

# **Registered Nurses: Who are they and what do they want?**

by

**Alison Preston**



**Women in Social & Economic Research**

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Curtin University of Technology  
Perth Western Australia  
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## Women in Social & Economic Research (WiSER)

Women in Social & Economic Research (WiSER) has recently changed its name from the Women's Economic Policy Analysis Unit (WEPAU) to reflect the broader scope of academic and consultancy research into women's experiences of the **social** and economic policies that permeate their lives.

WiSER is a research program that spans two divisions of Curtin University: the Curtin Business School (CBS) and the Division of Humanities. WiSER was founded in April 1999 in response to a growing void, both within the Australian and international contexts, in the gendered analysis of the economic and social policy issues that confront women. As such, WiSER is committed to producing high quality quantitative and qualitative research on a broad range of issues which women identify as impeding their ability to achieve equity and autonomy. The gender perspective generated through the work of WiSER has provided a number of key opportunities to inform the policy debates within numerous government departments. WiSER seeks to further its commitment to providing a meaningful gender analysis of policy through pursuing further research opportunities which focus on women's experiences of social and economic policies within the Australian context. The broad objectives of WiSER include:

- To identify the cases and causes of women's disadvantaged social and economic status and to contribute to appropriate policy initiatives to address this disadvantage;
- To demonstrate the way in which social factors, particularly gender, influence the construction of economic theory and policy;
- To extend current theory and research by placing women and their social context at the centre of analysis;
- To contribute an interdisciplinary approach to the understanding of women's position in society. In turn, this should enable the unit to better reflect the interrelatedness of the social, economic and political discourses in policy and their consequent implications for women;
- To foster feminist research both nationally and internationally;
- To expand linkages with industry;
- To establish and support a thriving Curtin University of Technology post-graduate research community with a common interest in feminist scholarship.

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**Table of Contents**

<b>Abstract</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>1</b>
<b>Nursing as a female intensive occupation</b> .....	<b>2</b>
<b>Hours of Work</b> .....	<b>3</b>
<b>Income</b> .....	<b>6</b>
<b>Qualifications and employment experience</b> .....	<b>9</b>
<b>Demographic characteristics</b> .....	<b>11</b>
<b>Conclusion</b> .....	<b>15</b>

# Registered Nurses: Who are they and what do they want?

## Abstract

Using 1981 and 2001 Census data together with primary data from a 2002 survey of Registered Nurses in Western Australia, this paper profiles the nurse workforce. Amongst other things the paper reports on a high level of pay dissatisfaction, particularly amongst younger nurses. Hours of work also emerges as an important issue, with many RNs employed on a part-time basis and many more indicating they would prefer to work fewer rather than more hours. The demands of work and family are shown as impacting on these preferences with 30.6% of RNs reporting difficulty in balancing these conflicting demands. In the absence of any renewal strategy the average age of nursing continues to grow. This age structure will change as RNs retire; one-third of all RN respondents to the 2002 survey plan on leaving the profession before 2008. A sizeable proportion of those who plan to leave are in the 26-30 age group. The paper should sound a number of alarm bells for those engaged in nurse workforce planning.

## Introduction

Although the issue of nurse shortage has been on the public agenda for at least two decades it would be fair to say there is now genuine concern about predicted skill shortages in this highly critical occupation. Nurse shortages regularly feature in the print media alongside reports detailing the often unattractive work conditions and environments within which nurses work. Throughout Australia concerted efforts are now being made to recruit and retain qualified nurses, with initiatives ranging from sophisticated television advertisements to increased support for hospital based child-care. In an effort to inform some of these initiatives this paper draws on a number of data sources to present a contemporary demographic and labour market profile of nurses in Australia.

To assist comparisons the current paper closely follows an earlier paper by Judith Sloan and Frances Robertson (1988) who used a range of different data sources (including the 1981 Census data) to explore the characteristics of nurses and nursing students. Comparisons were made with other highly feminised professional occupations, including teaching and social work. Of their set of findings three in particular stood out: (a) significant hours discrepancies between nursing and other feminised professions (with nurses, on average, working relatively longer hours); (b) significant income differences both at the individual level *and* the family level (the family income in households with a female nurse was, for example, significantly lower than the family income of households with a female teacher); and (c) a significant latent supply of nurses (i.e. a sizeable pool of women holding nursing qualifications but not practicing in the area).

Using Sloan & Robertson as a starting point this article builds on their analysis with a view to understanding similarities and differences in the nurse labour market twenty years later. Comparisons are drawn with other female intensive professions with similar training requirements as a way of identifying any characteristics and outcomes unique to nursing.

The paper is divided into a number of sections. The following section describes the gender character of nursing. This is followed by a discussion of the labour market characteristics of nursing (eg. hours of work, hours preferences and income). Subsequent sections discuss nursing qualifications and experience levels. The paper ends with a discussion of nurse demographics, including marital status, the presence (or otherwise) of dependant children and leaving intentions.

### **Nursing as a female intensive occupation**

The Australian labour market, like many other western developed economies, is highly segregated along gender lines. Currently around 46 per cent of all employees in the Australian labour market are women, although the gender shares differ markedly across different occupational groups. Women, for example, account for 87 per cent of Advanced Clerical & Service Workers but only 12.6 per cent of Intermediate Production and Transport Workers. In the professional category women account for 51.5 per cent of all employees, although 61 per cent of these professional women are concentrated in two areas, health and education. These gender-differentiated patterns of employment are even more marked at disaggregated classification levels. In 2001, for example, women accounted for 92.4 per cent of all General Registered Nurses (RNs) (see Table 1). Of the four nursing categories listed in Table 1, 79 per cent of employed nurses in 2001 were General RNs. Enrolled Nurses (ENs) represented the next largest group at 11 per cent, followed by Midwives (6.5 per cent) and Mental Health nurses (3.6 per cent). With the exception of Mental Health, nursing is clearly a highly feminised occupation.

