



australian
nursing federation

28 February 2008

Mr John Carter
Committee Secretary
Senate Education, Employment and Workplace Relations Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Mr Carter

**Inquiry into the Workplace Relations Amendment
(Transition to Forward with Fairness) Bill 2008**

Attached is a letter from one of our members in Victoria which the ANF would like to submit for the consideration of the Senate committee inquiring into the above Bill.

The letter is from Robyn Kirsch, a Nurse Unit Manager at Mooroodah Hospital. She explains why Australian Workplace Agreements (AWAs) are not suitable industrial instruments for her or her staff in their nursing roles. By their very nature, individual agreements cannot deal with crucial professional and industrial issues that affect the quality of working life of nurses, and by extension, the standard of care that can be offered to patients.

She explains why collective agreements negotiated by a professional/industrial body or union are essential to maintain and improve employment standards for nurses, and efficient and effective patient care.

We urge the Committee to recommend the immediate abolition of AWAs, and to support the passage of the Bill through Parliament as soon as possible.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Ged Kearney".

GED KEARNEY
Assistant Federal Secretary

Encl

Attachment

I wish to make a submission to the Senate Inquiry into *Workplace Relations Amendment (Transition to Forward with Fairness) Bill 2008* with specific reference to AWA's

I am a Nurse Unit Manager at Mooroodah Hospital and director of the **Hospital in the Home** program. My nursing staff and myself commence work between seven and eight o'clock. Depending on the needs of the patients we could see 8-9 patients per day and travel up to 150 kilometres a day. We may have to visit a patient again in the evening, and then after a full days work will have to be on call overnight. We may have to visit a patient again outside of working hours, as sickness has no regard for formal or set working hours. My staff and myself may also have to deal with several work calls over the course of the night.

The service of **Hospital in the Home** has grown annually over the last nine years. The types of patients that are now referred to us are also becoming more complex. People go home now with portable equipment that dispenses their drugs to them, and other equipment that applies constant suction on their wounds. The average nursing visit time for these patients with multiple, complex conditions have increased over the last few years from 30 minutes up to 2 hours. There is also an increasing amount of patients coming onto the **Hospital in the Home** program.

Myself, my staff and the expectation of all nurses is to nurse a patient to certain level of health. We now move patients out of the hospital as soon as possible, at a greater rate than ever before.

Patients are more Complex, have many social issues, and often present to us with many health problems to tend to, not simply a single illness. (Consider the aging of our population on top of the issues just described).

An individual statutory agreement or AWA cannot accommodate the ever changing conditions in which I practice as a Nurse. The constantly changing levels of productivity as explained above are properly accommodated within an Enterprise Bargaining Agreement (EBA). An AWA by its' very nature is an individual employment arrangement that cannot take into account those broader standards, demands and developments in Health and Nursing and how that effects my everyday Industrial/Professional conditions as a Nurse.

Nurses are too busy to negotiate our own pay and working conditions via an AWA which is why we have a Professional/industrial body or Union to negotiate an EBA. In addition, we do not have the resources to employ a lawyer who is also an expert in nursing standards & practice to negotiate Nursing conditions. As I have described my working conditions as a Nurse in Hospital in the Home, are intimately bound to the levels of productivity and the Industrial/Professional standards required of a Nurse practising in the Australian Health Sector in the 21st century.

Nurses need to be secure in the knowledge that they have adequate holidays and long service so that they can recover from a hectic work existence. We need all our complex conditions which fully support the level of productivity that is required of us. We need to be acknowledged for our level of experience and expertise, the years of study and qualifications required to conduct all our duties, the unsociable and unfamily friendly hours that we must work, the type of work that we do and the specialist equipment that we need to do this work. These nursing realities are translated into standards and conditions for practising Nurses with in the profession in an EBA employment arrangement.

An individual statutory contract cannot include Industrial/Professional standards which ultimately determine the standard or level of care that should be offered to all Australians. A classic example of an Industrial/Professional standard or condition that cannot be negotiated in an individual agreement is the Nurse/Patient Ratios which determine proper levels of care and an equitable distribution of workload. Restrictions on the use of untrained and unregistered health care workers and the duties they can carry out is another example of an Industrial/Professional standard that maintains a proper standard of care for patients. This standard means that

medication is administered by those trained to recognise adverse side effects or the insertion of a drip or injection into a patient is carried out by those medically trained to do so. Imagine for a moment the effect on efficient and effective patient care if these industrial standards were absent. Unlike EBA's, an individual statutory contract is not an employment agreement that promotes Professional and Industrial standards or benchmarks that, in turn, increase productivity.

Australians were aware of the inferiority of AWA's during the last election otherwise the argument that AWA's are superior employment contracts, which was often promoted by managements prioritising profits over professional/industrial standards, would have won support in the electorate. AWA's are an inferior employment arrangement because they are between an individual employer and an individual employee and are not negotiated at the collective, professional enterprise level.

The thought of AWA's being offered to Nurses as a good equivalent or alternative employment arrangement to an EBA (which meets our working needs in a way that individual statutory contracts never can) adds to the stress level of every nurse. Promotion of AWA's as an adequate, flexible way to meet the ever increasing demands of the Australian Health Care Sector fails to grasp the Industrial and Professional reality of Nursing in the 21st century.

Robyn Kirsch

Nurse Unit Manager