QUEENSLAND
Nurses' Union
IN ASSOCIATION WITH AUSTRALIAN NURSING FEDERATION QLD. BRANCH
ADDRESS ALL CORRESPONDENCE TO THE SECRETARY, G.P.O. BOX 1289, BRISBANE, Q, 4001.
A.B.N. 84 382 908 052

QNU
Just Rewards for Professional Care

IN REPLY PLEASE QUOTE:

All enquiries regarding this correspondence should be directed to: _____

9 August 2005

Committee Secretary
Senate Employment, Workplace Relations and Education Committee
Department of the Senate
Parliament House
Canberra ACT 2600
Australia

Dear Sir/Madam,

RE: Inquiry into Workplace Agreements

We thank the committee for the opportunity to provide comment on workplace agreements in the context of the Governments proposed industrial relations reforms. The QNU has made a number of previous submissions to this Committee and to other Parliamentary Inquiries on the effect of the decentralisation of the industrial relations system on Queensland nurses. In this submission we will concentrate on two of the terms of reference, namely the parties' ability to genuinely bargain and the social objectives, including the gender pay gap and enabling employees to better balance work and family responsibilities.

Should you wish to discuss our submission further please contact me (or in my absence QNU Industrial Officer Steve Ross) by telephoning (07) 3840 1444.

Yours Sincerely,

Gay Hawksworth
Secretary

Queensland Nurses' Union of Employees, 2nd Floor QNU Building, 56 Boundary Street, West End, Brisbane, 4101.

Brisbane Office:
G.P.O. Box 1289, BRISBANE 4001
Phone: (07) 3840 1444
Fax: (07) 3844 9387
e-mail: qnu@qnu.org.au **Website:** www.qnu.org.au

Townsville Office:
P. O.Box 1751, TOWNSVILLE 4810
Phone: (07) 4772 5411
Fax: (07) 4721 1820
e-mail: qnutsvle@qnu.org.au

Rockhampton Office:
P.O. Box 49, ROCKHAMPTON 4700
Phone: (07) 4922 5390
Fax: (07) 4922 3406
e-mail: qnurocky@qnu.org.au

Cairns Office:
P. O. Box 846N, NORTH CAIRNS 4870
Phone: (07) 4031 4466
Fax: (07) 4051 6222
e-mail: qnucairns@qnu.org.au

Toowoomba Office:
P. O. Box 3598, Village Fair, TOOWOOMBA 4350
Phone: (07) 4659 7200
Fax: (07) 4639 5052
email: qnutwmba@qnu.org.au

Bundaberg Office:
P.O. Box 2949, BUNDABERG 4670
Phone: (07) 4132 8411
Fax: (07) 4151 6066
email: qnubberg@qnu.org.au

Registered under the Industrial Conciliation & Arbitration Act 1961

Senate Inquiry into Workplace Agreements

Terms of Reference

Whether the objectives of various forms of industrial agreement-making, including Australian Workplace Agreements, are being met and whether the agreement-making system, including proposed federal government changes, meet the social and economic needs of all Australians, with particular reference to:

a. the scope and coverage of agreements, including the extent to which employees are covered by non-comprehensive agreements;

b. the capacity for employers and employees to choose the form of agreement-making which best suits their needs;

c. the parties' ability to genuinely bargain, focusing on groups such as women, youth and casual employees;

d. the social objectives, including addressing the gender pay gap and enabling employees to better balance their work and family responsibilities;

e. the capacity of the agreement to contribute to productivity improvements, efficiency, competitiveness, flexibility, fairness and growing living standards; and

f. Australia's international obligations.

ABOUT THE QNU

The QNU is the principal health union operating and registered in Queensland. The QNU also operates as the state branch of the federally registered Australian Nursing Federation.

The QNU covers all categories of workers that make up the nursing workforce in Queensland—registered nurses, enrolled nurses and assistants in nursing, employed in the public, private and not-for-profit health sectors including aged care. 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.

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. In recent years we have attempted to lead 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 and mutual respect and trust.

