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FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis (Chair), Mr James Milligan MLA (Deputy Chair),
Mr Michael Petterson MLA

Submission Cover Sheet

Inquiry into Recovery Plan for Nursing and Midwifery Workers

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Committee Secretary
Standing Committee on Health and Community Wellbeing
ACT Legislative Assembly
GPO Box 1020
Canberra ACT 2601

20 January 2023

Submission to the Inquiry into the Recovery Plan for Nursing and Midwifery Workers

To whom it may concern,

The ANU South Asian Research and Advocacy Hub (SARAH) appreciates the opportunity to submit to the Inquiry into the Recovery Plan for Nursing and Midwifery Workers. SARAH is an undergraduate research group formed last year as part of the Law Reform and Social Justice Department (LRSJ) at the ANU College of Law. We are run by South Asian students who research and advocate for the South Asian Community, and are assisted by academics, community associations and other non-government organisations.

This submission will be based on pre-existing research, knowledge within the community and our own lived experiences as we all belong to communities that are deeply affected by changes in healthcare policy. We care about this submission because our communities and by extension our families will be impacted by the way that the ACT chooses to rebuild the nursing profession. Parallel to this submission, we will seek ethics approval from the ANU ethics committee to research the current state of the nursing profession. We hope this study will give a South Asian-Australian perspective on the Recovery Plan.

This submission will address terms of reference 1, 2A, 2B, 4 and 5. We will provide a summary of our submissions and then will explain our submissions in relation to the terms of reference. We welcome the opportunity to answer any questions from the committee regarding this submission. We can be contacted at

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Kind regards,

The ANU South Asian Research and Advocacy Hub (SARAH): Alexander Titus, Rojan Joshi, Abishai Easow, Sashini Liyanage and Shakthi Senthilkumar.

Summary of Our Submissions

Submission 1. There is a critical lack of staff in the nursing and midwifery professions, which contributes to poor working conditions, overworked staff and poorer patient care. We recommend that the ACT government should sponsor more visas for healthcare professionals and prioritise skilled labour that saves lives.

Submission 2. Given the nature of Australia's current workforce, population and culture, immigration remains the most sustainable and economically viable solution to these staffing shortages in the immediate and foreseeable future.

Submission 3. Australia remains a highly attractive destination for migrants with nursing qualifications but is being outcompeted by other similar countries with more responsive immigration laws and better procedures. We recommend that the ACT government should advocate for the Federal Government to decrease the time taken for visa processing and alter the laws to increase the cap on migration.

Submission 4. Contemporary research indicates that the ACT may have an issue with bullying, which could be a significant factor contributing to burnout, lower job satisfaction and incidents of medical negligence. We propose that the ACT government conducts an inquiry into the existence of racialised bullying for the purposes of the policy.

Submission 5. The ACT government has yet to properly examine the equivalency of international degrees and qualifications and identify the availability and accessibility of bridging courses. We recommend the establishment of a public inquiry into qualification recognition in Australia.

Submission 1:

The nursing profession is currently experiencing a critical level of understaffing, which has contributed to burnout, difficult working conditions and poor patient care. The COVID-19 pandemic has left its mark, leaving a severe shortage of staff in our most critical sector. There are currently as many as 8,000 vacancies (MacDonald and Stayner, 2022), with the majority of these coming from high turnover rather than new positions. Many nurses report fatigue in their role, with 79 per cent of primary care nurses reporting having felt burnt out during the pandemic (Warby, 2022).

This leads to lower retention rates in the workforce - the number of nurses and midwives who are registered but not practising increased by 63 per cent in the five years to 2021 (MacDonald and Stayner, 2022). One-fifth of nurses say they intend to leave their current role in the next year - and their work environment is a crucial factor in their decision to stay or leave (McKinsey, 2022). This problem is only going to get worse as Australia's population becomes older and nurses become even more in demand.

The lack of sufficient staffing and burnout for those who do remain working creates worse outcomes for patients. The ABS' Patient Experiences Survey (2022) corroborates this – there was an increase in the proportion of people who waited longer than they felt was acceptable for an appointment in 2021-22 compared to 2020-21 for medical specialists (26.7 per cent compared to 21.7 per cent) and GPs (23.4 per cent compared to 16.6 per cent).

