



## **Cancer Nurses Society of Australia (CNSA) Submission to the National Nursing Workforce Strategy Consultation**

20 December 2023

### **INTRODUCTION**

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The CNSA represents approximately 1,800 cancer nurses across Australia. As the peak national organisation for cancer nursing, the CNSA strives to promote excellence in cancer care through the professional contribution of cancer nurses. To achieve this mission, CNSA acts as a resource to cancer nurses, and all nurses who provide care to individuals living with cancer across Australia, regardless of geographical location or area of practice. We are the critical link between cancer nurses in Australia, the consumers of cancer services, and other health services and providers involved in cancer care and control.

The CNSA welcomes the opportunity to address the Department of Health and Aged Care National Nursing Workforce Strategy by participating in this consultation process. Acknowledging the importance of a national-level strategy to inform nursing policy and workforce planning to ensure the nursing profession is equipped, enabled, and supported to deliver person-centred, evidence-based, and compassionate care to all Australian communities.

Our Vision: Best possible outcomes and experiences for all people affected by cancer.

Our Mission: Promoting excellence in cancer care and control through the professional contribution of cancer nurses.

CNSA acknowledges and pays respect to the First Nations people as the traditional owners of the land. We pay our respects to the elders past and present and acknowledge the different nations across Australia on which we all live and work. CNSA will continue to work together with Aboriginal and Torres Strait Island peoples to shape a health system that responds to the needs and aspirations of our community.

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## **SUBMISSION**

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### **What is the key issue or opportunity for the National Nursing Workforce Strategy?**

Role discrepancy and job title variation are key issues facing the national nursing workforce. These issues impact career progression, pay equity and perceptions of the value of advanced specialist practice. Role discrepancy is an incompatibility between nurses' desire and expectations for their role versus the reality of their work.<sup>1</sup> This disconnect can have serious implications for the intention to stay within nursing and therefore workforce retention. The issues that tend to cause role discrepancy include organisational barriers that prevent nurses from engaging in decision-making influencing hospital policies and providing patient education.<sup>1</sup> It is important to find ways to help nurses actualise their ideal views of practice within the healthcare system to reduce turnover and create a work environment that inspires nurses to actively engage in their roles, and their work desires are reinforced by existing work opportunities.

A common issue is a lack of consistency around job titles, role definitions and scope of practice. This presents a challenge in defining nursing career pathways to specialisation, qualifications, and professional development, and leads to discrepancies in pay rates across different healthcare services.<sup>2</sup> CNSA conducted a Cancer Nursing Workforce Survey that revealed 57 self-reported unique role titles across 96 clinical nurse consultant roles, and 32 unique roles across 92 specialist nurse roles.<sup>3</sup> Variation in job titles leads to confusion in what to expect regarding a nurse's seniority, experience and competence.<sup>2</sup> Nurses who are employed by the same organisation and perform similar roles, may have different titles. Conversely, nurses may have the same job title but completely different skill sets, perform different roles or are employed on different pay bands. There is now an opportunity to contemplate the need for consolidating existing nursing job titles terminology and role descriptions to elucidate their value and function and the benefits of a cohesive professional development pathway.

To date, there is limited data on the diversity of nursing job titles across different healthcare systems, states, and territories. National Health Workforce datasets, such as AHPRA, do not collect job titles and require individuals to self-identify a primary focus for their time that best describes their specialty.<sup>4</sup> Hence, the data is incomplete and unreliable in terms of capturing the numbers of specialist and advanced practice nurses and their roles in Australia. A comprehensive national workforce dataset would provide more insights into the diversity and gaps in the workforce.

### **What challenges do you want to see it address?**

The National Nursing Workforce Strategy should focus on addressing the following challenges:

- Inconsistencies in specialist and advanced practice nurse job titles and roles.
- Workforce shortages and recruitment issues, especially in remote and rural regions.
- Workforce retention and sustainability in the face of high levels of burnout.
- Experience complexity gaps in the workforce due to the retirement of large numbers of experienced specialist nurses.
- Under-investment and under-representation of nurses in healthcare system decision-making and policy development.
- Workforce readiness for the implementation of new models of care and digital technologies that are changing the role of nurses.

Meaningful system and policy responses to these challenges will require the engagement and involvement of nurses in the co-design of innovative models of care. This should be addressed with the inclusion of specific activities aimed at the enablement of specialist and advanced practice nurses to work to their full scope of practice and strengthening the workforce to sustainably transform the delivery of patient care in Australia.