**Table 1: Share of all jobs held by women, select occupations, 1981 & 2001**

	1981	2001
RN, General	95.4	92.4
RN, Other <sup>(a)</sup> / Midwives <sup>(b)</sup>	97.5	98.9
RN, Psych <sup>(a)</sup> / Mental Health <sup>(b)</sup>	49.3	65.6
Nursing Aide <sup>(a)</sup> / Enrolled Nurse <sup>(b)</sup>	95.3	91.4
Teachers - primary & secondary	57.4	70.8
Teachers - pre-primary	96.9	98.3
Social Worker	66.4	81.3

Notes: 2001 data from unpublished ABS Census data; 1981 data from the 1981 Census, as published in Sloan & Robertson, 1988, p.508; (a) indicates the occupational category to which the 1981 data refers; (b) indicates the occupational category to which the 2001 data refers.

In the two decades to 2001 there has been little change in the gender composition of nurses. Between 1981 and 2001, for example, the male employment share amongst general RNs increased by a mere three percentage points. If these trends are anything to go by then it is apparent that nursing will remain a highly feminised occupation for the foreseeable future<sup>1</sup>. Indeed, a recent large scale survey of 1<sup>st</sup> Year University Students in Western Australia (the 2003 WA Youth Survey) found that, out of a sample of 474 young men, only five indicated that they had seriously considered studying nursing (Nowak et al., 2003). The paper "Who'd be a nurse? Some evidence on career choice in Australia" by Dockery & Barns further confirms the contention that few males are attracted to nursing. This, of course, presents a significant challenge for workforce planning. In a climate of expanded occupational opportunities for

women, the previously guaranteed supply of female labour may no longer be counted upon. The attraction and retention of nurses is now more complicated and requires attention to matters such as hours of work, rostering and salary, as well as family friendly initiatives.

### Hours of Work

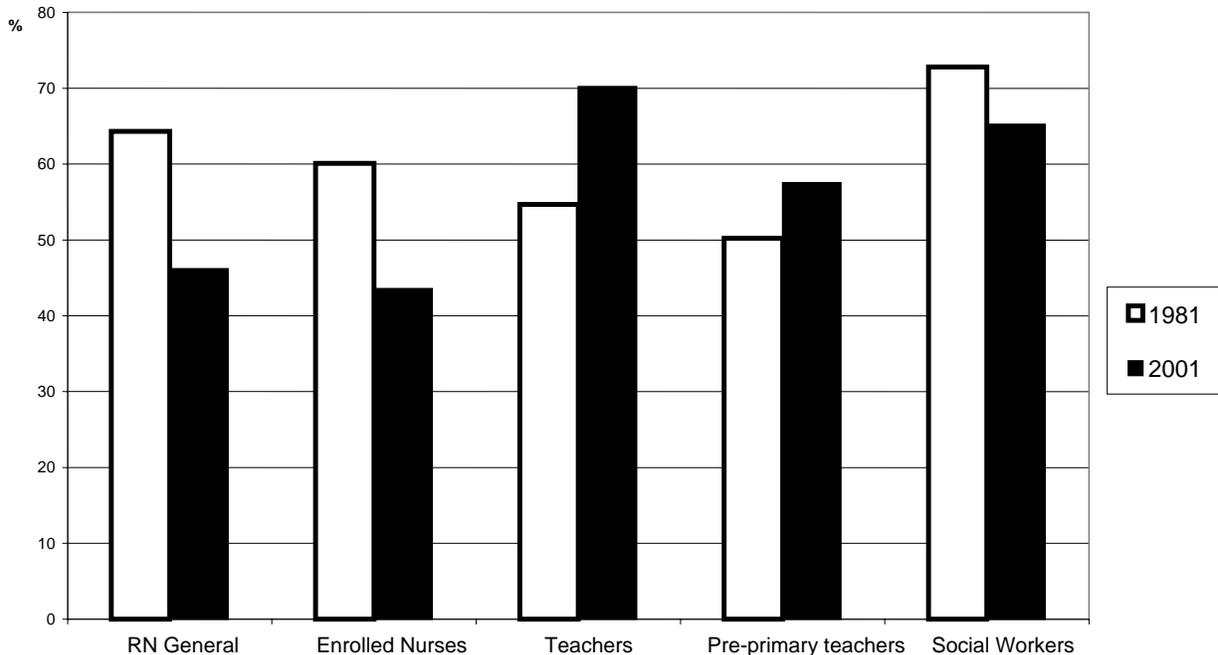
Table 2 presents data on the pattern of hours worked. Of the select occupations listed in Table 2, the groups that are most likely to be employed full-time (which the Australian Bureau of Statistics (ABS) defines as 35 or more hours per week) are Teachers, Social workers and Mental Health RNs. Of the general RNs less than half (46.2 per cent) were employed full-time in 2001. This compares markedly to the situation in 1981 when two thirds (64.3 per cent) of all RNs worked 35 or more hours per week. This trend towards part-time employment is not unusual in a broader labour market context. Since the early 1990s most jobs growth has been in the part-time sector and much of it has been of a casual nature (Preston, 2001). Growth in casual employment has, in large part, been fuelled by employer preferences for flexibility and cost savings, particularly during periods of economic uncertainty (Campbell & Brosnan, 1999) and a desire to shift the risks of the employment relationship onto the employee (Watson 2005).