Membership of the QNU has grown steadily since its formation in 1982 and in June 2005 was in excess of 33,000 and still growing. The QNU represents the largest number of organised women workers of any union in Queensland. Like the nursing profession as a whole, the overwhelming majority of our members are female (93%). As nurses are the largest occupational group within health (nurses make up over 50% of the total employed health workforce and over 40% of the Queensland Health workforce), the QNU is the principal health union operating in Queensland. We estimate our membership density within Queensland Health to be around 90%.

The union has a democratic structure based on workplace or geographical branches. Delegates are elected from the branches to attend the annual QNU conference which is the principal policy making body of the union. As such it is rank and file membership that drives the agenda of the

QNU. 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 working in Queensland Health are employed under federal industrial instruments and in the private sector are employed under state industrial instruments. In addition, since 1994 when no enterprise agreements were in place covering nursing workers, the QNU has become party to over 300 enterprise agreements which cover a diverse range of health facilities and other non-health establishments where nursing services are provided (e.g. schools, prisons and factories). We therefore have a clear and comprehensive understanding of the complexity of contemporary health service delivery as well as the diversity of locations where health services are delivered.

RECENT TRENDS IN NURSING

A brief summary of the recent trends in nursing will serve to provide a context for this submission (The following information is obtained from the Australian Institute of Health and Welfare's (AIHW) *Nursing labour force* publications).

Nurses are a significant occupational group. Nurses are the largest occupational group in the Australian health workforce, representing 54% of the total employed health occupations in 2001[1] and just over 40% of the total Queensland Health workforce[2] in that same year. Health professionals account for 43% of employment in the health industry (other workers include administrative staff, cleaning, catering and other operational staff and trades people) and nurses are the largest professional group, accounting for just over one quarter of total health industry employment.[3]

Nursing remains a highly feminised occupation. Over 90% of nurses are women.

The nursing workforce is ageing. The average age of employed nurses was 43.1 years in 2003, having increased from 39.3 years in 1995.[4] The health and community services sector workforce is older and ageing more rapidly than the rest of the workforce.

Over 50% of nurses are working part time. The proportion of nurses working part-time decreased between 2001 (53.3%) and 2003 (50.0%) after steadily increasing in the preceeding years..[5] At the same time the average number of hours worked per week has increased from 32.4 hours in 1995 to 32.5 hours in 2003.[6]

Nursing numbers in Queensland are lower than the national average. Queensland continues to fall well below the national averages in terms of both the total number of employed nurses and total full time equivalent (FTE) employed nurses. The number of employed nurses (RNs and ENs) per 100,000 of population in Queensland was 1074 in 1995 and 1083 in 2001 compared to the Australian average of 1221 in 1995 and 1176 in 2001.[7] A more meaningful indicator of nursing supply is the number of FTE nurses per 100,000 population. In 1995 the number of FTE employed nurses per 100,000 population in Queensland was 988 (Australian average 1127) and in 2001 this number had decreased to 965 per 100,000 population (Australian average 1024).[8] Although there

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[1] AIHW (2003), *Health and community services labour force*, 2001, Canberra page xiv
[2] Queensland Health (2001), *Annual Report 2000/2001*, page 35.
[3] Duckett, S "Health Workforce Design for the 21st century, *Australian Health Review* May 2005 Vol 29 No 2, page 201.
[4] AIHW (2005), *Nursing and midwifery labour force 2003*, Canberra, page 1.
[5] AIHW (2005), *Nursing and midwifery labour force 2003*, Canberra, page 1.
[6] AIHW (2005), *Nursing and midwifery labour force 2003*, Canberra, page 1.
[7] AIHW (2003), *Nursing labour force 2002*, Canberra, page 8.
[8] AIHW (2003), *Nursing labour force 2002*, Canberra, page 18.

was a 12% growth in total RN and EN numbers in Queensland between 1995 and 2001, there was a 2.3% decrease in the number of FTE employed nurses per 100,000 population during this period. Significantly the growth in third level unlicensed personnel has been greater in Queensland than any other part of Australia, growing by 47.5% (3.9% per annum) between 1987 and 2001. (Total employment of this category of worker in Queensland in 2001 was 9900.) [9]

Pronounced skills shortages exist in all areas of nursing. According to the Department of Employment and Workplace Relations (DEWR) *National Skill Shortage Survey*, the depth and breadth of the skills shortages in nursing remains the greatest of all occupational groups. Workforce modeling commissioned by the recent National Review of Nursing Education predicts that there will be 31,000 nursing vacancies in Australia by 2006.

