

# Indigenous State-wide Forum

Office of the Chief Nurse

# Office of the Chief Nurse Structure



There are four major Domains associated with a well prepared, sustainable, satisfied nursing and midwifery workforce in Queensland.....

- 1) **WORKFORCE AND CAREER**– recruitment and retention (RNs, Midwives, ENs, AINs), skill mix
- 2) **PRACTICE AND THE PROFESSION** – models of patient/client care, nursing and midwifery roles, research and evidence, innovation, standards and performance, leadership and professional development

## Domains cont'd.....

- 3) EDUCATION AND TRAINING – undergraduate/ VET/ competency-based/ postgraduate/ refresher/ re-entry programs, targeted scholarships (RNs, ENs, midwives, AINs)
- 4) WORKPLACE – eg Gen X/Gen Y retention, workloads, environmental issues, workplace culture and re-design

# The Four Domains are supported by 5 Enablers.....

- 1) Leadership and professional development programs
- 2) Practice-related information and knowledge systems
- 3) Research and Evidence
- 4) Policies, models and strategies (professional, financial, economic, human resource)
- 5) Communication processes (web, printed etc)

# Indigenous Nurse Advisor

- Position commenced in March 2007
- Permanency of this position established January 2008
- Position holds three major responsibilities, both operational and strategic -
  1. Establishment of the National Indigenous Cadetship Program between QHealth Hospitals and the Department of Employment and Workplace Relations
  2. Strategic Planning and Policy Development
  3. Resource Development and dissemination into the community

# Snapshot of Indigenous Nursing Workforce in Queensland

- Approximately 26,015 RN's attached to QHealth facilities within Queensland
- Approximately 398 Indigenous RN's across Queensland which equates to approximately 1.5%
- Currently we have approximately 180 Indigenous Nursing students across the 8 Universities in Queensland

## Snapshot cont'd.....

- For many decades Indigenous people have entered the nursing profession
- Research indicates that retention is the issue, not recruitment
- The challenge is to keeping Indigenous nursing students and Registered Nurses in the system

# Retention Issues in the Education System

- Financial constraints
- Culture shock attending University
- Racism encountered
- Lack of Indigenous Lecturers in Departments of Nursing
- Lack of support with the rigor of Academia

# Establishment of Cadetships for Indigenous nursing students

- The NICP is an Australian Government initiative that is administered through the Department of Employment and Workplace Relations
- It aims to support Indigenous students in their pursuit of academic qualifications
- Historically it has not had an uptake in Queensland with Indigenous nursing students
- Previously hospitals absorbed costs of a twelve week work placement

## NICP cont'd.....

- DEWR provide for the student a total of \$15,400 which covers a total of 40 weeks of tertiary studies and is broken down as follows:
  1. \$12,000 study allowance
  2. \$1,000 books for cadets
  3. \$1,000 employer admin costs
  4. \$1,400 GST

## NICP continued

- Office of the Chief Nursing Officer (OCNO) provides \$15,000.00 for each student to cover a twelve week work placement
- In June 2007 OCNO secured funding to provide 20 cadetships
- This was increased in Dec 2007 to accommodate 40

## NICP cont'd.....

Currently we have placed 34 students and they are attached to:

- Caboolture Base (2 cadets)
- Cairns Base (2 cadets)
- Mt. Isa Base (2 cadets)
- Thursday Island (3 cadets)
- Townsville Base (1 cadet)
- Mackay Base (1 cadet)
- Hervey Bay (1 cadet)
- Royal Brisbane Hospital (3 cadets)
- Princess Alexandra Hospital (2 cadets)
- Prince Charles Hospital (2 cadets)
- Toowoomba Base (2 cadets)
- Cleveland Hospital (1 cadet)
- Mater Hospital (3 cadets)
- Ipswich Hospital (2 cadets)

