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nursing federation

Independent Inquiry into Insecure Work in Australia

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The Australian Nursing Federation (ANF) is pleased to make a submission to the Independent Inquiry into Insecure Work on issues relating to the growing incidence of precarious and insecure work in Australian workplaces.

Background on the ANF

The ANF is the national union for nurses, midwives and assistants in nursing with Branches in each state and territory of Australia. The ANF is also the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of its members.

The ANF has over 215,000 members and they are employed in a wide range of enterprises in urban, rural and remote locations, in the public, private and aged care sectors including nursing homes, hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, and off-shore territories and industries.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veterans affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

Nurses, midwives and assistants in nursing are the backbone of service provision in health and aged care.

Overview

Australian nurses are suffering as employees and members of their communities as a result of the steady expansion of insecure forms of employment.

A snapshot of nursing employment in 2011 recently highlighted in the ACTU census of Australian workers shows that nursing work is characterised to a significant extent by informal, short term and other forms of insecure employment.

Nursing employers are encouraged by the facilitative provisions now available in modern awards and current bargaining regulations to reduce labour costs by expanding insecure employment arrangements.

To support this view one needs look no further than the callous and calculated attempts by the Baillieu Coalition government to bludgeon Victorian nurses into accepting inter alia unlimited short and split shifts, effectively seeking to remove any rights to security and continuity in employment.

The ANF strongly denounces the proliferation or increase in use of casual, short term and temporary employment motivated purely as a cost containment measure and without regard to the effect on the quality of health and aged care services provided and the impact on nursing staff. The ANF opposes short sighted efforts to reduce the cost of nursing award and agreement entitlements by moving nurses to insecure working arrangements.

While almost half of all nurses work in part time or casual employment, there are some sectors of nursing employment where the percentage is closer to 90%. In the residential aged care sector a sector specific survey shows that 86% of registered and enrolled nurses are employed on a part time, casual or contract basis.¹

The same survey notes that employers in the sector rely on this approach to employment to maximize flexibility and that there is significant unused capacity in the workforce with some 47% willing/desiring to work full time hours.²

In submissions to the AIRC during the award modernisation process, employers in this sector strenuously opposed clauses in the draft award providing more certainty of hours and the opportunity for casuals to convert to permanent in certain circumstances. Unfortunately the tribunal supported the employer's arguments in most instances and established modern awards that gave employees little control over their hours of work.

The ANF supports industrial regulation that facilitates access to full time work and security of employment when desired.

¹ Martin B King D, Oct 2008 *"Who cares for older Australians? A picture of the Residential and Community Care Workforce 2007"*. Institute of Labour Studies, Flinders University Adelaide. p.10

² Ibid p.13

Working arrangements for nurses and midwives

The latest edition of the AIHW's Nursing and Midwifery Labour Force survey shows that a total of 291,246 registered and enrolled nurses are employed or looking for work in nursing.³ It also shows a large number of nurses working part time hours, and a significant number of nurses employed on a casual or contract basis.

In 1989 39.2% of nurses were employed part time, 53.6% in 1999, with the latest data showing 47.7% working part time hours in 2009.⁴

The 2009 AIHW data also shows that approximately 48,625 nurses were employed on a casual or fixed term/contract basis and 15,810 were employed by an agency.⁵

While it has to be acknowledged that working part time hours is often a decision based on choices made to better balance work and family and meet caring responsibilities, there are longstanding features of nursing work that lead to a tendency to work part time hours. For example, unreasonable workload pressures, archaic rostering practices and shift patterns, unsociable hours and inflexible work practices. In other words, the decision to work part time hours is a response to the working environment and working conditions that continue to prevail. It is an attempt by nurses and midwives to overcome insecurity and try to obtain some degree of control over their working hours and working life.

The ANF and its Branches have been forced to bargain for the introduction of nursing workload mechanisms in the enterprise agreement process. While such mechanisms have proven their worth not just in terms of the attraction and retention of nurses, but also in terms of the capacity to provide quality nursing care, this approach is not accepted by government and other employers as a positive reform. With each new round of enterprise bargaining Branches must defend the retention of such mechanisms as employers seek to undermine or remove them altogether.

