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QUEENSLAND
Nurses' Union
The union for nurses and midwives
IN ASSOCIATION WITH AUSTRALIAN NURSING FEDERATION QLD. BRANCH
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QNU
Just Rewards for Professional Care

IN REPLY PLEASE QUOTE:

All enquiries regarding this correspondence should be directed to:

26 September 2008

The Secretary
Standing Committee on Employment and Workplace Relations
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Secretary,

Re: Pay equity and associated issues relating to increasing female participation in the workforce

The Queensland Nurses Union of Employees (QNU) thanks you for the opportunity to make this submission on what is a key issue for our membership.

The key focus of this submission is the proposition that pay equity for nurses and increasing the numbers of nurses participating in the workforce at both a micro and macro level is best achieved by building and maintaining a strong occupational identity within nursing and ensuring that strong occupational identity is recognised, valued and supported at an institutional level including industrial institutions.

This submission contains the following sections:

1 Previous Inquiries
2 Submissions of other organisations
3 About the QNU
4 The QNU's Research
5 About Nursing
6 Broader Context
7 Occupational Identity
8 Pay Equity
9 Conclusion

The QNU would happily assist the Committee further by way of further submission and/or participation in public hearings

1 Previous Inquiries

The QNU has actively participated in the two pay equity inquiries conducted by the Queensland Industrial Relations Commission. We assume the reports of those inquiries and the submissions made to them are available to your Committee however would be happy to provide same to you should that not be the case.

2 Submissions of other organisations

The QNU is familiar with the submissions of our federal body the Australian Nursing Federation and endorses and adopts the contents therein. In particular we point the Committee to the discussion on 'Nursing National Rates and Conditions' and 'Nursing industrial conditions and the nursing labour market' contained in that submission.

We are also conscious that the Committee is yet to receive a range of other submissions and would welcome the opportunity to further assist the Committee as the inquiry develops.

3 About the QNU

The QNU is the principal health union operating in Queensland and is registered in that state. The QNU is also registered in the federal jurisdiction as a transitionally registered association. In addition the QNU operates as the state branch of the federally registered Australian Nursing Federation. The QNU represents the largest number of women of any union in Queensland.

The QNU covers all categories of workers that make up the nursing workforce in Queensland: registered nurses, enrolled nurses and assistants in nursing, be they employed in the public sector or the private and not-for-profit health sectors. Our members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management.

Membership of the QNU has grown steadily since its formation in 1982 and as at June 2008 was in excess of 34,000 and still growing. Like the nursing profession as a whole, the overwhelming majority of our members are female (93%).

The QNU has a democratic structure based on workplace or geographical branches. Approximately 250 delegates are elected from the branches to attend the annual QNU conference which is the principal policy making body of the union. In addition to the annual conference the QNU has an elected council and an elected executive, which in turn have decision-making responsibilities between conferences. Council is the governing body of the union.

QNU members in the public sector are employed under a state certified agreement, namely the *Nurses (Queensland Health) Certified Agreement (EB6) 2006*. They were previously in the federal system but this changed with the advent of *WorkChoices*. In the private sector they are employed under a variety of federal instruments. Since 1994 when no enterprise agreements were in place covering nursing workers, the QNU has become party to over 200 enterprise agreements which cover a diverse range of health facilities and other non-health establishments where nursing services are provided (eg schools, local councils, prisons and factories). We therefore have a clear and comprehensive understanding of issues faced by

female workers as well as the diversity of locations and settings where health services are delivered.

The union has both industrial and professional objectives. We firmly see nurses and nursing as being situated within a societal context – nurses being both providers and "consumers" of health services as well as workers and employees. In recent years we have attempted to lead and contribute to the debate within nursing and the wider community about the role and contribution of nursing through the development, implementation and regular review of a Social Charter of Nursing in Queensland. The QNU and the Queensland Nursing Council (QNC) are co-sponsors of this charter and we see this document as forming an important foundation for responsive and innovative nursing practice that is based on community needs and expectations, mutual respect and trust.