At the same time changes have also been occurring in the wider community and health sector that have impacted on nurses and nursing. Queensland's population growth is the highest of all states and territories in recent years. This growth, which is predicted to continue, has put significant pressure on demand for health services. Ageing of the Australian community, technological advances and reform in the health sector in recent years have all significantly contributed to changes to care and work patterns. For example, length of stay in hospitals has declined and this has resulted in significant work intensification for nurses, those they are caring for being more acutely ill while in hospital. There has been an increased level of acuity of people across all care settings be this in the hospital, community or residential care. Community expectations of care and treatment have also increased significantly in recent years.

What does this all mean for nursing? In a nutshell the nursing workforce is ageing and although there are greater numbers of nurses the actual hours they work has decreased which means there are fewer nurses caring for sicker and more demanding patients. This situation is only going to intensify given predicted population growth in Queensland and the ageing of the general population and the nursing workforce.

THE NATURE OF NURSING WORK

Many attempts have been made to define the practice of nursing. In October 1998 the Queensland Nursing Council published a document titled *Scope of Nursing Practice Decision Making Framework,* which defines nursing practice as follows:

> *Nursing practice incorporates the application of knowledge, skills and attitudes towards alleviating, supporting or enhancing actual or potential responses of individuals or groups to health issues. It focuses on the promotion and maintenance of health, the prevention of injury or disease and the care of the sick and disabled so that people with identified nursing needs may maintain optimal well being or achieve a peaceful death. Nursing practice is largely determined by the context in which it takes place.*

The role of the nurse is broad and at times difficult to specify. The multi-dimensional nature of nursing work – to be a nurse requires increasingly complex technical knowledge and skills that are balanced and complemented with well-developed interpersonal, written and verbal communication, problem solving and conflict resolution skills. Many of the so-called "soft skills" required by nurses are often not "visible" and therefore are not adequately acknowledged and ascribed value accordingly. Technical skills are more visible and therefore easier to measure than the equally important emotional intelligence component of nurses' work. (Recent pay equity inquiries in both New South Wales and Queensland have acknowledged this difficulty.)

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[9] Shah C and Burke G, *Job Growth and Replacement Needs in Nursing Occupations*, DEST (National Review of Nursing Education) Canberra, page 40.

The context in which a nurse does their work is also highly variable – working as an independent professional agent who at any one time can be caring for a number of individuals (and their families) but doing so within a team structure. Multiple transactions between individuals occur during the course of a shift, a complex range of activities are undertaken and the working environment is often unstable. The condition of patients can rapidly deteriorate, in most areas you have a number of patients in your care (all with different needs and health status) so your clinical assessment and reaction skills must be finely tuned. You must have the ability to prioritise and respond appropriately. As they work 24/7 nurses perform the principal surveillance role in the health system – it is nurses who keep patients safe.

There has also been significant work intensification in the last 10-20 years, as evidenced by decreasing length of stay, increased throughput and an increase in the level of patient acuity. Given this changing context the breadth and depth of knowledge required by nurses to perform their role has expanded considerably.

Apart from concern regarding the context of nursing work there are some inherent features of the work that are challenging. The work is physically and emotionally demanding, the rigours of shift work (the performance of work 24 hours a day seven day a week) being just one example of this. It is also personally dangerous work, given the prevalence of blood borne diseases and the incidence of physical and verbal assault on nurses.

