Inquiry into the use of 'fly-in, fly-out' (FIFO) workforce practices in regional Australia

Submission Number: 152
Date Received: 17/11/2011

16th November

Dear Committee secretary,

I am writing on my experiences as a fly-in, fly-out (FIFO) or drive-in, drive-out (DIDO) Registered Nurse and Midwife whilst working at Emerald Hospital, Central Queensland September 2009-July 2011. Following the 2010/11 floods that devastated the Emerald community and played havoc with my sense of well being I have since re-located in July 2011 to Kingaroy, South Burnett Queensland. I would have either an 860km or 12-hour drive or if air flights at Emerald were less than $200, I would fly home. I now only have 186km or 2 hours to drive to my husband and family located at Deception Bay Queensland.

It remains my personal choice to choose this way of working. My life was a suitcase, laptop and a room when I lived in Emerald. My travel home to my family were self-funded and on my days off. Due to mining activity and no other airline company servicing Emerald many Qantas flights were fully booked out by FIFO employees months ahead. Availability of cheap seats was rare. It was common for me to be flying as a passenger with only two or three other female passengers. The rest were burly men usually clad in their high-vis gear.

I am multi-skilled RN with extensive nursing experience and I have an Intensive Care Certificate. I am also an experienced midwife. I am originally from a rural area in NZ and I have worked at Mildura Base Hospital Victoria. I am a Queensland Nurses Union/Australian Nurses Federation Councillor helping the professional and industrial progression of member concerns to state and federal levels.

I had been working on various secondments to Emerald Hospital 2003-2006 prior to re-locating there in 2009. I enjoy the honesty and sincerity of the rural community members when working with them. I have tremendous job satisfaction supporting members of this community during times of illness, injury or as clients desiring to remain close to their homes for birthing despite the declining numbers of rural hospitals still providing accessing birthing services. Emerald Hospital's main referral hospital was Rockhampton Hospital 260km or 3-hour drive. One could face 'roo's, road trains and very wide loads during a journey to Rockhampton. We did not have road access out to Rockhampton for three weeks after the major flood 2011.

In addressing some of your stated terms of references, I am using my own personal observations and experiences. I will not refer to any research or numbers as I am sure many sources that are more learned will provide those responses your committee is seeking.

- *The extent and projected growth in FIFO/DIDO work practices, including in which regions and key industries this practice is utilised; provision of services, infrastructure and housing availability for FIFO/DIDO workforce employees*

It is not common for a predominantly dominated female profession to embrace this FIFO or DIDO lifestyle. However, there is a growing use of Agency or Rural-remote nurses/midwives to support rural hospitals in times of reduced numbers of nurses/midwives employed and/or to ensure holiday leave replacement of existing staff. The hospital also had a large number of rural medical and allied health locums that were given very generous remuneration and other benefits to keep them. Having a transient population of medical & nursing staff with varying skills made it difficult as a nurse/midwife and often made it very confusing for clients when treatment plans/care constantly changed.

In discussion with nursing/midwifery staff members they have raised-

- poor or inadequate accommodation provided for agency shift workers working in hot conditions
- security concerns
- getting poor rosters
- having little input to rosters preparations to get a good life/work balance
- being unable to work any longer than 10 days straight before having 4 days off as per award when many would like to work 2 weeks on one week off when they can return to 'home'
- inadequate orientation
- Difficulty in getting access to professional development & training that often necessitated travelling 3 hours to Rockhampton or flying out to other places.
- The costs of services such as dentists and physiotherapy is very high
- lack of choices and high costs for basics like fresh veggies, foods and groceries

In my case, my employer provided me accommodation but I never knew whom I would expect to wake up to in the next room. We had a shared bathroom and living areas. I personally could not afford to pay the asking private rent of $450-500 per week for a one-bedroom unit.
All costs such as a need to see a dentist or physiotherapist when in Emerald were grossly inflated making it difficult for those on low wages.

I personally believe accommodation needs to be standardised to ensure all employees feel safe, are able to have some privacy and be able to live in basic comfort. Rents need to be subsidised if staff are to be attracted and retained in these areas of high rentals in rural areas.
Industrial awards may have to be varied to assist rural FIFO-DIDO staff getting greater time off with their families as the current 10 days on 4 days off limits quality time off especially if employees are self-funding time and self-funding their travels home.

- *the effect of a non-resident FIFO/DIDO workforce on established communities, including community wellbeing, services and infrastructure;*

I do not believe the FIFO or DIDO workforce numbers are captured in current census data, which influences in planning resources and services for the community. People require schools, hospitals and other essential services. I personally believe many services within Emerald are struggling with the population they are servicing not by poor planning but by inadequate data collected.

It was difficult to form friendships in a community that had a mixture of long term established residents who often owned businesses or rental properties who saw the 'mining boom' as an opportunity to raise rents of often basic housing and with those wanting to reside in town for a short period of time, often associated with their work. Many locals did not want to associate with FIFO or DIDO employees. I would always identify myself as a local to protect myself from harmful comments berating how FIFO or DIDO workers had 'started to destroy the town' or 'of course you are not a local so you wouldn't understand'.

FIFO or DIDO employees generally kept to their groups usually industry based. The use of accommodation clusters of all types-camps, motels, rental units generally kept each work site employees in the same compound. Sport/gyms & hotels was probably the only time these two groups would be mixing.

Personally, I found some local community organisations dysfunctional and intolerant of newbie's in their community. This was very evident when a nurse struggling with QH pay debacle in May 2010 went to a local community organisation for emergency relief funds. She had rules applied to her grocery purchases that were in clear breach of federal standards, as I have understood as secretary of the Deception Bay Neighbourhood Centre. She was made to return deodorant and toothpaste at the checkout, as these were not 'foods'. This nurse was humiliated by her hurtful experience from this community organisation.

I personally felt the hospital did well with the numbers & complexity of clients presenting to the hospital and with the low numbers of casual staff who could be called in to assist and we had good retrieval services. All staff had to display a high level of knowledge, skills and flexibility in being able to respond to clinical needs.

As a midwife, I experienced a lot of being on-call and being recalled for maternity clients and/or to assist in other areas of the hospital. There was a very small casual pool of staff. Some nurses had in fact left nursing to work in the mines due to better employment conditions and better wages. Driving the huge mine trucks they had a more predictable workload, less stress and greater recognition of their efforts.

In the long term, health facilities will struggle to attract and retain skilled employees unless genuine efforts are made to subsidise their rent and/or provide affordable accommodation. Locums should not be paid more than those working beside them as that created greater resentment within all levels of staff. There should also be some consideration to supporting recreational & community facilities within the town by employers. Census data collection needs to reflect the community at all times and include FIFO-DIDO workers.

I have written this submission based on my own personal experiences. I am mindful of the limitations of what I can reveal of my employment due to the Queensland Health Code of Conduct. I hope the availability of FIFO or DIDO with employer or government assistance remains an option for nurses and midwives who enjoy the challenges of working in rural Australia.

Regards,

Barbara Cook
RG & ON (NZ), RM, ICU Certificate