Without sufficient action to resolve the issue of shortages, the profession will remain under severe stress. The problem is compounded by the fact that it is a self-exacerbating issue - so long as there is an inadequate number of nurses, more nurses will suffer burnout such that the shortage becomes even larger. The burden of a nursing shortage is a vicious cycle that especially hurts nurses currently in the field. We therefore propose that the ACT increases the number of skilled visa sponsorships given to registered nurses. This increase can be compensated by reducing the number of

Gardeners, Hairdressers, Massage Therapists, Sports Coaches, Instructors and Officials and Animal Attendants and Trainers who are not critical in the short term.

Submission 2:

Australia's population is projected to reach 31 million by 2041 (Informed Decisions, 2021). According to research from CEPAR (2022), the most significant growth will occur within the older demographic. The population aged 65+ is expected to increase by 54 per cent to 6.66 million in 2041 - up from 4.31 million in 2021. The population aged 85+ is expected to increase by 140 per cent to 1.28 million from 534,000.

It is clear that there will be a significant increase in demand for nurses within the next decades - but current demand is already not being met. The Government has committed to registered nurses being available 24/7 in aged-care facilities by July 2023, requiring an additional 14,000 nurses (Burton, 2022). The Health Workforce Commission (2014) predicted shortfalls of 85,000 nurses by 2025 and 123,000 by 2030 - numbers which have been significantly exacerbated by COVID burnout.

Some state governments, such as Victoria, have introduced plans to pay off HECS debts for nursing students and offer a relocation allowance to incentivise nurses to move to the state. But these will not be sustainable in the long-run. Victoria's plan is estimated to cost \$270 million (The Guardian, 2022), and experts warn that it may lead to workforce shortages in other areas. Moreover, it will only introduce nurses in the distant future when the sector is already in a critical state. The relocation allowance is a solution for the present but will mean that states end up in a race to poach talent from each other, ultimately leaving the country no better off than before.

Immigration is the most sustainable and economically viable solution to immediate staffing shortages. By tapping into the global pool of talent, it can service demand now at a fraction of the cost and benefit the whole nation. Therefore we propose that the ACT government adopts a flexible visa sponsorship scheme that reallocates unused

visa sponsorships to 'critical professions' such as nursing. The way this would work is that if another skilled profession does not give out all of its allocated visas for a month, those excess visas can be reallocated to nursing or other professions that save lives.

Submission 3:

While the ACT government has limited power to make Australia's migration law competitive within the international community, it can alter its policies to soften the blow of the healthcare worker shortage. Moreover, it is in the ACT government's best interests to advocate for changing national immigration laws even if it cannot make policy. These changes should increase the skilled migrant cap and streamline the process so that migrating to Australia is faster and more attractive.

The reality is that while Australia provides many opportunities for migrants, it is uncompetitive with comparative jurisdictions such as Canada, New Zealand and the United Arab Emirates.

The procedure for granting visas in Australia acts as a disincentive. The wait times for visa and permanent residence applications are far longer than its competitors. In Canada, it takes between 106 to 365 days (Government of Canada, 2023). Meanwhile, it takes Australia at least 182.5 days to process Skilled Working Visas and there are cases of people waiting up to 730 days (Department of Home Affairs, 2019) (Kaul, 2023). Consequently, skilled immigrants have a choice of country, and those options are now faster and more accessible. For many, Australia's wonderful opportunities are not enough to justify the wait for a visa when a similar lifestyle can be achieved elsewhere for a fraction of the time. Recent data suggests that Australia may not be a key migration destination, which has huge ramifications for Australia's capacity to attract talent (Smith, L. 2020). This is more true for highly skilled migrants because they have more options, as most governments now have programs to attract these migrants to their country (Jackson, 2022). Therefore, Australia is likely losing international talent to other countries by not reducing the time taken to get a visa (Wright, 2023). While only

the federal government can improve the visa processing systems, the ACT government should actively support these changes, or it risks lowering the quality of its migrant workforce.