### **What effect will the ageing population have on the nursing workforce needs?**

The impact of an aging population will place additional burdens on an already stretched nursing workforce. By 2033, an increasing aging population and high rates of cancer are estimated to result in over 200,000 new cases of cancer diagnosed in Australia.<sup>5</sup> The age-adjusted cancer incidence rate increased from 584

cases per 100,000 people in 2000 to 626 cases per 100,000 people in 2023. This increase in cancer cases will drive demand for specialist cancer nurses working at the frontline to reduce the burden of disease, by delivering complex treatments, ensuring timely and safe minimisation of complications, providing care for individuals and their families, and educating and empowering individuals to self-manage their disease. Nurses also play a key role in primary healthcare service interventions aimed at reducing and minimising cancer rates, through prevention and screening programs. The CNSA recognises that increased investment in specialist and advanced practice nurses is critical to the delivery and implementation of the Australian Cancer Plan.<sup>6</sup>

An aging population also has a significant impact on the makeup of the nursing workforce, with a substantial number of experienced specialist and advanced practice nurses now nearing retirement. Around 28% of respondents to the CNSA Cancer Nurse Workforce Survey were aged 55–64 years, and 29% indicated a high likelihood of leaving the workforce within the next 5 years, which could be attributed to this older cohort being close to retirement.<sup>3</sup> The impact will be a loss of expertise in specialist and advanced practice that will impact the workforce's capacity to train, mentor and oversee the quality and safety of care of early career nurses in clinical practice. This will be a significant challenge to a workforce, that is already facing recruitment and retention issues, with modelling suggesting Australia could be short of 123,000 nurses by 2030.<sup>4</sup> These issues are even more pronounced in regional and remote areas of Australia, where healthcare services are already struggling to attract and retain a specialised cancer workforce.

### **How do we grow, support, and sustain the regional, rural, and remote nursing workforce?**

In partnership with states and territories, the Commonwealth Department of Health should provide funding for a project to map the national workforce, including data collection on rates of replacement, recruitment, and retention rates for generalist and specialist nurses, which would help to better understand the supply and demand of nurses and workforce gaps in these regions.

Current difficulties in securing placements for students from rural and regional areas are a challenge to growing the pipeline of nurses required. The capacity of placement providers is also restricted due to a lack of available clinical supervisors to ensure adequate supervision of students. Coupled with increasing competition for placements between educational institutions, these challenges are constraining the ability of universities to respond adequately to the current workforce challenge. There is a need to explore new and flexible models of student placements and establish sustainable interdisciplinary service-focused placement models that address the identified needs of health organisations and local communities.

Increased funding from the Commonwealth to support training and incentive programs, such as the Workforce Incentive Program, would help grow, support, and sustain the nursing workforce in the regions. This should include funding more regional placements and bursaries to cover the costs of undertaking placements. Financial support for students during mandatory placements is crucial to alleviate placement poverty, with a national approach reducing duplication and inefficiency in placement administration and improving overall accessibility and supply. This could include expanding the scope and number of placements in the Rural Health Multidisciplinary Training Program. Ensuring nurses benefit from longer regional placements through interdisciplinary training and travel subsidies. There are opportunities to support regional health services to participate in placement programs, by optimising the positive impacts and mitigating the challenges of providing placements through better collaboration between health services and education providers to allocate students appropriately to health services.<sup>7</sup> A solution could be for clinical placement capacity to be reviewed at the state level with each health provider, public and private, being mandated to contribute to placing students as an investment in their future workforce.

Funding from states and territories is required to support the development of partnerships between metropolitan and regional healthcare services to set up nurse exchange programs. These programs would enable nurses to immerse themselves in different healthcare system workplace environments, apply their training to different situations, and take their learnings and experiences back to their healthcare service, to disperse expertise and strengthen the nursing workforce.

## **How will nurses in regional, rural, and remote areas provide care in the future?**

There is a need in these settings for healthcare system reform and a move towards more sustainable models of care that ensure equitable access, including shifting care closer to home and reflecting the outcomes that matter most to patients relative to the resources required. CNSA recommends policy action to support the expansion of the Nurse Practitioner (NP) role in these areas as a priority, and investment in innovative models of care, such as nurse-led services and telemedicine (virtual acute care in the home and remote monitoring).