4 The QNU's Research

In addition to its member-driven democratic decision making processes, the QNU expends particular resources to ensure that our understanding of the diverse issues faced by our membership is evidence based. For example, the QNU has recently undertaken its third detailed member issues survey – *Your work, your time, your life.* The union commissioned Professor Desley Hegney and her team at the University of Queensland to undertake this independent research of a random sample of 3000 QNU members across the public, aged care and private hospitals sectors. This research was first undertaken in 2001 and was repeated in 2004 and 2007 and a number of detailed comparative reports and articles have been generated (including in peer reviewed international journals) across a wide variety of issues. The researchers have analysed the data and prepared a report. The findings were presented at the 2008 QNU Annual Conference. This data is available and has informed this submission

5 About Nursing

There are some particular and significant challenges confronting nursing and the health system generally at present relating to the national (and indeed international) shortage of nurses. No other occupational group comes close to rivaling the depth and breadth of skills

shortage in nursing at present. This situation, coupled with the feminised nature of the nursing workforce, make this inquiry of critical importance to nurses and the future of nursing.

The nursing labour force is unique in many ways. According to data from the Australian Institute of Health and Welfare (*Nursing Labour Force 2005*, released January 2008 - the most recent available data on the nursing workforce) some significant features of the nursing labour force relate to:

- **Nursing numbers**: Nurses represent a significant component of the total health sector workforce. In 2005 there were 285,619 registered and enrolled nurses in Australia (39,294 registered nurses and 7,170 enrolled nurses in Queensland). The total number of registered and enrolled nurses (including multiple registrations) was 46,464. Total registrations/enrolments should not, however, be confused with the actual number of registered and enrolled nurses in employment. Around 7% (3,235) of registered and enrolled nurses were not in the nursing labour force in Queensland in 2005.

  When compared to the data available for registered and enrolled nurses, little detailed data is available on assistant in nursing employment. Data collected for the Australian Government's Nurse Education Review of 2001 identified significant growth in the Assistant in Nursing/Personal Carer classification numbers in Queensland between 1987 and 2001 (47.5% growth with total employment of this classification being around 9,900 in Queensland; 39,300 for the whole of Australia). AINs/PCAs represent around 15% of the Australian nursing workforce.

- **Gender:** Nursing remains a highly sex segregated occupation – only 8% of registered nurses and 7.1% of enrolled nurses are male.

- **The high proportion of part-time employees:** The number of registered and enrolled nurses employed in a part-time capacity (less than 35 hours per week) decreased from 51.6% in 2001 to 48.2% in 2005, bucking a previous trend of slightly increased part-time work.

In 2005 the average total number of hours worked by nurses in Australia were as follows (Queensland hours in brackets): registered nurses 33.3 hours (33.6 hours), enrolled nurses 31.6 hours (32.7 hours). Part-time work is more common in nursing due to the highly feminised nature of the occupation – ie nurses working part-time to facilitate a balance between work and family responsibilities. However, it should be noted that the incidence of part-time work is decreasing slightly amongst nurses. This is due, in our opinion, to significant work intensification that has occurred in nursing over the last decade.

- **The aging of the nursing workforce:** The average age of all employed nurses in Australia in 2005 was 45.1 years. This figure has increased from 42.2 in 2001. Alarmingly, over the same period, the proportion of nurses aged 50 years and over increased from 24.4% to 35.8%. It should also be noted that the average age of those commencing under-graduate nursing studies is also rising.

- **The high proportion of nurses who are expected to work continuous shift work:** The majority of nurses work continuous shift work to cover the 7-day a week, 24-hour a day operation of many health services. Around 62% of nurses are employed in acute care health facilities where there is more likely to be a requirement for continuous shift work to be performed. In our view this makes the nursing labour force unique – how many other overwhelmingly female occupations or professions are expected to work continuous shift work?

- **Nursing labour force is highly mobile:** The nursing labour force remains highly mobile. Nurses are readily able to move between employment settings, be this intra-state, interstate or overseas.

- **Understanding of nursing work:** The complex, detailed and highly skilled work of nurses is often little understood and is undervalued. This has the effect of compounding the efforts to address the nursing shortage

6 Broader Context

The QNU believes that with the election of the Rudd Labor government a significant opportunity exists for positive reform of the industrial relations system. The QNU has for many years expressed particular concern about the appropriateness of an adversarial and de-centralised wage fixing system for service sectors such as health and aged care. Although the Rudd Labor government has to date ruled out any shift towards industry bargaining and states that enterprise bargaining is now firmly entrenched, we believe that maintaining this position in government funded service sectors such as health and aged care requires careful reconsideration.

