensive health assessment and delivery of fundamental nursing care (which can be incredibly difficult in a complex older person, and in a complex environment)

GANA Recommendation for Workforce Strategy 2 = Utilise 'generalist' and 'specialist' gerontological nursing terminology in policy, education and workforce strategy documents, and identify different pathways of support accordingly. For example, fund and incentivise industry sponsorship of the Gerontological Nursing Competencies (GNC) Programs (Essential and Enhanced) for transition programs, early career development, nurse career changes (eg transfer from acute to residential aged care), and school-leaver to AIN to EN to RN pathways.

GANA Statement 3 = Recognition and promotion of GENERALIST gerontological skills for the general nursing workforce (students, new grads, early-mid careers nurses) is essential to ensure that the needs of the largest growing population with the highest needs (older people), is met by the largest and closest health workforce (nurses). Educators with gerontological qualifications (eg Masters) are crucial for the teaching of generalist knowledge. The generic gerontological knowledge, skills, and attitudes are not currently being provided in undergrad curriculum for nurses (Raynor et al 2022, Featherstonehaugh et al 2023).

GANA Recommendation for Workforce Strategy 3a = All Universities should have academic/s (pro rata for student cohort size) with gerontological specialist qualifications and experience to lead curriculum content for preregistration degrees.

GANA Recommendation for Workforce Strategy 3b = All Universities should ensure clinical placements with large proportions of older people are facilitated with mentors who have gerontological expertise, and provide training if education staff are underqualified.

GANA Statement 4 = Recognition and promotion of SPECIALIST gerontological skills (clinical nurse consultants, clinical nurse specialists, advanced practice nurses, managers, directors of nursing, nurse educators, patient safety consultants, residential service provision consultants, nurse practitioners, Honours, Masters, PhD, postdoctoral nurses) is essential to provide the leadership, innovation, mentorship, translational practice changes, initiate scholarly inquiry, develop and implement evidence, develop the science of gerontological nursing, design system change including digital health information systems, that will be required for the next decade of nursing and health practice in Australia.

GANA Recommendation for Workforce Strategy 4a = Funding ongoing mentoring programs such as the GNCs that are evidence based, soundly evaluated, should be supported, funded and implemented. Creation and secure funding of education pathways to develop (and continue developing) specialist gerontological nurses

GANA Recommendation for Workforce Strategy 4b = Transitional Nurse Practitioner positions – a supported position for a senior clinical RN to undertake Master of Nurse Practitioner, including attaining clinical hours with clinical mentorship - should be supported in residential, community and acute aged settings (eg joint funding between commonwealth and industry) to create career pathways and new nurse practitioners. Funding to increase the number of Nurse Practitioners with expertise in Gerontological nursing to work across all health, aged care and community care settings in Australia, particularly in areas where there are gaps.

GANA Recommendation for Workforce Strategy 4c = Provision of Gerontological Nursing Clinical and Person Centred knowledge, skills and attitudes ‘package’. A Clinical Pearls package of education tailored to mid-career, senior and semi-retired nurses. Aiming to attract and retain nurses from other specialities into Aged Care settings.

GANA Statement 5 = Nurse Practitioners working with older people should be enabled to work to their fullest scope of practice. This includes cross-institutional, transboundary and rural and remote roles.

GANA Recommendation for Workforce Strategy 5a = Include gerontology/aged care NPs on consultation committees, and ensure NPs developments are suitable to NPs work in gerontology, aged care, acute aged care and transitional roles including emergency departments and rural, regional and remote area.

GANA Recommendation for Workforce Strategy 5b = Include MBS Bulk Billing Incentives for Nurse Practitioners working in Aged Care Settings (including Community Home Visits)

GANA Recommendation for Workforce Strategy 5c = Implement the recommendations from the Aged Care Nurse Practitioner government funded research (Davey et al 2015)

B. Professional development support and career pathways

Development of the gerontological nursing workforce will provide sustainability of care into the future. Maximising pathways to create registered nurses through school-leaver, and junior workforce (AINs, Ens) pathways is important. A particular emphasis is also needed to retain the RNs in aged care, through the support of career progression for established RNs (Eg Advanced Practice Nurse roles and NPs).