# Strategic Planning and Policy Development

- Queensland (to date) has not had a Strategy/Policy for Indigenous Nurses
- Leading to the Development of the Indigenous Nurses Working Party
- Membership is made up of 12 Indigenous RN's from across the state:
  1. Rural (Dalby)
  2. Remote (Pormpuraaw, Thursday Island)
  3. Regional (Toowoomba, Townsville, Palm Island)
  4. Urban (Brisbane University Sector, QAIHC, OCNO)
  5. Male (2 males)
  6. Midwife
  7. Mental Health Nurse

# Strategic Planning and Policy Development cont'd.....

- Our task is to develop the Queensland Aboriginal and Torres Strait Islander Midwifery Strategy
- Met in September 2007 for two day forum
- Currently writing up draft strategy
- Comment on draft March 2008
- Strategy completion April 2008

# Creating an Indigenous Nurse Strategy

- 1) Strategic Planning
- 2) Workforce Development
- 3) Cultural Respect and Competence
- 4) Information Systems



# Strategic Planning

- Formation of an Indigenous Nurses Working Group inclusive of urban, rural and remote areas. Services include Primary Health Care services, Aboriginal Medical Services and health services to advise and formulate the Queensland Aboriginal and Torres Strait Islander Nursing and Midwifery Strategy.
- Office of the Chief Nurse is developing partnerships with identified stakeholders to achieve the outcomes of the Strategy.

# Workforce Development

- The Office of the Chief Nurse is linking with the Department of Work Place Relations to provide full support for Indigenous student nurses from education to employment.
- We have developed resource packages and participated in their dissemination from remote Indigenous communities to Urban Indigenous communities
- At present we are establishing 40 nursing cadets across Queensland that are attached to Queensland Health facilities for work placements.
- Leading clinical education and training reform to consolidate links for health career pathways for Indigenous nurses

# Cultural Competence and Respect

- To provide and educate the nursing and midwifery workforce that is culturally safe and competent;
  - In providing care to Indigenous people;
  - Develop and appropriate Aboriginal and Torres Strait islander mentoring model to support indigenous nursing students and graduates
  - Increase knowledge and application of Aboriginal and Torres Strait Islander cultural safety and respect in the Queensland nursing and midwifery workforce

# Information Systems

- To develop effective information systems that will guide and assist in the monitoring and evaluation of the Aboriginal and Torres Strait Islander nursing and midwifery workforce within Queensland

# Resource Development and dissemination

- OCNO has been undertaking resource development aimed at school age children
- 1500 kits developed in 2007, included backpacks, rulers, pencil cases, tattoos
- Disseminated accordingly at Croc Fest and NAIDOC events, Aboriginal Medical Services, Primary Health Care facilities, schools as far as the Torres Straits to Cunnamulla and across Brisbane
- Currently awaiting more kits for further dissemination

# Croc Fest Thursday Island 2007



# Croc Fest Thursday Island 2007



# Research

- OCNO is committed to engaging in research with evidence based outcomes
- One project that funding is being sought for is robust research into 'birthing on homelands' for Indigenous women in Qld
- The research will seek to address
  1. International experience for women in remote communities
  2. Roles of midwives and women in the community in birthing
  3. Options for the future
- Research partnerships will be established between
  1. **Academia**
  2. **OCNO**
  3. **Indigenous community women**
  4. **Community Controlled health facilities**