³ AIHW 2011 *Nursing and Midwifery Labour Force 2009* p.2

⁴ AIHW *Nursing and Midwifery Labour Force 1993 & 1994* p. 23; AIHW 2003 *Nursing and Midwifery Labour Force 2001*, p.31; AIHW 2011 *Nursing and Midwifery Labour Force 2009* p.1

⁵ AIHW 2011 Table 3 employed registered and enrolled nurses: selected characteristics, states and territories 2009

The nurse/patient ratio in Victoria is once again at the centre of a protracted industrial dispute between the Victorian Branch and the State Government. Not only is the Government seeking to abolish nurse/patient ratios, it is also demanding the introduction of unlimited four-hour shifts and split shifts! It is inexplicable that such claims are on the government's agenda. Clearly, the ongoing shortage of nurses and recruitment and retention of nurses is not on their agenda.

That many nurses continue to resort to part time hours and opt for casual work in an effort to manage their workload and deal with entrenched old fashioned working arrangements is an indictment on government and other employers in the health system who not only ignore the multitude of government reports and recommendations that recommend changes to address attraction and retention issues but actively obstruct any move in that direction.

The ANF has also faced instances of members being engaged as sham contractors by nursing labour hire agencies. When some of these agencies have become insolvent, ANF members have sometimes found it difficult to recover their entitlements. The administrators of the insolvent companies sometimes advise that there are not enough assets to satisfy all debts owed to creditors, especially to unsecured creditors such as employees whose entitlement to be paid is ranked lower than secured creditors and some other unsecured creditors. Those employees who are not engaged as employees have no right to recover their entitlements through the Federal Government's General Employee Entitlements and Redundancy Scheme (GEERS), and if engaged as contractors have to prove that the arrangements were a sham.

ACTU Census Survey Results

The ACTU's Working Australia Census survey conducted in 2011 also provides some useful insights into contemporary working arrangements for nurses, many of which reinforce the view that the profession of nursing is characterised to a significant extent by short term and insecure employment arrangements.

A total of 6405 responses were received from nurses whose profile is as follows:

- 90.1% female
- 79.1% 35 years and over
- 38% with dependent children
- 41.1% were the primary care giver
- 36.6% were single income households

- 51.8% were the main income earner
- 15.9% had an annual income of between \$20,000 and \$40,000; 31.6% between \$40,000 and \$60,000 and 26% between \$60,000 and \$80,000

In respect to the working life demographics the survey revealed that:

- Over 50% of nurses surveyed worked part time
- Over 15% of nurses were employed as casuals or on fixed-term, labour-hire or contracting arrangements
- Over 65% were employed as shift workers
- Most worked regularly on weekends
- Nearly 20% desired more paid hours
- 45.5% indicated a desire to better balance work and family responsibilities

An overview of nurse's responses to the ACTU Working Australia Census forms Attachment 1 to this submission. Additional comments made by nurses about their working arrangements are also included at Attachment 2.

The impact of insecure and precarious employment on financial security

Nurses on precarious employment arrangements are frequently low or poorly paid and lack certainty in their earnings.

This leads to a raft of negative consequences and increased living costs. Financial insecurity means nurses and their families are often unable to effectively plan for medium to long term goals such as the purchase of property, family essentials and the planning of regular holidays.

Nurses who lack certainty in their earnings are unable or find it more difficult to obtain finance and when they do are often required to pay a premium.

Low paid nurses do not enjoy the maximum benefits of occupational superannuation. Their accumulation of benefits is slower and smaller leading to financial insecurity and poverty in their retirement years.

The impact of insecure and precarious employment on OH&S

Nurses on insecure and precarious employment arrangements can face risks to their health and safety over and above the ample risks faced by nurses on more secure arrangements.

Nurses on casual, agency and fixed-term employment arrangements are less likely to have access to training in relation to OHS issues. They are also less likely to report OHS issues arising in the workplace due to concerns that their employment might not be continued or could be otherwise adversely affected. Nurses on insecure arrangements are less likely to be consulted around OHS issues and have less influence over eliminating and reducing OHS risks.