GANA Statement 6 = the existing workforce (in addition to the emerging workforce) needs so much support to bolster their confidence and competence as nurses. Nurses in Aged Care settings are clinically and professionally isolated, often resulting in lack of confidence, dissatisfaction and burnout.

GANA Recommendation for Workforce Strategy 6a = The GNC program, with associated mentors external to organisations, should be supported to be implemented in all settings (eg residential aged care, community, acute). Current delivery (new graduate nurses, early to mid-career and experienced registered nurses) can be expanded to reach greater numbers.

GANA Recommendation for Workforce Strategy 6b = Ongoing support/funding for 2nd/3rd year nursing students to do aged care placements with gerontologically prepared clinical facilitators

GANA Recommendation for Workforce Strategy 6c = The GNC program can be adapted for particular subgroups (eg enrolled nurses, acute care, retired nurses wishing to re-enter the workforce), in addition to current populations. Mechanisms to support this implementation could include industry partnerships, scholarship sponsorship, government subsidies.

GANA Recommendation for Workforce Strategy 6d = A career and education framework can be informed using the GNC framework (Figure 1), and be supported by the GANA professional association to increase the provision of mentors

GANA Statement 7 – Australia needs high level specialist gerontology nurses to meet the growing and increasingly complex needs of the population, and especially in rural and remote areas

GANA Recommendation for Workforce Strategy 7a = Invest/subsidise/reward organisations that create advanced practice nurse positions (eg CNC, CNS), transition to nurse practitioner pathways (ie provide mentoring programs for advanced practice nurses to transition to NPs)

GANA Recommendation for Workforce Strategy 7b = Invest/subsidise/reward accommodation in rural settings to enable clinical placements for nurses to advance their practice

GANA Recommendation for Workforce Strategy 7c = Provide scholarships for Advanced Practice Nurses to have secondments to rural areas to learn

GANA Statement 8 = The policy space in aged and health care is complex and trying to pivot. We recognise it will take time to restore policy changes, including the market response (supply) to the increased 'demand' of the 24-7 Registered Nurse requirements

GANA Recommendation for Workforce Strategy 8a = the 'demand' for RNs in aged care needs to be maintained as clear and stable. Ie the policy for ratios should not be diminished or reduced due to current 'lack of supply'; rather there needs to be doubled effort to retain the RNs currently in practice, and provide career opportunities, recompense, support and enablement to change the landscape of 'supply and demand'.

GANA Recommendation for Workforce Strategy 8b= Enrolled Nurses need to be inserted into the ratios with their own role, and recognition of that role, as supervisors of AINs, workplace leaders. ENs should be provided with avenues for professional development (for example, GNCs for ENs), as well as support (financial, work release etc) to work towards RNs if they are interested.

GANA statement 9 = the pathways for nurses to become gerontological generalists or specialists should be easily visible (eg Figure 1)

GANA Recommendation for Workforce Strategy 8c = The gerontological nursing workforce needs to articulate and reinforce the potential pathway of AIN to EN to RN (as well as direct RN degree enrolment from highschool, Graduate Entry Masters, mature-age entry etc)

GANA statement 9 = Older people are everywhere, and generalist and specialist nursing skills, knowledge and attitude can be gained in multiple settings

GANA Recommendation for Workforce Strategy 9 = new graduate programs should have inter-setting placements (across aged care, community and acute settings)

GANA Statement 10 = aged care nurses often work in isolation. Cross-institutional mentorship is crucial for reflective practice and improvement in skills, knowledge and attitude over the career life-cycle.

GANA Recommendation for Workforce Strategy 10 = The GNC program can be utilised to support nurses professional development and confidence and competence building through access to mentors. This recommendation has the dual benefit of also recognising and rewarding the expertise of nurse specialists to mentor and grow the next generations.