It is hard to describe the richness and complexity of nursing easily and succinctly. It is more often than not the case that many do not want to hear what it is that nurses do because it is of such a personal nature. People are embarrassed to listen. Their own sense of physical or personal security may be fundamentally threatened by the very nature of the work that nurses do. Most healthy people do not want to think about being sick - many prefer not to think that they will ever be so vulnerable that they will require nursing care. Giving up such personal power can be confronting. Nurses are aware of this dynamic so their actions seek to normalise abnormal situations – to make people who are ill feel as physically and emotionally comfortable as possible under the circumstances. It is the very act of normalisation, through reassurance or "down playing" of seriousness that in turn masks the importance and complexity of nursing skills. This complex dynamic is central in our view to the longstanding under valuing of nursing work. The very nature of nursing work and the difficulty in "translating" this for non-nurses perpetuate the inequity.

It is the source of considerable frustration to many nurses that the complexity and richness of their work continues to be undervalued by health bureaucrats and government alike. Nursing is incredibly personally rewarding: nurses love nursing. It is the context of in which they work, one of budgetary constraints and insufficient resources, and their work environment that is the source of angst for many nurses. So many nurses *love nursing* but *hate their jobs*.

The QNU strongly believes that past examinations of the work value of nurses have failed to adequately identify and measure the full range of skills employed by nurses in their work. This is in large part due to a fundamental gender based bias that we believe exists in current job evaluation methodologies. As a result we feel the depth and range of nurse's skills have not been adequately acknowledged and rewarded.

THE PARTIES' ABILITY TO GENUINELY BARGAIN

"The promise was that individual contracts would deliver greater flexibility and higher wages – but in reality, it didn't deliver better pay, and it actually served to undermine the profession" - Jane O'Malley, President of the New Zealand Nurses Organisation speaking about the effect of the Employment Contract Act on the nursing profession.

The decentralisation of the industrial relations system has adversely affected the ability of nurses to bargain effectively. With the advent of enterprise bargaining it has became harder to maintain

and improve the wages and conditions of Queensland nurses. Prior to the introduction of enterprise bargaining the industrial environment for nurses was markedly different. In July 1994 all nurses in Queensland, irrespective of whether they were working in the public or private sector, in a hospital or community setting or an aged care facility, were earning the same amount of pay for their classification. Their remuneration was determined by awards and the strong nexus between those awards, delivered pay parity. The remuneration was based on the recognition of nursing skills at that time across all sectors.

Since July 1994 enterprise bargaining has fragmented nursing wages and to a lesser extent conditions of employment. The QNU has been party to over 300 enterprise agreements. The public sector is now on its fifth agreement while some nurses in other areas have no agreement. The public sector has consistently received higher wages outcomes that the private and not for profit sectors, many private hospitals have higher wages than aged care facilities. The disparity in wages between the sectors in such a highly mobile and skill transferable occupation means that there are more acute shortages of qualified nurses in those sectors that lag behind. This is clearly seen in aged care where recruitment of registered nurses is increasingly difficult.

The QNU believes that the Governments proposed changes to the industrial relations system will not only exacerbate these existing problems but create new barriers for nurses to overcome in negotiating fair terms and conditions of employment.

The Commission

In previous submissions to this committee we have raised our concerns about the winding back of the Commission's powers. Historically, our union has relied heavily on the Industrial Relations Commission to resolve disputes. In the past, nurses have not readily taken industrial action preferring to rely on the commission's conciliation and arbitration powers. However, the level of industrial action taken by nurses in Queensland since the introduction of the *Workplace Relations Act* has increased substantially. The circumscription of the Commission's capacity to conciliate and arbitrate has greatly contributed to industrial unrest.

The recent industrial history of the nursing profession clearly highlights reliance upon the Commission to resolve major industrial issues. In particular, we point to cases determining nursing career structures and hours of work[10]. The Commission has also provided nurses with an avenue beyond industrial action to resolve issues that concern the entire Queensland population – such as staffing levels and skills mix. If the State Industrial Relations Commission were abolished, and the powers of the Federal Commission further eroded, nurses would be unable to effectively deal with these and other structural problems in our health system. It is our contention that this would seriously compromise the public interest.