In the nursing sector the observed trends most likely reflect a growth in agency nursing during the 1990s. The latter reflected RN demand for flexible scheduling, although the extent to which this was underpinned by inefficient rostering systems is unclear. It may be that appointing agency nurses was easier than managing a complex roster system.<sup>2</sup> Either way it is apparent that, since 1981, there has been a significant fall in the number of RNs employed full-time (see Figure 1). While this may also be reflective of 'stage in life', it is interesting to note that the full-time employment shares in the other highly feminised occupations have been maintained.

**Table 2: Hours of Work in Select Occupational Groups, 1981 & 2001**

	none	1-15	16-24	25-34	35+	35-39	40	41-48	49 or more
<b>2001</b>									
RN, General	7.0	6.7	19.6	20.5	46.2	14.8	20.5	5.4	5.5
RN, Midwives	9.5	7.2	26.8	22.8	33.7	10.7	15.8	4.0	3.2
RN, Mental Health	7.7	3.2	11.2	12.1	65.8	20.4	31.2	7.5	6.8
Enrolled Nurse	0.1	7.2	20.0	21.6	43.6	15.6	19.2	4.2	4.6
Teachers - primary & secondary	3.6	7.3	7.9	11.0	70.2	13.5	19.6	16.5	20.7
Teachers - pre-primary	3.2	9.9	15.2	14.2	57.5	17.8	21.1	10.7	8.0
Social Worker	6.0	4.3	11.6	12.9	65.2	26.1	21.6	11.5	6.1
<b>1981</b>									
RN, General	3.2	7.4	15.7	8	64.3	-	-	-	-
RN, Psych	6	2.4	4.6	1.8	84.5	-	-	-	-
Nursing Aide	3.5	7.9	16.6	10.2	60.1	-	-	-	-
Teachers - primary & secondary	2.1	8.5	5.9	27.6	54.7	-	-	-	-
Teachers - pre-primary	1.2	11	14.5	21.9	50.2	-	-	-	-
Social Worker	2.4	5.4	10.8	7.8	72.8	-	-	-	-

Notes: source unpublished 2001 census data. The 'not stated' category has been excluded from the calculations. The 1981 Census data are from Sloan & Robertson 1988. Disaggregation beyond 35 hours per week is not possible with the 1981 data.

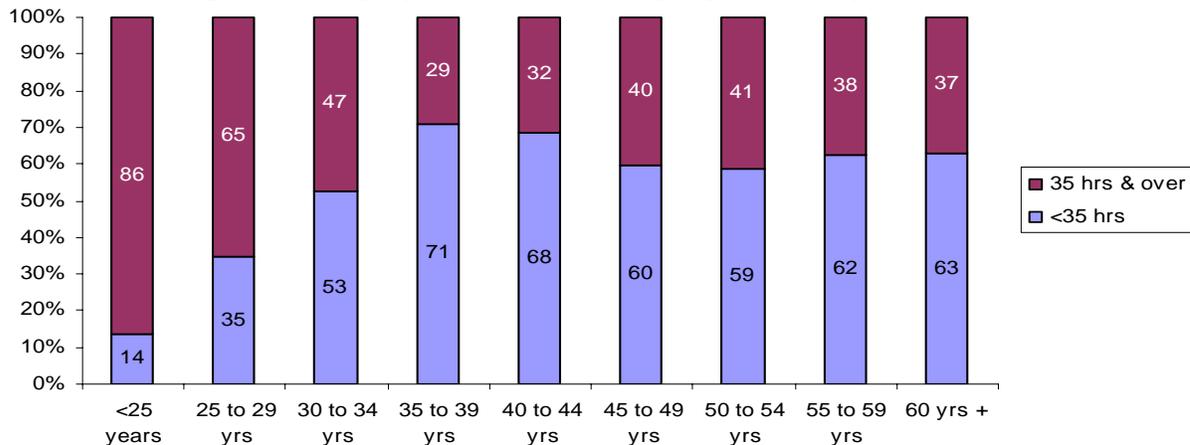
**Figure 1: Proportion of Employees in Full-Time Work, by Occupation, 1981 & 2001**

Further insight into the issue of working hours may be gleaned from a recent survey of 5000 RNs in Western Australia (2002 WA RN Survey).<sup>3</sup> Table 3 describes the mean working hours for RNs in their 'main job' disaggregated by full-time and part-time status, while Figure 2 plots the distribution of hours by RN age. Although a large proportion of RNs are employed part-time it is apparent from these data that part-timers supply a relatively large number of hours. As shown, the average RN employed part-time in their main job works around 25 hours (or around 3 days) per week in all jobs. Amongst RNs employed full-time the average work week in the main job is around 39.9 hours, rising to 41.5 hours in all jobs (main and second).

**Table 3: RN Hours Worked, Main Job and All Jobs, Western Australia, 2002**

	Employed Full time (Main Job)		Employed Part time (Main Job)		Total Hours	
	Mean	St Dev	Mean	St Dev	Mean	St Dev
Main Job	39.9	4.1	22.0	8.0	29.2	11.1
All Jobs	41.5	5.7	24.9	9.2	31.5	11.4

Source: 2002 WA RN survey.

**Figure 2: Practising RNs – Employment Structure by Age (n=1532)**

Source: 2002 WA RN Survey.

Part-time work, as noted above, is fairly characteristic of the RN labour force. It is particularly prevalent amongst those aged 30 or more (Figure 2), suggesting that stage in life plays an important role in affecting hours of work preferences. That said, the current observed work schedules of RNs does not necessarily equate with preferences. In the 2002 WA RN Survey half (48.1 per cent) the practising RNs who were employed full-time in their main job indicated they would prefer to work fewer hours (see Table 4).