GANA Statement 11 = International students, staff on visas – this is a large component of the aged care workforce, and warrants specific attention.

GANA Recommendation for Workforce Strategy 11 = Specific strategies that are culturally appropriate, trauma-informed to support this key component of the workforce needs to be addressed. This includes restrictive visa practices, support for University study (ie transition from AIN to RN), financial support for clinical placements (income loss due to compulsory full time attendance at placement). Consideration of domestic (rather than international) University fees and expanding existing scholarships to high performing (Eg high GPA) international students could be fruitful.

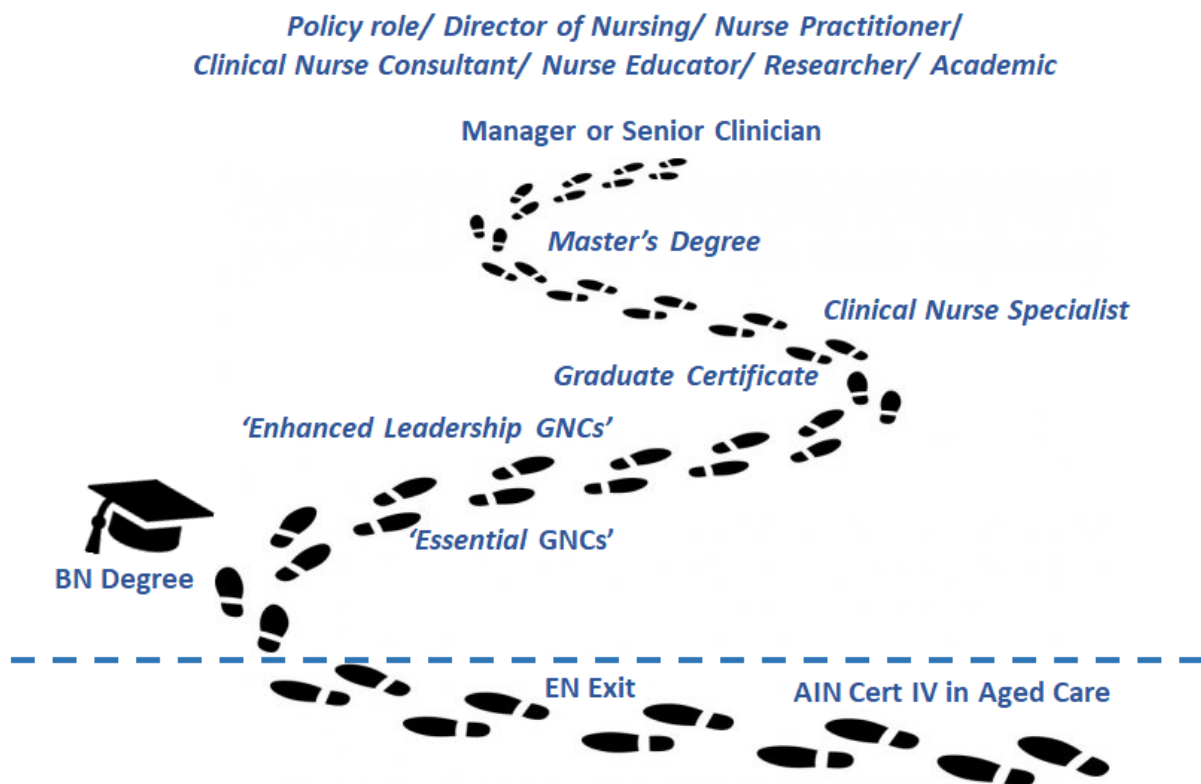
GANA Statement 12 = PCA, cert 3, cert 4. Care workers, etc – are all nominally working under the direction of a Registered Nurse (or if they aren't, they should be).

GANA Recommendation for Workforce Strategy 12a = One single term should be used for Assistants in Nursing across the nation. We promote the use of either 'unregulated healthcare workers' as per Australian College of Nurses White Paper, or 'Assistants in Nursing' which reinforces that this role assists nurses to do nursing work, and that AINs work under supervision of RNs.