The de-centralised bargaining system has seen an erosion of nursing occupational identity and a reduction in real wage levels in some sectors. Increasing shortages of nurses have occurred at the same time. It is in the interests of both government and nurses that the new industrial relations framework enables the re-establishment of inter-state and inter-sector pay parity. Nursing had this in the early 1990s and our members want pay parity re-established. This loss of parity has greatly complicated appropriate nursing workforce planning and exacerbated shortages in many areas.

Workforce issues will be central to the Australian Health Care Agreement (AHCA) re-negotiations and it must also be acknowledged that funding the pay and working conditions of health workers constitutes a significant component of health funding provided by both state and federal governments. This makes the nature of a future national IR system a critical issue for consideration in the AHCA renegotiation process.

Another issue we wish to highlight is the establishment of a national framework for the regulation of health workers that was commenced under the Howard government. This reform process was being driven through the Council of Australian Government (CoAG) process and had support from the then federal and all state governments. Although the establishment of a national framework for the regulation of health professionals is not without its difficulties, the QNU/ANF and other nursing organisations remain committed to working towards the achievement of this objective. The QNU also believes that if governments at the

federal and state/territory levels remain committed to achieving national consistency in the regulation of health professionals, for the sake of consistency they should also acknowledge that there would be significant benefits associated with ensuring a nationally consistent approach to wage fixing within health and aged care. This is especially important given the centrality of government funding to the provision of fair wages, workloads and conditions of employment for workers in these sectors.

7 Occupational Identity

Diversity in nursing work is characteristic of the occupation, across an extraordinary range of employment/practice contexts with a primary and shared identity with the profession and discipline of nursing.

All licensed nurses are prepared for professional practice through nursing-specific courses and programs derived from the discrete knowledge base and discipline of nursing. This is well established in post-secondary (TAFE), tertiary and accredited hospital/health service training institutes and centres.

Professional and industrial association for nurses is almost universally with discrete nursing bodies (Australian Nursing Federation, Queensland Nurses Union, Qld Branch ANF, College of Nursing Australia) preoccupied with the common occupational concerns of nurses, nursing work, health and health delivery systems.

All contexts of practice/employment for nurses constitute similar occupational habitat concerns for example: role development; ongoing education; research and knowledge generation; service delivery models and innovation in the delivery of nursing; safe, quality professional practice environments (reasonable workloads, safe skill mix, adequate recruitment and retention of licensed workers, safe workplaces; participatory mechanisms, nursing models).

It is recognised that nursing identity derives from the core beliefs/values central to the role of nurse/midwife whatever the practice context. These are widely agreed and evidenced (in role statements, occupational research, international professional codes, statutes and regulations,

policy and practice references) as knowledgeable human caring, professionalism, advocacy, and holism. These tenets of the definition, intention, and outcomes of nursing identify the idea of the 'nurse', the role of 'nurse' and the discourses maintaining the existence, relevance, and the social contribution of the occupation of nursing.

The nursing discipline as a discrete and distinguishable body of knowledge, practice standards and work in various practice domains and specializations, is the source of nursing's identity, its occupational existence, and its potential in meeting the nursing needs of people - individuals, families, and communities.

Nursing's professional obligation derived from nursing's collective ethic of care is first before all, to reproduce itself occupationally. This is essential in meeting the existing and increasing demand for the complex, knowledgeable, human caring that nursing provides for those who need nursing throughout their lives.

Nursing work, while flexible across professional boundaries and in meeting the unique needs of particular health service delivery contexts, (for example, remote, residential, clinic, outreach) can be regulated and manage precisely because it is distinguishable from the work of other health care providers. This is reinforced within a clear occupationally identified scope of practice with transparent processes of professional and public accountability. Nursing as an occupation is known and can be known as 'nursing'.

Nursing occupationally is recognised by the community as a highly regarded identity individually and collectively.

Nursing occupationally is recognised as highly mobile across employment sites.

Nursing occupationally is recognised as highly unionized with a well established capacity for professional and industrial mobilization.