The development of nurse-led services, such as advanced practice nurses and NPs with prescribing abilities, is crucial to expanding healthcare access for rural residents. Therefore, investing in training rural nurses to attain NP level is vital. In addition, allowing NPs to work to their full scope of practice and enabling them to play a greater role in the delivery of multidisciplinary team-based care will enable the delivery of cancer care closer to home for people living in rural and remote areas. NP-led models of care can be a real game changer in providing high levels of clinically focused, autonomous, holistic, comprehensive nursing care in a variety of contexts of practice, which often includes the ordering of diagnostic tests and prescribing of medicines. Research shows that nurse-led models of care result in improved patient satisfaction, better quality of life and improved clinical outcomes, better understanding of health issues and streamlined access to other health professionals.<sup>8</sup> Nurse-led models of care are already well-established, but there is a need to expand their use in regional, rural, and remote settings, where patients experience barriers to accessing health care.<sup>8</sup> Underpinned by advanced practice nursing care, nurse-led models of care can improve access to healthcare and give people choices while also enhancing the patient's experience.

Decentralising specialised care wherever feasible, through the incorporation of telemedicine (telehealth to deliver virtual acute care at home) and tele-interventions (remote monitoring) could improve equity of access to high-quality care in these settings and nurses will play a vital role in supporting these models of care. These models have already been shown to improve and increase access to clinical trials for people living in rural and remote areas.<sup>8,9</sup> The widespread application of these models will require increased support and funding of incentives, such as expanding Medicare rebates for telehealth conducted by nurses, and access to the infrastructure to support delivery in rural or remote locations.

## **How can we ensure the healthcare environment is culturally sensitive for nurses from diverse backgrounds?**

Cultural safety for First Nations students and students from culturally and linguistically diverse backgrounds is a priority with reports of racism in the healthcare system being all too frequent. Working in a setting that has people with different cultures, beliefs, genders, races, and ethnicities helps to foster an environment of belonging. The more a healthcare system recognises and treats diversity as an asset, the easier it is to learn cultural competence. A diverse nursing workforce would help reduce health disparities that exist among priority populations (as outlined in the Australian Cancer Plan) and improve workplace cultural safety for these populations.<sup>6</sup> Cultural diversity in the workforce brings diverse experiences and expertise and adds to organisational cultural capital. The first step in increasing diversity is to raise the profile of nurses among members of the public, policymakers, and other health professionals. Cultivating priority population nurse role models and increasing opportunities to access academic and career pathways would increase the likelihood of diverse representation in the workforce.

Increased investment in cultural competency training and integration into the undergraduate nursing curriculum is key to ensuring a culturally sensitive and safe workplace environment. Informal learning and employee-led initiatives can also augment formal cultural competency training for nurses. States and territories should mandate that all health system services implement an ongoing professional development program of cultural awareness and cultural competency. These programs should be co-designed with priority population representatives and include a strategy for ongoing evaluation of the effectiveness of training. Cultural sensitivity training should focus on a workforce that is culturally appropriate and safe, not only for First Nations and culturally and linguistically diverse people but also for LGBTIQ+ people and other priority populations who experience discrimination.

## **What actions should be taken to build and support the First Nations nursing workforce?**

The NACCHO Aboriginal and Torres Strait Islander Cancer Plan includes several policy recommendations that support the development of a strong First Nations cancer care workforce.<sup>10</sup> In addition, the Australian Cancer Plan calls out the need to expand and strengthen multidisciplinary cancer care roles, including Aboriginal Community Controlled Health Services and the rural and remote workforce.<sup>6</sup> CNSA recommends that this could be achieved through investment in recruitment and career development opportunities for Aboriginal and Torres Strait Islander employees working in the public health system, and building a culturally safe and respectful health system. This could be achieved through more accessible pathways into the nursing profession and support for healthcare systems to employ staff early in their education and supplement with on-the-job training to achieve clinical and career development. Developing First Nations nurses as leaders in the profession to provide culturally appropriate care and provide role models for the younger generation is required. Investment in leadership and career development programs specific to First Nations people is needed, including within academia.