GANA Recommendation for Workforce Strategy 12b = Registration, however named, is essential for AINs

GANA Statement 13 = 55% of hospital bed days are for older people, and 40% of those have cognitive impairment. Cognitive impairment is associated with increased complications and length of stay which can be preventable with suitable prophylactic nursing interventions.

GANA Recommendation for Workforce Strategy 13 = create cognitive impairment nurse leadership positions in hospitals that oversee the whole hospital, not just the aged care specific area



C. Gerontological nursing promotes fundamental nursing care, but needs structural support to be sustainable

Some of the below mechanisms may seem distant to 'workforce strategy'. It is imperative that the health industry and policy makers recognise that key issues for workforce retention are related to key systemic issues that cause dissatisfaction, and require national-level consideration for improvement or resolution in order to improve recruitment and retention of registered nurses, and the associated workforce.

GANA Statement 14 = Recognise, promote, measure, analyse the importance of fundamental nursing care (hygiene, continence) particularly for people with cognitive impairment

GANA Recommendation for Workforce Strategy 14 = Use the measurement of nurse sensitive outcomes of 'failure to maintain' (complications during hospitalisations that are potentially preventable) as indicators at ward, hospital and regional levels for benchmarking, monitoring, quality improvement and reflective clinical practice. Nurses take pride (and arguably some of their pay/recompense) from the quality of care they are able to provide; providing transparency of health

outcomes will provide motivation and satisfaction to the workforce, which will have been demonstrated to aid intention to stay / retention.

GANA Statement 15 = fundamental care with complex patients takes time, and requires the skills, knowledge and attitude of generalist and specialist gerontological nurses for high quality care

GANA Recommendation for Workforce Strategy 15 = patient/resident acuity (level of functional status, cognitive status, intensity of comorbidities, instability of conditions) should be reflected directly in staff workload/ratio hours as it determines the amount of time available to meet the fundamental needs of the patients/residents. Consequently adjustability, surge workforce and adaption strategies to changes in acuity should be planned for, and enabled.

GANA Statement 16 = Missed nursing care (care that is missed, left undone or rationed) is associated with nurse intention to leave (Alsubhi et al 2020).

GANA Recommendation for Workforce Strategy 16a = conduct further research and intervention studies on missed nursing care, and ameliorating strategies, in order to maximise nurse retention. This may include research on the time taken to shower and support the care components to prevent complications, to ensure workload models are serving service needs.

GANA Recommendation for Workforce Strategy 16b = Develop digital workforce tools that aid workload decision making and are adaptable to the changing needs of the service and admitted/onboarded patients/residents. Check existing tools for workload/time evaluation (and do not confuse this with current practice and what is best practice (eg timed toileting is more time consuming than changing pads)

GANA Statement 17 = Increased cognitive impairment (Eg dementia and delirium) of patients/residents increases the time to undertake fundamental care (eg showering, mobilising, eating/drinking) by 30%.

GANA Recommendation for Workforce Strategy 17b = use mechanisms to adjust nurse staffing based on acuity of patient load, including cognitive screening or point prevalence surveys

GANA Statement 18 = Registered Nurses provide simultaneous assessment and intervention for complex people with complex needs, especially in complex settings (eg hospitals). Nurses use fundamental care as a key point of contact for assessment and intervention. Diluting these contact points of RNs through excess use of Assistants in Nursing or Enrolled Nurses will limit the effectiveness of RNs.

GANA Recommendation for Workforce Strategy 18a = use measures of complexity, acuity in hospital datasets to inform nursing workload

GANA Recommendation for Workforce Strategy 18b = Subacute areas should have similar staffing ratios to acute areas. Better capture of patient acuity and nursing workload would enable higher quality care delivery and associated higher satisfaction of nurses

GANA Recommendation for Workforce Strategy 18c = Recognise that 'adding' AINs or Ens to the staffing mix may still 'dilute' the RN workforce.

GANA Statement 19 = Using the lowest trained workforce to look after the most complex patients is risky, (increases missed signs of disease exacerbation and consequent avoidable ED presentation).