**Table 4: RN Hours Preferences by Hours Worked Main Job**

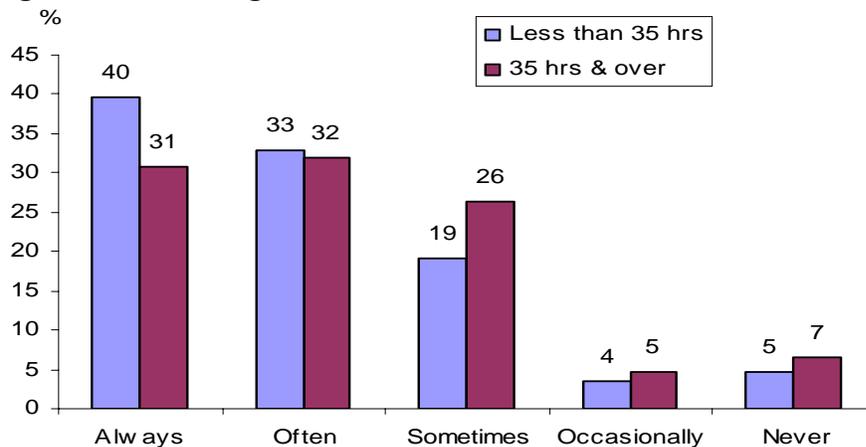
	Employment Status – (Main Job)	
	Full time	Part time
	%	%
Yes, would like to work fewer hours	48.1	20.1
Yes, would like to work more hours	4.1	6.6
No, can not work extra hours because of earning constraints	0.3	1.5
No, can not work extra hours because of other time commitments	5.4	24.2
No, do not want extra hours - extra responsibility/unsuit hrs	1.0	2.7
No, happy with number of hours	41.1	44.8
Total (%)	100.0	100.0

Source: 2002 WA RN survey

It seems that within nursing multiple job holding is a fairly common practice, particularly amongst RNs employed part time. Of all Western Australian RNs who were employed full time in their main job, 11.6 per cent also held a second job. The corresponding figure for RNs employed part time in their main job was 21.1 per cent. It is beyond the scope of this paper to examine the determinants of multiple job holding, although it is suggested that this may

constitute another way of arranging work hours (and schedules) to suit preferences. Anecdotal evidence suggests part time workers are more able to secure their preferred shift rosters. This is reflected in Figure 3, which shows that 40 per cent of RNs who work part time are always given their shift preferences versus 31 per cent of RNs employed full-time. Of course, multiple job holding is also an important way through which people supplement income earned in the main job. The following section sheds more light on this issue of earnings and income.

**Figure 3: Practising RNs – Preferences Granted for Shift Rosters**



Source: 2002 RN Survey

## Income

Nursing is widely perceived as a relatively low paying occupation (see Nowak & Preston 2001) and the data shown here support this contention. In 2001 the mean weekly income (i.e. income from all sources) for a RN employed full-time was \$833 or 82.2 per cent of the mean weekly income for the average professional employee in full-time work (McCabe, Nowak & Preston 2003). Of the select occupational groupings shown in Table 5 only two other groups (ENs and pre-primary school teachers) received less than a general RN.

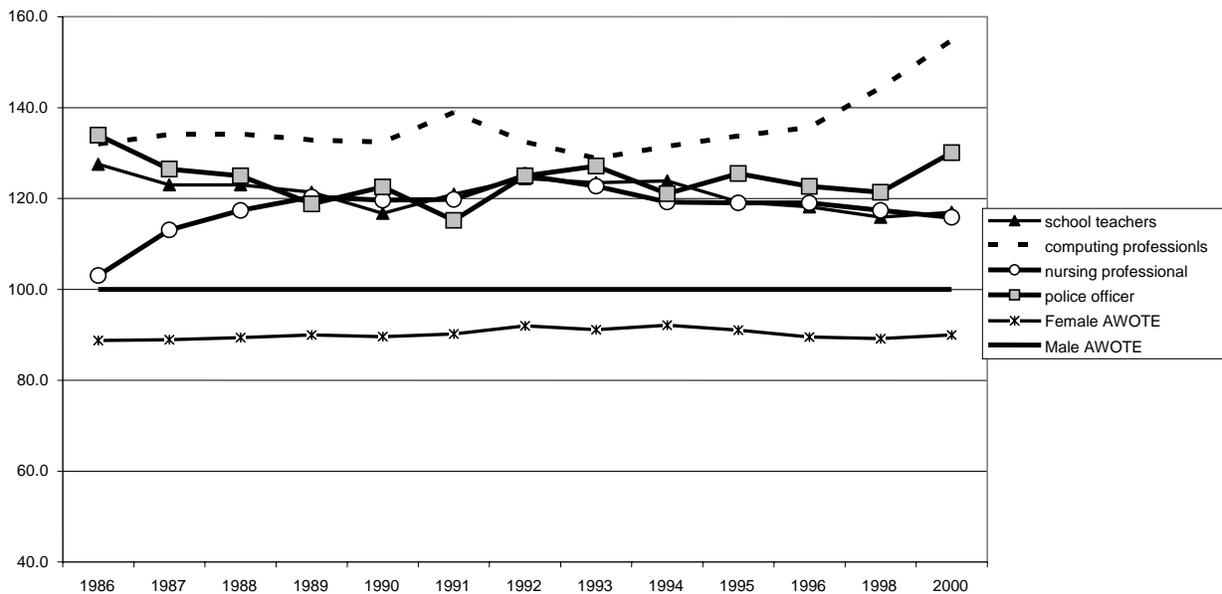
Figure 4 shows the trend in RN average weekly ordinary time earnings (AWOTE) relative to male AWOTE. Over the latter part of the 1980s the average pay of an RN significantly improved reflecting, in part, the shift away from hospital based training towards tertiary education and training. However, since the early 1990s the pay advantage of nurses relative to the average male employee has gradually declined. Comparable trends are evident amongst teachers, another occupation where the returns (pay) are perceived as being low. These trends may be set against gains in other occupational areas, the example illustrated here being computing professionals. The comparisons are even more marked when one takes into consideration the fact that much nursing work is undertaken during non-standard hours of the week (eg. night-shift) and therefore attracts a penalty or premium rate. The AWOTE data reported in Figure 4 do not differentiate between standard payments and payments at premium rates.