Awards

The Governments proposal to strip further conditions from Awards concerns the QNU greatly. In the past nurses have been able to use the Award system to protect and promote the occupational base integral to a healthy system. This will no longer be the case.

As discussed above, before the advent of enterprise bargaining Awards were used to deliver pay parity to nurses across the public and private sectors. This parity has since been eroded by the decentralisation of the industrial relations system, with the relative bargaining power of the different nursing sectors resulting in growing disparity between public and private sector nurses. As a direct consequence of Enterprise Bargaining there is now up to a 15% difference in wages for the same classification of nurses in Queensland depending upon the setting they are working in. This has created a situation in which the health sector is unable to recruit and retain the necessary numbers of nurses.

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[10] ANF and the Department of Health C No 40151 of 199, Print L6413 (Career Structure); ANF and Department of Health, Queensland C No 40118 of 1993 & C No 40086 of 1994 Print L6552 (38 Hour Week)

A deregulation of the mechanisms for determining wages and conditions and the likely consequence of a multiplicity of diverse arrangements will only deliver further inequity and fragmentation to a profession relied upon by the general public to operate at times of critical importance in a cohesive and competent manner.

We note with concern the proposed review of classification structures in Awards. These classification structures are integral to nursing Awards and are based upon extensive nursing theory and practise, allowing for a career progression from 'beginner' to 'expert.' In addition there are barriers to progression based on qualifications and licensing by the nurses registration board.

This classification structure for nurses is far more than a series of pay points. It is based on the acquisition of competencies and experience and reflects the professional standards that a nurse is expected to bring to their job.

The existence of the nursing classification structure is a major protection for the general public. In setting the professional standards a nurse is supposed to operate at it also establishes the knowledge and competencies expected of a nurse where work is delegated to them.

The various levels in the structure reflect the accountabilities of the nurse examined by the nurses registration board, which has as its purpose the protection of the public.

Removal of nursing classification structures from awards will not only have an adverse impact on the career paths of nurses at a time when there is a critical nursing shortage, it will also place at risk the general public as there will be no objective measure of the competency standards expected of nurses working at different levels. The proposal is short sighted and dangerous.

We are further concerned with the proposal to remove penalties and loadings from the list of allowable matters to be included in Awards. Penalties and loadings are often a crucial component of a nurse's earnings. On average, between 25% - 30% of a nurse's wages are regularly made up by penalty rates. The QNU strongly believes that forcing nurses to renegotiate such a fundamental part of their wage would have severe ramifications on the ability of the sector to recruit and retain nurses. Early indications from our members suggest that many would be likely to leave the sector rather than be compelled to renegotiate such a fundamental employment condition. A sector already confronted by the shortage of nurses could not sustain an exodus fuelled by such an ideologically-driven government policy.

Individual Agreements

The nurses who will find it most difficult to maintain and improve their terms and conditions of employment in the absence of the historical protections of the Award system will be the same nurses who are unable to resist managerial prerogative forcing them on to individual agreements. In the past, collectivism has been fundamental to maintaining industrial rights and improving professional standards. The QNU has no doubt that the individualisation of agreement making will detrimentally affect the employment conditions of nurses. We also hold grave concerns that the government's proposals will usher in a decline in professional standards if nurses are no longer able to stand united to defend them.

The combined effect of the Government's proposed changes will undermine the ability of nurses to genuinely bargain. We have seen the effects of similar changes on the health workforce in New Zealand. The wages of our nursing colleagues there fell far below other professions and many of their employment rights were eliminated[11]. Queensland nurses have relied on the commission and the award system to mitigate against the disproportionate balance of power we experience in the workplace. The diminished role of the Commission and the award system in the industrial

[11] ANF(2005) The NZ Experience – A Cautionary Tale.

landscape and the rise of individual agreements will make it increasingly difficult for nurses to maintain and improve their wages and conditions of work. Quality of care will also suffer and the important role nurses play as advocates for patients and the health system will be undermined.