GANA Recommendation for Workforce Strategy 19 = Any use of AINs or 'specials' in hospital should be complemented by comprehensive training and support programs that is cognisant of behaviour support approaches to care, and utilises gerontological specialist to support and develop staff.

GANA Statement 20 = AINs are often one vulnerable population (immigrant population with unstable working conditions and at time complex trauma histories and minimal education) looking after another vulnerable population (older people with complex comorbidities and frequently cognitive impairment in the form of dementia)

GANA Recommendation for Workforce Strategy 20 = AINs need to be supported to work with the same body of knowledge as gerontological nurses. Training programs need to be complemented with mentorship and leadership within workplaces and within the specialty to better support adult learning, reflective practice, and adoption of complex concepts. These are essential steps to practice change (ie more online learning content is not going to resolve embedded issues of ageism, infantilisation, reductionist, task focussed behaviours of staff).

GANA Statement 21 = protective functions for nursing workload are important (eg nurse ratios, nursing hours per patient day, workload tools)

GANA Recommendation for Workforce Strategy 21a = Nursing ratios should be evaluated in relation to patient/resident outcomes, and as part of a suite of practice change for what is known to be effective for nurse retention – ie healthy nursing work environments (which includes resourcing, healthy management relations, healthy interdisciplinary relations, cycles of data (ie nurse sensitive outcomes) to inform practice)

GANA Recommendation for Workforce Strategy 21b = Nurse sensitive outcomes should be measured within wards, within hospitals and across jurisdictions to evaluate impact of nurses on outcomes (and change policies according)

GANA Recommendation for Workforce Strategy 21c = Existing mechanisms could bolster the appreciation, measurement, analysis and application of NSO, including Australian commission of quality and safety could sponsor NSO evaluation

D. Research and policy to influence and enable workforce change

Nurses gain satisfaction, and therefore arguably compensation, from the quality of care they are able to provide. Inefficiency and ineffective health service delivery contributes to dissatisfaction. Policy and research have important roles to play in informing and guiding health services development to best support nurses to provide quality care, and be able to be satisfied with the quality of care they can deliver.

In the residential aged care environment in particular, regulatory requirements and avoidable duplication of documentation are key areas improvement for workforce efficiency. Digital information system effectiveness, sensitive to nursing workflow, is a crucial area for development and investment. The below strategies will lift the profession and ensure older people have quality access to nurses with gerontological skills for their health, wellbeing and safety, and ensure that nurses' aren't just using those skills to enable paper trails to defend organisational requirements. Research on how to create and sustain these systems and how they impact population outcomes, and policy development to instigate and reinforce effective systems sensitive to nursing care, are required. Upskilling of specialist gerontology nurses to participate in these developments to sustain research culture and policy participation will also be needed.

GANA Statement 25 = Gerontological nurses have important contributions towards clinical policy and research, in order to have effective and efficient health services.

GANA Recommendation for Workforce Strategy 25a = Gerontological nurses need to be supported in executive training, health economics, health informatics to be able to sit and contribute at those tables

GANA Recommendation for Workforce Strategy 25b = Have gerontological nurses on review panels and advisory committees to inform decisions and interpretations of current data

GANA Recommendation for Workforce Strategy 25c = Gerontological nurses to improve their competency in being able to contribute to these committees (leadership development)

GANA Statement 26– There is a current trend of international nurses using work in residential aged care to 'Get my visa and get out', which does not sustain these skills of migrants within the aged care sector. Additionally, international nurses may have a range of different support needs that would be better served by a close mentor who can provide personalised learning strategies and some external professional accountability and clinical supervision which is much needed.

GANA Recommendation for Workforce Strategy 26 - International nurse recruitment organisations should have a responsibility to support gerontological nurse transition into practice. They could use the GNC program.