An action of the Australian Commission on Safety and Quality in Healthcare – National Safety and Quality Health Service (NSQHS) standards was to improve cultural competency (For more information: <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards/user-guide-aboriginal-and-torres-strait-islander-health/action-121-improving-cultural-competency>). To achieve these aims healthcare systems should be supported to implement Aboriginal and Torres Strait Islander employment strategies that incorporate training and ongoing professional development processes, workforce support, including systems to retain employees and provide appropriate employee assistance programs, and increasing employment opportunities in leadership roles and leadership development programs.

## **How can nursing career pathways be articulated so that the workforce understands how to navigate and build a satisfying and stimulating career in nursing?**

Career planning in nursing is often haphazard with studies showing that nurses need personal motivation, education, and the support of workplaces.<sup>11</sup> Greater support for nurses' career planning will help organisations to plan their future workforce needs. Career pathways are important in providing clear guidance to nurses to enable their professional development and employers to inform the development of new positions. Career pathways need to be supported by adequate educational opportunities (post-graduate study, professional skills, and clinical capabilities training) and career options. Mentor and career coaching support should also be offered to help nurses better understand their personal preferences as it relates to achieving a satisfying and stimulating career. Establishing career pathways must go beyond the clinical specialties to include the development of the nursing workforce to enable them to become skilled managers, leaders, policymakers, researchers, and teachers, with opportunities to cross pathways and have experience recognised.

To support Australia's cancer nurses in their ongoing professional development and learning, the CNSA is currently reviewing the National Professional Development Framework for Cancer Nursing. This project will map the key elements that assist in developing and maintaining continuing competencies, enhancing professional practice, and supporting the achievement of career goals on the pathways to specialisation. It will outline the capabilities for professional practice required to provide the highly complex care and the career possibilities and pathways that cancer nurses can take from entry to advancement in clinical, management, education, and research roles. A career pathway framework can be used for workforce mapping and planning activities, to analyse against FTE needs per capita, role types by location, and a nursing professional development matrix mapped to each role, so that gaps can be identified and appropriately recruited. This will help employers and healthcare systems to recognise the value of education, qualifications, and clinical, research, leadership, managerial and informatics skills required to be able to recruit, reward and promote their cancer nursing staff appropriately.

## **What are the barriers and enablers that need to be overcome to enhance workplace culture for nurses?**

Individual and societal attitudes, interactive communication, and organisational factors are the contextual determinants of a respectful workplace. Consequently, improving effective communication skills as well as

adjusting organisational conditions and value conceptualization may affect a respectful workplace in nursing. Organisational barriers that should be addressed include health system policies that value performance measures over promoting autonomy and empowerment of nurses, to deliver key aspects of patient-centred care, such as empathy, compassion, active listening, and education.

Work-related health problems, such as work stress, fatigue, and burnout constitute a global challenge within the nursing profession.<sup>12</sup> The CNSA Cancer Nursing Workforce survey revealed the main barrier to workplace culture was managing high workloads and nurses frequently reported burnout as a significant factor in workplace culture that affected their physical and psychological well-being.<sup>3</sup> Additional barriers included insufficient resources and a lack of leadership. Nurses described disparities in opportunities for career progression, access to professional development, the ability to fully utilise their knowledge and skills, having a clearly defined role, and receiving peer support as factors that contribute to workplace satisfaction. There is currently a lack of awareness in workplaces about the importance of nurses accessing self-care and mental health support to manage their well-being and prevent or address burnout. CNSA recommends investment in well-being workshops, access to self-care leave, counselling specific to the experiences of cancer nurse roles, and nurse-specific debriefing sessions as initiatives that nurses would like to see implemented in their workplaces.

### **What actions/change needs to occur to build capacity and numbers of nurse researchers across the whole of health?**

Competence, motivation, infrastructure, and collaboration for nursing research are the antecedents of research capacity in nursing.<sup>13</sup> The role and responsibilities of nurses are evolving, and the practice of research is a key competency, therefore every nurse should understand their role in research and how their experience contributes to a research agenda. This could be better supported through career pathways with a professional capability matrix at each level of practice that provides details of the skills a nurse needs to develop regarding research capability. The development of a clinical academic pathway to build research capabilities and capacity, starting with supported honours programs, through doctoral preparation and clinical chairs, is required to be built into the award structure with formal partnerships between universities and healthcare providers.