Submission 4:

Academic research has shown that bullying and harassment, including discrimination based on race, national origin and immigration status, may be issues in ACT healthcare (ACT Government Health, 2020). This may contribute to burnout, lower job satisfaction and incidents of medical negligence. The ACT government should pay special attention to the potential existence and extent of racialised bullying and discrimination in healthcare workplaces and if necessary, implement programmes to minimise its potential impact. This is all the more true if more migrant healthcare workers are to be integrated into our healthcare system.

Research from various studies suggests that racialised bullying and harassment take a significant toll on the mental health of immigrant workers and can lead to higher stress levels, more workdays lost through sickness, decreased self-confidence in their ability to undertake tasks and burnout due to the feeling that they have to 'work double' to try and prove themselves (Ahlberg et al., 2022; Pepler et al., 2022). The reason this is most prevalent in recent migrants is that they have a unique challenge of adapting to both a new workplace and a new home (Bernheim et al., 2011). This re-socialisation process, in combination with the task of learning new skills in the workplace, was found to be especially emotionally laborious for professionals due to the lack of support and understanding of this experience. Any additional emotional requirements, therefore, become excessive and unmanageable, leading to suboptimal outcomes and feelings of isolation or exclusion. This often was found to limit a professional's desire and ability to progress into senior positions (Chinembiri et al, 2022), which leads to poorer retention and utilisation of the professional's expertise.

Therefore, we propose that the ACT government has a specific inquiry into the potential existence of racialised bullying in the healthcare system. The reason is that if this problem exists, the ACT government can provide solutions. Our research found that other jurisdictions with this problem noted that establishing a workplace culture of care was effective (Aalto et al., 2018). This involves having improved procedures for identifying and addressing bullying, with a collective sense of responsibility to prevent discrimination in the workplace. They also noted that various forms of cultural competency training are commonplace in healthcare workplaces and that these programmes were only really effective when practised regularly. Lastly, they affirmed that reporting processes should be made more equitable and transparent (Ahlberg et al., 2022), with the option of anonymous reporting, noting that this, combined with peer and intergenerational mentoring programs run by migrants (Bernheim et al., 2011), was highly effective.

Submission 5:

The perception that the qualifications and capabilities that immigrants hold is not equivalent to Australian standards significantly harms migrant workers and maintains shortages Australia faces in the healthcare system (Ethnic Communities' Council of Victoria, 2018). Over 30% of migrant workers are overeducated, their skill and talent wasted due to unrecognised qualifications. This is further exacerbated by the cost of gaining recognised qualifications. In comparison to other states and territories, the ACT has fewer Vocational Education and Training (VET) providers with expensive programs that limit accessibility, driving away potential talented healthcare workers (Tan and Cebulla, 2022).

Moreover, qualification recognition is outdated, difficult to navigate and forces new migrants to work below their qualifications. Only those with qualifications from the United Kingdom, Ireland, Hong Kong, Canada and America are guaranteed to be recognised in Australia (AMNAC, 2023). While there are pathways for international degrees to be recognised, uncertainty is a massive deterrent. Moreover, migrant

communities are full of anecdotal stories of doctors and engineers being forced to work as taxi drivers, which is supported by data (Stayner, 2021). This is equally true of nurses who are sometimes not allowed to practice. This practice is degrading, economically wasteful, and a result of not properly seeking to understand the merit of international qualifications.

While we understand that nursing and other healthcare professions are self-regulating, the ACT government can fund or undertake an inquiry into the equivalency of international degrees and qualifications. This would outline the qualifications that can directly be utilised in Australia and identify which qualifications would need bridging courses. This inquiry should focus on Asian qualifications, specifically those in India, China, Sri Lanka, Singapore, Nepal and Malaysia. Additionally, it may be important to study those in the Pacific such as Papua New Guinea, as that would strengthen our regional ties. This can be used to guide the independent decisions of the nursing and midwifery association. This information would also benefit migrants as they would be able to migrate to Australia confidently, with the knowledge that their qualifications would be recognised and if they can afford the potential expenses of obtaining a qualification.

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