The link between insecure work arrangements and OHS outcomes can be seen in evidence given at a recent inquiry into violence and security arrangements in Victorian hospitals. The inquiry heard from several hospitals that the risk of harm caused by violence is reduced by employing security and nursing staff on permanent and in-house arrangements rather than on casual, agency or contractor arrangements. The increased familiarity arising from more time worked in a particular hospital's environment and with other staff helps those faced with a violent situation to respond more effectively.⁶

The impact of insecure and precarious employment on training and skills development

All nurses and midwives are required by the registration authority to complete a minimum amount of professional development (at least 20 hours) on an annual basis. The registration standard defines Continuing Professional Development as "the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives".⁷

The health industry is an increasingly dynamic environment with ongoing changes in technology across all areas of clinical practice. Some professional development opportunities are provided by employers through in service training however many nurses rely on their own initiative to access relevant continuing education programs and other educational opportunities.

⁶ Parliament of Victoria, Drugs and Crime Prevention Committee, *Inquiry into Violence and Security Arrangements in Victorian Hospitals, and in particular, Emergency Departments*, Final Report, December 2011

⁷ Australian Health Workforce Ministerial Council 31 March 2010

The significant costs of meeting professional registration requirements is the same for all nurses regardless of the hours or nature of employment. While the ANF negotiates paid leave and other allowances for professional development purposes, this is at best a contribution to the overall cost and applies pro rata to part-time employees.

The entitlements attached to such clauses in enterprise agreements vary greatly between employers and sectors and generally do not apply to nurses in casual or fixed term contract positions. Casual or fixed term nurses are further disadvantaged as it is less likely that they are given access to employer-provided “in service” sessions. This means that such nurses find it more difficult to pay continuing education costs thereby causing uncertainty and insecurity in relation to their careers.

The impact of insecure and precarious employment on career progression and employment opportunities

Nurses in insecure and precarious employment arrangements typically fair poorly in accessing benefits linked to classification structures and career path opportunities in awards and industrial agreements.

Opportunities for career advancement (and linked increases in remuneration) for nurses is normally based on the attainment of minimum period of hours of continuous service and/or the demonstration of satisfactorily undertaking clinical roles and related levels of responsibility.

Access to both criteria is limited when the nurse’s employment arrangements are adhoc or lack continuity or certainty, for example casual and fixed-term arrangements. In this situation nurse managers are more likely to favour improved employment opportunities and access to career progression to nurses who have permanency and certainty in their hours of work. Consequently insecure employment and current award and agreement entitlements place downward pressure on the earnings of significant numbers of nursing employees.

Conclusion

Over the past decade a number of national workforce reports have been produced examining the nursing shortage. While the reports differ slightly in their findings, the signposts are all pointing to the fact that while the supply of nurses may be slowly increasing the shortage is becoming more marked.

It is evident that this is partly due to the growing demands on health services in terms of the numbers of patients and residents and their increased acuity, often without matching increases in staff.

The growth in precarious employment coupled with the heavy and unsociable nature of the work has the potential to worsen the nursing shortage by making nursing less attractive to new entrants and dissuading nurses from remaining in the system.

The nursing workforce has been described as one that regularly grapples with cyclical labour shortages produced in the main by health care systems that have grown dramatically in size and complexity. However there is general agreement that the current shortage is quantitatively and qualitatively different. It is long term and entrenched and has the potential to undermine the health care system and emerge as the dominant public health issue.

If nursing is to remain a viable and attractive profession its status must be enhanced and the welfare of nurses promoted. Despite the recent appalling attacks by a number of state governments nurses and midwives remain highly valued in the community and by their patients and residents.

It is important for nurses and it is in the public interest that the trends towards entrenching precarious and insecure employment and the related difficulties be reversed.

Attachment 1: Nursing data from the ACTU Working Australia census 2011

Attachment 2: Op Cit Additional comments by nurses on their working arrangements