Nursing has become a distinctive scientific discipline, which requires its own body of knowledge to facilitate evidence-based practice.<sup>14</sup> CNSA is directly involved in supporting the role of cancer nurses in research, funding nurse-led research into topics relevant to cancer care and control through the dedicated Research Standing Committee which is involved in supporting early career researchers. However, there is a need for greater Government investment to fund the capacity and capability of nurses to become leaders in research, including grant funding for nurses as clinical investigators in clinical trials. A significant change in culture to support the development of clinical academic nursing career pathways is needed to help overcome the distinct challenges that clinical academic nurses experience in their roles.

The CNSA Cancer Nurse Workforce Survey identified challenges in accessing education and opportunities to participate in research are partially due to a lack of appropriate training and professional development within the workplace as well as a lack of time, due to high workloads and inadequate staffing levels.<sup>3</sup> CNSA recognise the importance of workplace opportunities for nurses to be involved in research while holding clinical roles. Currently, nursing awards do not include protected, designated time to participate in research or education. Importantly there needs to be more focus on the nexus between research and practice, including more academic nursing positions in healthcare services and pathways for PhD qualified nurses to remain in clinical practice. As many nurses working in academia will soon approach retirement there is a need to recruit and train more academic nurses. However, early career academic positions are often not as well remunerated as clinical positions, so alternative incentives to attract and recruit nurses to these positions will be required. PhD's in nursing are often perceived as academically rigorous but financially unrewarding, which may deter nurses from pursuing them. CNSA advocates for stipends for nursing PhD students who maintain clinical careers. One solution is joint appointments with academic nurses spending time in clinical roles and teaching, which would also enable them to ensure their teaching was relevant to clinical realities.

## **How can we increase the recruitment and retention of nurses to meet the current and future demand?**

Recruitment and retention of skilled experienced nurses are fundamental issues not only for the future of the workforce but also for the delivery of optimal healthcare for all Australians. Issues that affect recruitment and retention fall into the following categories, education opportunities (attrition from undergraduate courses, level of clinical undergraduate training and continuing professional development); remuneration; conditions of employment (staffing and skill mix, working hours, and ensuring nursing is a family-friendly profession); and providing a culturally safe and enjoyable working environment.

To date, there isn't an integrated public/private approach to nursing recruitment and retention and a lack of reliable state and national statistics on the nursing workforce. The collection and availability of national data on vacancies, absenteeism, employment of agency / casual staff, job satisfaction, retention rates and numbers of nursing undergraduates, is invaluable to workforce planning and modelling. This is why the CNSA is currently exploring mapping the cancer nursing workforce in Australia across all sectors and healthcare settings to produce a model of the workforce that can be used to better understand supply and demand.

The CNSA Cancer Nurses Workforce Survey identified that there is a need to attract and train more cancer nurses and increase the number of nurses with higher levels of experience and education in specialist roles, including clinical nurse consultants, NPs and paediatric cancer nurses, to address current workforce supply issues.<sup>3</sup> To address the critical nursing workforce demand and projected growth into the future, there is an urgent need to increase the number of university places available for nursing entry to practice courses. There is also a need for healthcare services to undertake proactive succession planning to ensure adequately trained and experienced replacement staff are available before the retirement of senior staff. This should be supported by succession planning frameworks that help nurses identify opportunities to advance their practice and ways to obtain the necessary experience and knowledge to match the role they aim to replace as a specialist practice nurse.

According to the AHPRA 2022 data 20% of nurses who identify as working in cancer care have been a nurse for less than 5 years, highlighting the need for education and training support for these early career nurses.<sup>15</sup> CNSA acknowledges the importance of addressing the need for cancer-specific education to address the current knowledge gaps among all nurses who manage patients with cancer. There is an urgent need to invest in post-graduate education of the nursing workforce to build specialisation from novice to expert to contribute across all cancer pathway events points that are critical to access and outcomes of care (screening/ early diagnosis/ end-of-life and survivorship). The CNSA Cancer Nurses Workforce Survey reported that challenges with accessing education and professional development opportunities were key factors impacting job satisfaction.<sup>3</sup> It is pivotal that the CNSA and other nursing bodies are active participants in the co-design of career pathways, succession planning frameworks, and continuing professional development plans to ensure it is consistent with the needs of the workforce.