Midwifery – regulatory mechanisms now recognize midwifery as a professional separate and distinguishable from nursing while employment contexts are by far and by large in close alignment with sites and contexts of nursing employment and practice.

National and State/Territory regulation and professional governance is directed by bodies that are entitled (by State regulation and by professional entities) to govern both nursing and midwifery, for example, State Government Offices of Nursing and Midwifery; Australian Nursing and Midwifery Council).

8 Pay Equity

The starting point for an examination of issues associated with pay equity is to look at what is inequity and how it manifests. Inequity arises where there is a failure to identify and value the skills and work of female dominated occupations. This inequity manifests in lower comparative rates of pay. It manifests in lower total wealth (pay plus superannuation). It also manifests in a predominance of attitudes based around the idea that 'anyone can do the job.' If anyone can do the job, the skills are of less value. Women in nursing face all these issues. Pay inequity affects adversely nursing's occupational demand in sustaining its social contribution through nursing work.

Pay inequity affects adversely the sustainability of adequate numbers of workers qualified to do nursing work, and the positioning of licensed (publicly accountable) professional nurses to oversight increasing numbers of unlicensed workers doing nursing work.

Pay inequity exasperates nursing shortages. The failure to identify and value the skills and work of nurses is resulting in increasing numbers of unlicensed workers doing nursing work outside a nursing professional paradigm.

In the University of Queensland Research referred to above **Question 75** in the survey was: ***Is there any other information you would like to share with us regarding your working life? Or, if you are no longer working in nursing, please provide us with the reason/s why this is the case.***

In response to that question in the Aged Care, Public and Private sectors "Images of nursing" was the second most discussed theme by respondents to the survey.

Staff turnover/leaving nursing/retiring AND Remuneration/conditions were also in the top 5 for all three categories for this particular question.

A typical comment was:
Who really wants to do 3 years university study then find your profession is a high stress one, with low pay and extremely low status?

Other comments added to the similar theme of 'images of nursing' where nurses talked either about how they loved nursing (but) or provided negative images of nursing, nurses often spoke about leaving nursing or looking forward to retiring because nursing was no longer an enjoyable career. P.258

It is submitted that a robust conclusion can be drawn that undermining of professional/ occupational identity in occupations where women predominantly work, such as nursing, exasperates pay inequity and consequently creates real impediments and disadvantages in relation to women's participation in nursing

What then contributes to equity?

One of the strongest precursors to addressing pay inequity is recognition of, and support for, a strong professional and occupational identity in nursing.
I have been a nurse for almost 5 years and I have had a break to try other jobs but came back to nursing and would not change now for anything. Nursing is the only profession where I know my skills are being used to help others. It is the only job that I truly feel I can make a difference.

This needs to be delivered and defended at a range of levels. The new federal government's industrial relations system must deliver an occupationally based modern nursing award to establish the nursing safety net. If this does not occur the women working in nursing will have their pay inequity compounded. The failure to provide an occupationally based modern nursing award to establish the nursing safety net will be devastating for pay equity in nursing, and because of the large numbers of women working in nursing, for pay equity in Australia generally.

The VET training system must amend its approach to the development of new courses in health and welfare services to ensure that nursing work is retained within the nursing paradigm.

Industrial relations systems must provide for sector wide outcomes to be able to be achieved, particularly in funding dependant areas such as health and aged care.

Data gathering must include measures of 'wealth' such as superannuation savings and assets, and not just 'pay' when looking at equity issues.

Nursing work, including that undertaken by currently unlicensed workers, needs to be regulated. Those undertaking nursing work should be licensed. This requires an extension of the licensing regime to currently un licensed workers.

9 Conclusion

Pay equity for nurses and a consequent increasing of the numbers of nurses participating in the workforce at both a micro and macro level is best achieved by building and maintaining a strong occupational identity within nursing. A strong occupational identity within nursing is essential to redressing pay inequity.

These essential social demands need to continue to be managed both through occupationally based industrial instruments which have been indispensable in articulating and progressing nursing's professional project, service development, and public accountabilities and at an institutional level through regulatory bodies, industrial bodies and education and training bodies.

Yours faithfully,

GAY HAWKSWORTH
Secretary