GANA Statement 27 = Nursing research is crucial in practice development. Translation of evidence into practice, including creating 'learning environments', implementing evidence based practice, practice changes and culture transformation is very difficult

GANA Recommendation for Workforce Strategy 27 = clinical chairs can be implemented across all health and aged care services in partnership with Unis, Teaching Nursing Homes should be re-enacted, institutes of learning and scholarly practice to upskill existing workforce. Conjoint appointments of 'Clinical Chairs' – registered nurse professors' between Universities and health services. Accreditation of health services should look favourably upon these initiatives, and funding models to support them should be created.

GANA Statement 28 = The nursing role has been reduced to a task focus in funding models.

GANA Recommendation for Workforce Strategy 28 = Research on 'dose effectiveness' of nurse staffing levels and environmental factors can inform policy. Better workforce data is needed for better research. Therefore we recommend a comprehensive workforce data capture (of staffing levels, retention, qualifications length of service, with granularity of data at service level), by industry, rather than nurses themselves.

GANA Statement 29. = Funding models that affect nursing workload and care delivery are complex, particularly across the range of settings that older people receive care. Specialist gerontological nursing input into the design, modification, update and refinement of funding models is required in order to meet the needs of the older population.

GANA Recommendation for Workforce Strategy 29 = Specialist gerontological nurses are provided with opportunities to understand funding models across for acute, sub-acute, community and residential aged care areas impacting on the care of older people. Gerontological nurses are enabled to apply this knowledge at the strategic and policy levels with high level agencies such as the Independent Health and Aged Care Pricing Authority (IHACPA). Gerontological nurses would particularly focus on Activity Based Funding (ABF) for Geriatric Evaluation and Management (GEM) and Rehabilitation Sub-Acute Care as well as Residential Aged Care funding.

GANA Statement 30 – The professional body of gerontology nurses, GANA, should be consulted in policy development processes that relate to the care of older Australians.

GANA Recommendation for Workforce Strategy 30 - The government provide funding to support the alliance of gerontological nurses, who in turn can promote, support and grow pride in Gerontological Nurses across sectors and geographical isolation

GANA Statement 31 – There should be 'Closing the Gap' targets or equivalent for aged care. Only 16% of Indigenous Elders receive aged care compared with 26% non-Indigenous. More care services led by Aboriginal and Torres Strait Islander Nurses are needed.

GANA Recommendation for Workforce Strategy 31a – support CATSINaM to support gerontological nurses specifically to serve the ageing First Nations population

GANA Recommendation for Workforce Strategy 31b – Programs such as CPOP need ongoing funding to ensure the industry can support rural placements with mentoring that includes Cultural Humility. These experiences will form the next generation of nurses to lead culturally sensitive care for aging First Nation's population.

E. Increasing the public and early career recognition of generalist and specialist gerontological nursing

GANA Statement 32. Most graduate registered nurses will mainly be looking after older people

GANA Recommendation for Workforce Strategy 32 = Develop media strategies to recruit nurses should be reflective of the work trajectory (ie there should not be photos of babies to advertise nursing which is a very small proportion of nursing. For example, script a TV series showing the

positives, complexities, challenges rewards that are the daily life for nurses in Aged Care settings (including Community, Rural, remote)

GANA Statement 33 = Recreate the image of older person nursing

GANA Recommendation for Workforce Strategy 33 = Fund honours and PhD scholarships specific to gerontological nursing

GANA Statement 34 = Nurses and nursing students not wanting to work in residential aged care has nothing to do with older people. They continually highlight the reasons for distaste are related to: workload, responsibility, lack of peers, dissatisfaction with quality of care able to be provided.

GANA Recommendation for Workforce Strategy 34a = Media campaign to simultaneously reward and increase visibility of current high achieving nurse workforce leaders, and demonstrate and advertise to the next generation of what is possible: the challenge and satisfaction in being able to deliver complex care, the joy of continuity of care and getting to know your patients/residents well, the satisfaction in meaningful contribution to community.

GANA Recommendation for Workforce Strategy 34b = Create an authentic multi-media campaign using current excellent registered nurses to increase visualisation and demystify what aged care nursing is (and simultaneously put nurses of excellence into the limelight).

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