**The So why engage in this research?**

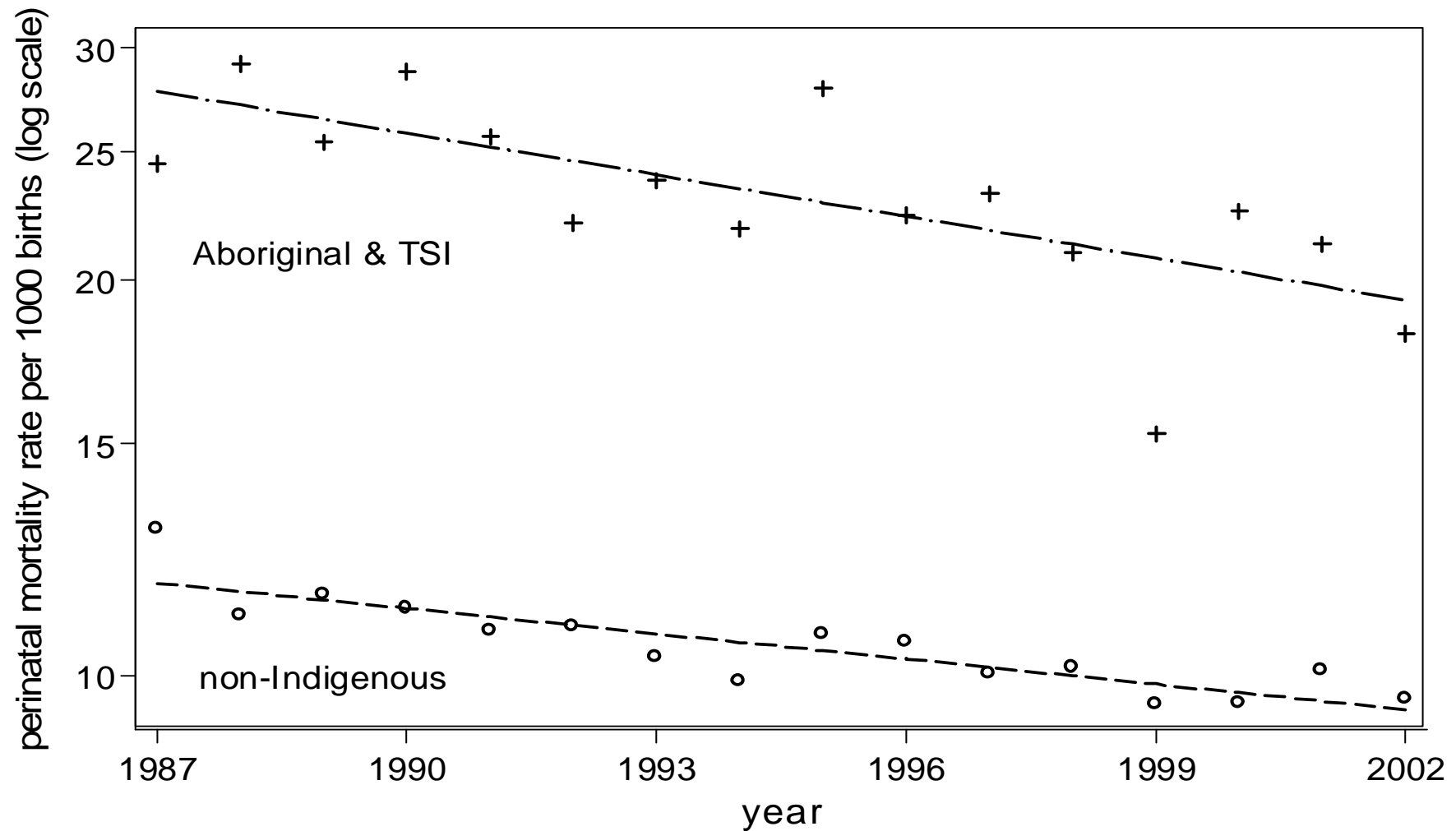
# Indigenous Births

**Australia has 8,500  
indigenous births year**

- Qld – 3000
- NSW -2000
- NT & WA- 1500
- Vic – 500
- (Australia's Mothers & Babies Report 2001)



# Trend in QLD Perinatal mortality rate by Indigenous status



Aboriginal and TSI data were combined for calculation of trends due to small numbers

# The Evidence for change

International Best Practice Standards acknowledge  
Midwives as...

“the most appropriate and cost-effective type of health care provider to be assigned to the care of women in normal pregnancy and birth, including the risk assessment and recognition of complications”

WHO 1999