**Table 5: Mean weekly income by occupation for full-time employees and all employees (part-timers and full-timers), Australia, 2001**

	Employed	All	Occupational Income Relative to the Mean Income of All Professionals	
	Full-Time	Employees	Employed Full-Time	All Employees
	\$	\$	%	%
(2323) Registered Nurses	833	693	82.2	76.5
(2324) Registered Midwives	922	718	91.0	79.2
(2325) Registered Mental Health Nurses	967	876	95.5	96.7
(341111) Enrolled Nurse	613	516	60.5	57.0
(241111) Pre-Primary School Teacher	787	659	77.7	72.7
(241211) Primary School Teacher	970	845	95.8	93.3
(241311) Secondary School Teacher	1036	958	102.3	105.7
(251111) Social Worker	872	784	86.1	86.5
(2) Professionals	1013	906	100.0	100.0

Source: 2001 unpublished Census data. Note: income refers to income from all sources; the above calculations exclude those with zero income, unstated income and income unknown. (ASCO codes are shown in parentheses).

**Figure 4: Pay Relativities for Select Occupations, May-86 to May-00 (Average Weekly Ordinary Time Earnings, Benchmarked to Adult, Male, Full-Time, Non-Managerial Employees), Australia**



Source: unpublished ABS 6306.0

As noted above, the relative pay position of RNs appears to be in decline. Does this matter? In the vast literature on wages the matter of relativities does appear to play a significant role. People frequently assess their pay as being 'fair' by reference to the rates around them (Brown & Sisson, 1975). In Australia collective bargaining and the use of written, public documents has tended to reinforce notions of traditional relativities, although this is gradually changing in the

shift towards enterprise bargaining. However, at the workplace level 'fair pay perceptions' still carry considerable sway, particularly as an attraction and retention device.

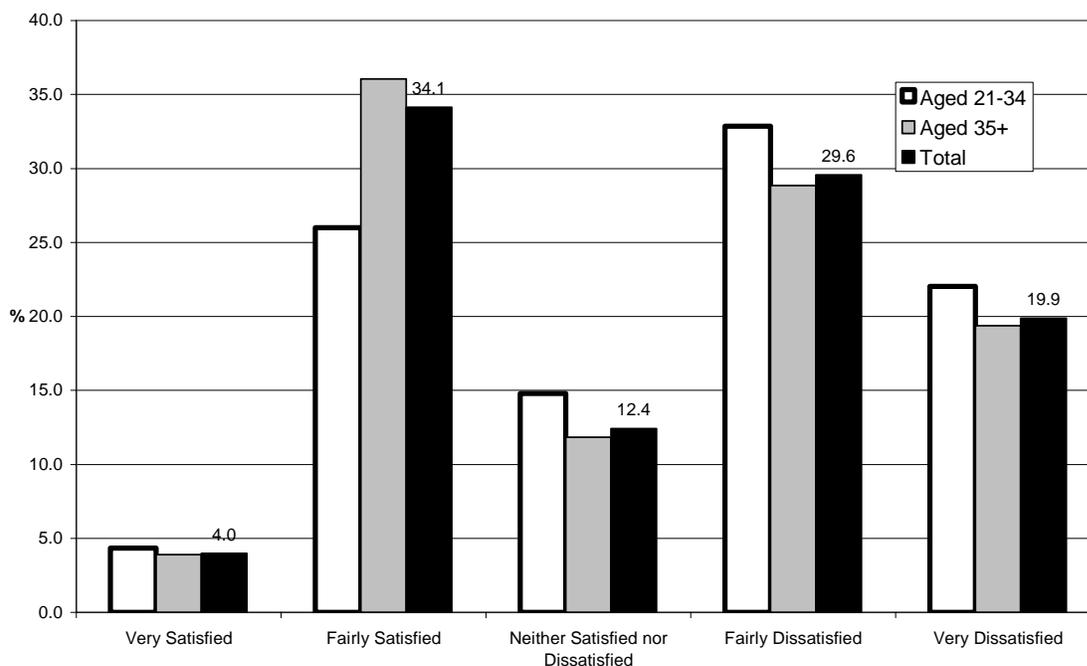
So how do RNs perceive their relative pay position? The 2002 WA RN survey asked a series of questions concerning this point. Table 6 shows responses to a number of these questions. The most immediate point of comparison is, of course, the workplace. Table 6 shows that 63.4 per cent of respondents believe RNs are poorly paid when benchmarked against other employees within the workplace; 80.4 per cent of respondents regarded the pay of an RN low when compared to other jobs requiring similar skills and responsibilities within the health industry; while 89.6 per cent rated the pay of an RN low when compared with comparable jobs in other industries.

**Table 6: Perceptions of Pay for Nursing**

	<b>High</b>	<b>About right</b>	<b>Low</b>
Pay for nursing as compared with employees in other jobs in your workplace ... (n=1,507)	2.1%	34.5%	63.4%
Pay for nursing as compared with jobs requiring similar skills and responsibilities within the health industry (n=1,506)	0.5%	19.1%	80.4%
Pay for nursing as compared with jobs requiring similar skills and responsibilities within other industries (n=1,506)	0.5%	9.9%	89.6%

Source: 2002 WA RN Survey.