THE SOCIAL OBJECTIVES

Nursing is one of the most sharply sex segregated occupations. Less than 10% of the workforce is male. The fact that nursing is such a highly feminised profession means that the gender pay gap and an ability to balance work and family responsibility are crucial issues to our members. The ability of nurses to adequately address these issues is undermined by the decentralisation of the industrial relations system. Research by Preston and Crockett indicates that women are more likely to be disadvantaged in a highly deregulated industrial system. Their research finds that "women in highly deregulated systems have experienced the greatest deterioration in their relative earnings when compared to more collectivist systems." [12] This has certainly been the experience of nurses in Queensland.

The gender pay gap

Due to the overwhelming number of women workers nursing employment is often marked by an absence of continuity. Many nurses have breaks in paid work due to child bearing and family responsibility. This can result in not only a loss of pay but slower progression through pay points and in some cases the return to 1st year rates of pay due to 'experience to count provisions'. When nurses do come back to work it is often as part time or casual workers to allow them to continue to balance work and family responsibilities. All of these factors contribute to a gender pay gap not only between male and female nurses, but between nurses and other professions.

The ability of the QNU to address the gender pay gap will be further circumscribed by the governments proposed changes. The decentralisation of the system we have experienced so far has already affected the earnings of nurses in Queensland. For example, a disturbing trend has emerged since the introduction of enterprise bargaining. The decentralisation of the system has witnessed an increase in the earnings gap between male and female registered nurses. This gap existed in the 1980s and early 1990s but the tools existed to tackle it. The disparity was remedied by the arbitrated Nurses National Wage Rate decisions of the early 1990s. This tool, namely the Federal Commission and the awards it enforces, have played an important role in protecting the wages of women workers. A role which will be endangered by the Governments plans for industrial relations reform.

The Governments plan to abolish the state Industrial Relations Commission will undermine another vehicle to address inequity. Queensland's equal pay principles allow for increases in award rates of pay in female dominated jobs and industries where it can be shown that women's work has been undervalued. The principles adopted in Queensland are broader than those in the federal system which requires proof that any pay differences are the result of direct discrimination. The QNU has made a number of submissions to Queensland pay equity inquiries. These inquiries have given us an important opportunity to highlight the undervaluation of nursing work. The QNU is concerned that the Governments planned changes will threaten the important gains achieved under the state system and offer few other avenues by which to achieve pay equity.

The proposed changes mean that the QNU will no longer be able to rely on the historical means discussed above to address disparity. But the Government's plans will also hamper our ability to bargain to achieve pay equity. We have argued in the past that enterprise bargaining has not been an appropriate instrument by which to address the fragmentation of nursing wages. We submit that further decentralisation of agreement making can only lead to greater disparity. Women on

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[12] Preston A and Crockett V *Equal Pay: Is the Pendulum Swinging Back?* The Journal of Industrial Relations Vol 41 No 4 December 1999, p 561.

individual agreements are not only worse off but the mechanisms to address disparity are lacking. We know that women on individual agreements earn $5.10 an hour less than men on individual contracts and that part time workers fair worse. Recent ACTU research also shows that individual contracts are associated with increasing hours and work intensity, a poorer work family balance and lower satisfaction with pay and conditions.

The QNU believes that the gender pay gap is best addressed collectively as it is an issue that affects all women workers and particularly nurses. We believe that attempts to individualise agreement making will broaden the pay gap and scupper the vehicle for dealing with this historical inequality.

The ability to balance work and family responsibilities

The QNU holds grave concerns about the potential negative impact the Governments planned changes will have on workers with family responsibilities. Given that nursing is an overwhelmingly female occupation it is essential that nurses are able to secure not only the flexibility to meet their work and family responsibilities but also certainty in relation to hours of work and income.