CNSA recognise it will also be important to identify ways to promote different specialties to graduate and undergraduate nurses, as well as provide clear and structured career pathways to advanced practice, to support recruitment to achieve a sustainable nursing workforce. One way to address this is to integrate specialties, such as cancer, into undergraduate university and diploma of nursing curricula and ensure there are accessible post-graduate courses on cancer care, that are clinically and practically relevant. In addition, alternate pathways into nursing through accelerated pathways to specialisation from undergraduate to post-graduate clinical placements are required.

## **How do we equip nurses to deliver person-centred care? What changes are required to deliver person-centred care in the future?**

Nurses are key to the delivery of person-centred care and so should play a role in leading multidisciplinary teams on how to achieve these objectives. To fulfil this role, nurses need strong teamwork, communication, and collaboration skills. Embedding person-centred care into health systems remains a challenge due to environmental attributes, such as inappropriate staff skill mix, nurse management and leadership, a focus on disease-based models of care, and funding incentives that encourage patient throughput.

The delivery of person-centred care is often challenged by the competing care demands the person, carer and/or family, best practice, and organisational imperatives place on nurses. The development and maintenance of a person-centred culture of care requires individual, team and organisational commitment. Healthcare services need to support person-centred care by educating staff on this philosophy, providing communication skills training, providing the transformational leadership required for practice change and collaborative workforce, and promoting individual accountability for person-centred care.

### **What are the most important skills and capabilities that will be required of nurses in the future?**

Information technology has now permeated every aspect of health care. Already the use of tele-medicine, digital health records and monitoring has led to changes within the nursing profession.<sup>16</sup> Transformation into a digitally enabled profession will maximise the benefits to patient care. We must urgently create educational opportunities at undergraduate and graduate levels in informatics, digital health, co-design, implementation science, and data science for nurses. Health informatics, the utilisation of digital health technologies and data, should become a key component of the nursing curricula. To ensure all nurses receive appropriate and consistent education there is a need for guidelines about which aspects of informatics and digital health technologies to include in the curriculum, and the skill level nurses are expected to attain. There is also a need for training on the ethics of working and delivering care in a digitally enabled healthcare system to ensure patient safety.

Currently, there are few nursing informaticians, and this is an important area in which investment in training and career opportunities could lead to Australia expanding its digital nursing workforce, and by supporting nurses to champion and lead digital health initiatives, become leaders in innovation in this space. Existing challenges that need to be addressed include equity of access to resources, such as digital technology infrastructure, and consistent implementation of technologies across different healthcare services.

### **Assuming a wider scope of practice for nurses in the future, what are the emerging roles nurses will need to fill?**

CNSA recognises the need for the ongoing development of a capable, resilient nursing profession to deliver person-centred, evidence-based, and compassionate care to all Australians. Nurses are ideally placed to ensure medical treatment and supportive care are evidence-based and person-centred. This includes the provision of physical and psychological symptom assessment and management and referral to allied health support as required. Cancer nurses have a key role in supporting patients across the continuum of cancer care from screening, diagnosis, and treatment, to survivorship or end-of-life care.

An estimated 1.1 million people living in Australia have had a diagnosis of cancer.<sup>17</sup> Australians experience among the highest cancer survival rates in the world, and improvements in diagnostic methods, earlier detection and advances in treatment are contributing to more Australians surviving cancer than ever before. This is leading to an increased need for nurses to play a role in supporting patients during the survivorship phase. There is an urgent need for education and support for nurses to implement survivorship models of care (see COSA Model of Survivorship Care) to improve patient care.<sup>18</sup>

Nurses play a key role in coordinating care and helping people navigate the healthcare system, which is a component of delivering person-centred care. Emerging evidence suggests that patient navigation improves the quality of life and patient satisfaction with care in the survivorship phase and reduces hospital readmission throughout active treatment and survivorship care in cancer.<sup>18,19</sup> CNSA recommends increased funding to support patient-centred models of care and recognition of the important role nurses play in providing navigation services. There are also opportunities to increase advanced practice roles in primary care, through Medicare funding strategies, to support the important role of nurses in primary prevention and surveillance in cancer control. This includes the need for investment in the expansion and establishment of nurse-led clinics to deliver cancer screening for high-risk priority populations and improve equity of access.<sup>6</sup>



Nurses also have the potential to play an important role in areas of healthcare system design and reform, especially in the development of policies that impact their practice, such as safety and quality protocols, financial and governance policies, and ethics advisors.