Overall nearly half (49.4%) of all practising RNs reported that they were dissatisfied (fairly or very) with their pay as a nurse (see Figure 5). When the data are disaggregated by age it is apparent that dissatisfaction is greater amongst younger cohorts; in 2002 54.9 per cent of RNs aged 21-34 were dissatisfied with their pay.

**Figure 5: RN Satisfaction with Pay (by Age)**

### Qualifications and employment experience

In the literature on earnings, qualifications and work experience are typically regarded as the most important factors explaining different pay relativities across individuals. Although we do not have ready access to Australia wide information on either of these variables, we are able to proxy work experience by the use of age. Table 7 below shows little difference in the average age of employees in the select occupational groups contained in this paper. At the time of the 2001 Population Census the average RN was 41 years old as was the average Primary School Teacher, Enrolled Nurse and Social Worker. The average Secondary School Teacher was aged 42 in 2001.

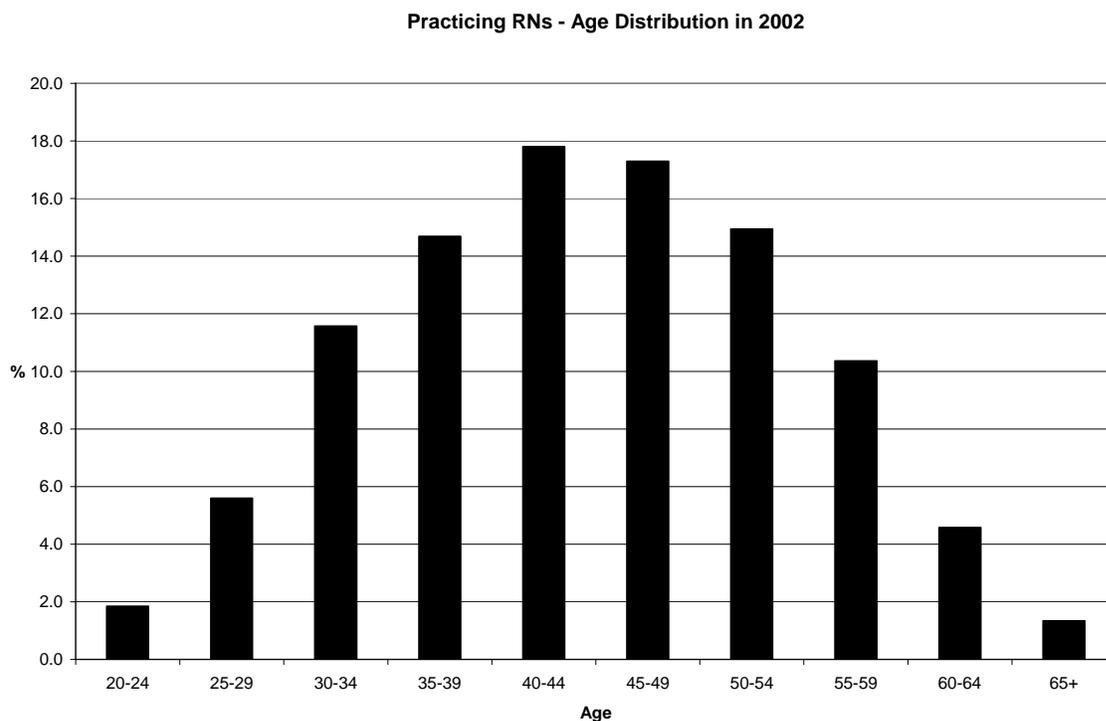
**Table 7: Age and Marital Status of Select Occupational Groups, August 2001**

	Mean Age	Married in a registered marriage (%)	Married in a defacto marriage (%)	Not married (%)	Not applicable (%)
Registered Nurses	41	58.7	8.0	28.7	4.5
Registered Midwives	41	66.4	5.3	23.3	5.1
Registered Mental Health Nurses	43	50.0	12.7	32.9	4.4
Enrolled Nurse	41	56.5	8.3	30.1	5.0
Pre-Primary School Teacher	38	61.1	7.7	28.6	2.6
Primary School Teacher	41	64.9	6.1	26.4	2.5
Secondary School Teacher	42	63.8	6.9	26.4	2.9
Social Worker	41	48.9	12.2	34.4	4.5

Source: unpublished 2001 census data.

Using data from the 2002 WA RN survey we can see that the age distribution is more skewed towards older workers; at the time of the survey 66 per cent of RNs were over the age of 40, and thus well into their career.