Past experience has taught the QNU to be wary when industrial reform is wrought in the name of increased flexibility. All too often 'flexibility' translates as the right of the employer to dictate hours of work at a lower cost with little consideration given in return. This kind of flexibility is of little assistance to nurses who are often required to balance work and family responsibilities. Job security is often as important to our members as flexibility and for nurses, as for many women workers, this mean more than just having a job. It is about having a degree of control over hours and days of work to allow for planning family life, particularly childcare but increasingly given the ageing workforce, arranging for the care of elderly parents as well.

The planned changes pose a real threat to job security of this nature. The already precarious balance between work and family responsibilities will be further upset by the government's plans to strip more conditions from awards. These conditions often underpin entitlements that make it possible for women workers to cope with the dual responsibilities in their lives. We understand that the government will legislate to ensure minimum conditions in replace of having them stripped from awards and we urge that these conditions include at least those decided upon by the Commission in the recent work and family test case.

We see the stripping back of these conditions as an attack on the rights and entitlements of nurses. This reform will force nurses who are industrially strong to negotiate through collective agreements to maintain a balance between their working lives and responsibilities at home. For those nurses, concentrated in the aged care sector, not in a position to bargain we fear the result will be a loss of these entitlements.

Our concern is further compounded by the fact that it will be the same nurses who will be most vulnerable to being forced on to AWAs. Government statistics that show that 93% of employees in the private sector that are on individual contracts (AWAs) have no additional family-friendly rights for workers. We also find worrying research by the Employment Advocate finding that around one in three (32%) people on individual contracts are working more hours than they did two years prior. On AWAs nurses will be less able to secure maternity leave. Last year in a sample of AWAs only 7 per cent referred to paid maternity leave (OEA report to Parliament). Individual contracts are clearly not conducive to a healthy balance between work and family and they will only get worse when no longer bench marked against awards.

Under a centralised industrial relations system nurses were better able to collectively address barriers to a healthy balance between their work and family responsibility. The decentralisation of the system has made it difficult to deal with the issues peculiar to a feminised workforce. Moreover, nurses who often work in more than one workplace and across sectors can no longer expect the same terms and conditions of employment. A greater emphasis on AWAs will mean these issues

will fall by the wayside. While AWAs promise flexibility they rarely deliver the terms and conditions of employment women workers need.

The QNU will await more detail on the Governments plans for reform with keen interest. However, early announcements have left us greatly concerned. The QNU believes that the changes will be bad for workers and worse for nurses. The fact that nursing is traditionally undervalued, that it is such a highly feminised occupation and that nurses are reticent to take industrial action out of concern for patients are all factors that will contribute to the disproportionate effect the industrial reform will have on our members. This will not only adversely effect the ability of nurses to bargain for fair terms and conditions of employment but damage the role nurses have played in the past in protecting the integrity of our health system.

NURSES WAGE RATES - INTERSTATE COMPARISON

As at 1 March 2005

QUEENSLAND

Sector	AIN Yr 5	EN Yr 5	NO1 Yr 1 RN 1 Yr 8	NO2 Yr 2 RN 2.2	NO3 Yr 2 RN 3.2	NO4 Yr 1 RN 4.1	NO5 Yr 2 RN 5.2
Public Sector Award	597.55	697.85	986.35	1026.95	1178.20	1289.35	1521.45
Private Sector EBA (Greenslopes)	N/A	713.18	1025.51	1061.66	1215.55	1371.57	N/A
Private Sector Award	530.60	616.60	803.90	847.30	939.10	1077.90	1141.90
Aged Care EBA (Blue Care)	570.53	662.09	878.63	930.93	1035.66	1207.88	1286.39
Aged Care Award	561.20	642.60	812.90	854.60	939.10	1077.90	1141.00
$ Diff b/w max & min	66.95	96.58	221.61	214.36	276.45	293.67	380.45
% Diff b/w max & min	12.6%	15.6%	27.5%	25.3%	29.4%	27.2%	33.3%
Aged Care Award & Blue Care Equivalent Classifications	AIN L.2.1	EN L2.1	RN L1.4	RN L2.1	RN L3.1	RN L4.1	RN L5.2