### **What are the main ways technology will change the role of a nurse in the future?**

Technology is transforming nearly every aspect of healthcare and there are rapid advances in platform technologies and advanced treatments (radiotherapy, immunotherapy, targeted and CAR-T therapy) that are improving cancer outcomes. Technologies such as digital health records, telehealth and telemonitoring are already changing models of care by facilitating remote access. This virtual care enables nurses to use mobile devices to communicate and monitor patients in rural locations and ensure continuity of care. However, the adoption of this technology relies upon adequate infrastructure and training to support its use more widely. Predictive analytics programs, which incorporate artificial intelligence, are being increasingly used to analyse patient data and have potential uses in clinical decision support.

Technology has the potential to reduce human error, streamline patient care and communication, reduce the burden of time-consuming routine processes, and deliver accurate diagnoses and personalised treatment plans, so nurses are free to do the work that they are best placed to deliver, which is more direct patient-centred compassionate care. However, to make sure that new technologies adopted are the safest, most effective way, nurses should actively participate in their development and adoption. The CNSA recognises the need for nurses to be at the forefront of research and innovation in this area so that they can guide the implementation of technologies that are suitable for the workforce environment and improve patient care.

There are a variety of system and individual-level barriers to the adoption of technology which means that nurses will need to champion and embrace the use of digital health tools to achieve better outcomes for their patients. A key priority area of the Australian Cancer Plan is to ensure strong and dynamic foundations in cancer control utilising technology innovations that support improvements across the cancer care continuum.<sup>6</sup> Advances in treatments mean specialty nurses will need to develop even more specialised skills, which will have implications for workforce capacity/capability.

### **What changes to educational opportunities and career pathways would support the future workforce?**

CNSA recognises that currently the workforce has varying levels of digital literacy and will require investment in upskilling to fully embrace technological advances. There is a need for investment in training and education to prepare them for the rapid pace of technology adoption. Workforce capacity-building for nurses will be fundamentally underpinned by initiatives that enhance access to basic and specialist nurse education. Three key strategies are required to promote equity in nursing education, particularly at the graduate level: enhanced accessibility of education; recognition of specialist nursing qualifications; and development and co-design of open-access education for nurses.<sup>20</sup>

Australia has an entry-to-practice qualification that provides generic nurse education. To develop nursing skills and expertise when nurses enter speciality practice, there needs to be an investment to support career development pathways that provide post-graduate specialist development. To date, the only regulated and supported education pathway is the NP pathway. The current situation in Australia, where a nurse relies on three years of education for a thirty-fifty-year career is wholly inadequate for such a constantly changing industry.

Workplaces that enable nurses to take paid study leave and provide dedicated time for learning and training delivered in the workplace improve nurses' ability to participate in educational opportunities and job satisfaction.<sup>3</sup> Secondments and post-graduate study opportunities as well as conference attendance are also important educational opportunities for nurses. However, funding opportunities are also required in the form of financial assistance and subsidies to make these opportunities both accessible and affordable. Ensuring workplace opportunities for study and training are enshrined in nursing awards would ensure the growth of this profession.

The CNSA strongly recommends the need for the employment of more specialist/ advanced practice nurses and NPs to support the sustainability of the future workforce. Specialist nurses are critical to the delivery of safe and high-quality care. Investment in cancer nurses and other specialist nurses as core members of multi-disciplinary teams is essential to achieving coordinated, accessible pathways of care. There needs to be a foundational understanding of specialty roles and nationally applied roles and role descriptions for transferability and transparency across the nursing workforce.

## How can we improve nurse career progression to ensure nurses are retained over their lifetime?

The CNSA Cancer Nurses Workforce Survey suggested nurses' dissatisfaction with opportunities for career progression in workplaces was frequently reported by nurses to influence their likelihood of staying in cancer nursing.<sup>3</sup> They attribute this to unclear pathways to progression and ambiguous expectations regarding postgraduate qualifications, which leads to uneven opportunities for staff; unavailability to fill their positions when intending to move on to other roles; the small size of some cancer centres not allowing progression (including regional centres); and the lack of progression options for nurses who are not interested in management roles. Ensuring nurses have a voice and feel heard and empowered to work to the top of their scope of practice is key to ensuring job satisfaction, and ultimately retention. Nurses expressed the need for workplaces to implement structured mentorship and buddy programs with clear objectives, and structured career development plans, as initiatives to overcome challenges related to the lack of career progression opportunities in their workplace.

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