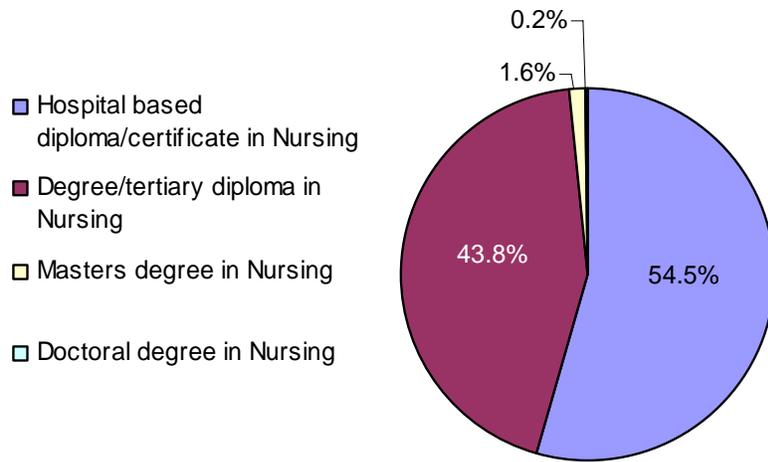
**Figure 6**



Source: 2002 Survey of RNs. Note: n=1573

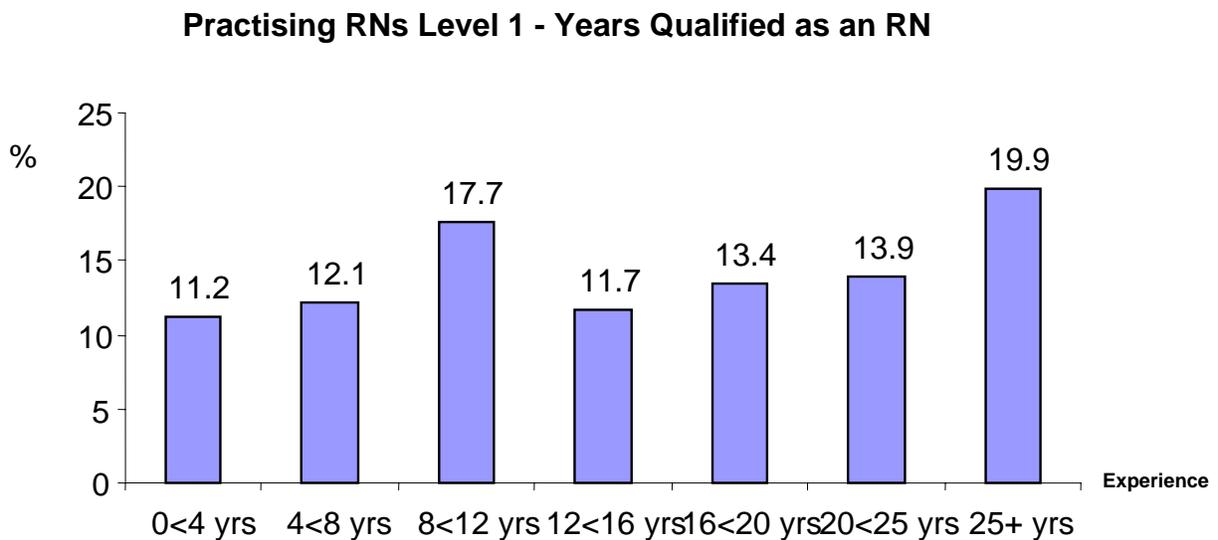
Notwithstanding the over-representation of older nurses in the nurse workforce, data on qualifications shows that many RNs (45.6 per cent) hold a tertiary nursing qualification (see Figure 7). The age (experience) and qualifications have, however, not translated into significant career advancements for many practicing RNs. Of all RNs in the WA sample, 49.1 per cent were employed as Level I RNs at the time of the survey.<sup>4</sup> At a more disaggregated level it is apparent that one fifth (19.9 per cent) of all Level I RNs have 25 or more years of experience (see Figure 8). Without more detailed analysis it is not possible to explain why Level I RNs have so many years of experience, except that there is some evidence that nurses who leave the workforce often return at a lower level.<sup>5</sup> In other words previous years of experience are discounted. This would go some way to explaining the lower relative pay position of nurses. If this is the case it also suggests that the RN-Other Professional pay gap owes more to institutional discrimination than it does to any human capital factors (such as experience and qualifications). Improving the qualifications and experience of RNs will, therefore, do little to close the gap. It requires policy initiatives focused on institutional and structural factors, such as policies with respect to promotion and recognition of previous years of experience. The high level of pay dissatisfaction amongst younger nursing cohorts combined with the need to attract and retain RNs suggests this might be a fruitful area for further inquiry.

**Figure 7. Practising RNs Highest Nursing Education Award, Western Australia**



Source: McCabe, Nowak & Preston, 2003 (Fig 12).

**Figure 8: Level I Practising RNs – Experience as Defined by Years Qualified as an RN, Western Australia**



Source: McCabe, Nowak & Preston, 2003 (Fig 19B).

**Demographic characteristics**

In the pay literature demographic features are also accorded significant discussion since, they too, affect wage outcomes. Women with dependant children, for example, typically earn less than comparable women without dependant children. This may reflect discriminatory employment practices such as hampered promotional prospects.

In the following discussion a range of demographic characteristics are presented although the purpose has less to do with understanding wage outcomes and more to do with knowing who our RNs are. Only a select set of characteristics are profiled. These include marital status and dependant children. We are interested in marital status since this variable is highly correlated with participation (labour supply) decisions. Recent decades have seen significant increases in female participation rates, particularly amongst married women (see Figure 8).

**Figure 8**

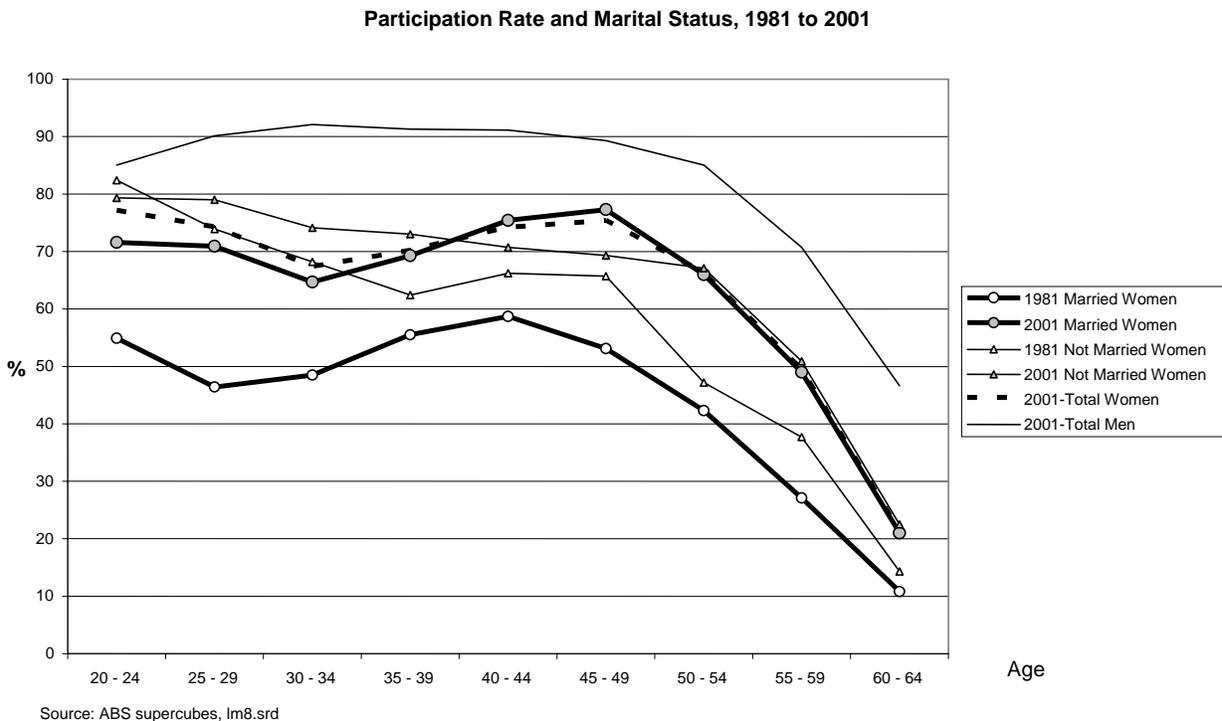


Table 7 above presents Census data on marital status disaggregated by select occupation. Little can be inferred about participation rates from these data, but it is noteworthy that the share of employed RNs who are married is substantially lower than the comparable share amongst primary and secondary school teachers (eg. 58.7 per cent versus 65 and 64 per cent, respectively). It may be that these observed differences are reflective of work schedules, with teachers perhaps better able to negotiate a work schedule that fits in with other family commitments. This might suggest that there is a potential pool of married RNs who would return to RN practice if suitable schedules could be negotiated. Indeed, negotiation of working hours may be more stressful at the family level than at the workplace level. The role of partners in influencing hours worked should not go unstated; it is an important stressor in contemporary work lives.

It may be recalled from Table 4 above that 48.1 per cent of all practicing RNs who are employed full-time in their main job would prefer to work fewer hours. Of this group who have a spouse or partner, nearly half (47 per cent) have a spouse / partner who wants them to work fewer hours (see Table 8). However, it is not clear why they want them to work fewer hours. It may be that they want them to 'slow down', indeed retire as they themselves move into

retirement. Alternatively, it may be that they wish their partner to reduce their workload in order to carry more family responsibilities (eg. care for children or elders). Either way it would be fair to say that the preferences of spouses play an important role in affecting the preferences of practicing RNs. In the 2002 WA RN survey 30.6 per cent of RNs reported that they found it difficult to balance their work and family responsibilities.

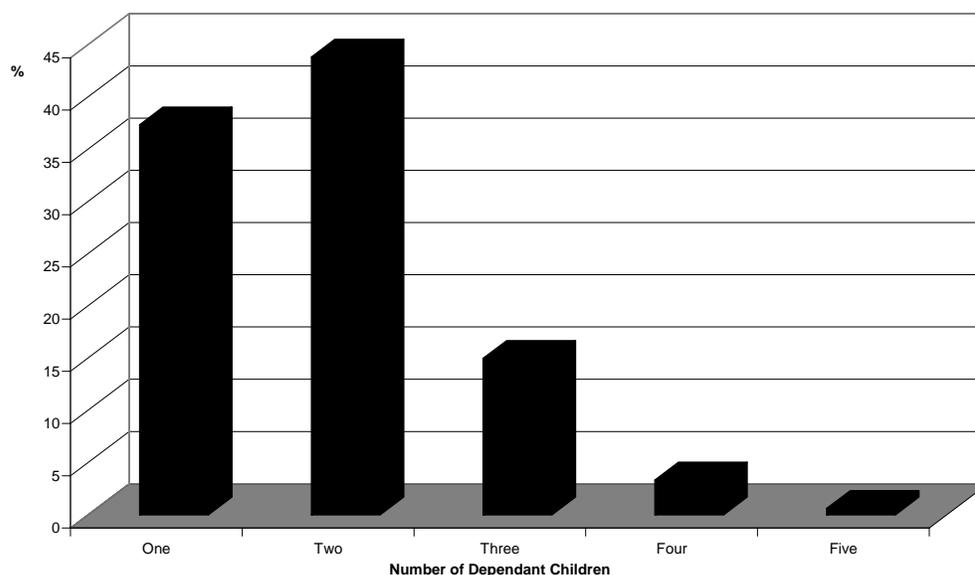
**Table 8: Practising RNs - Employment Status by Revealed Hours Preferences by Believed Preferences Held by Spouse / Partner, Western Australia.**

Is your spouse/partner happy with the hours you work?	Q: Would you like to work more or fewer hours (main job)?			
	Yes, would like to work fewer hours		No, happy with number of hours	
	Employed FT	Employed PT	Employed FT	Employed PT
No, s/he would prefer I worked less hours	47.0	43.0	22.0	20.0
No, s/he would prefer I worked more hours	1.0	2.0	1.1	2.4
Yes, s/he is happy with the hours I work	36.6	40.4	65.5	71.2
Don't know	15.3	14.6	11.3	6.5
	100.0 %	100.0%	100.0 %	100.0%

### Children

In 2002 73 per cent of all practicing RNs who responded to the 2002 WA RN survey indicated that they had children. Of those with children, 58 per cent had dependant children (i.e. children aged 15 and under). The majority (44 per cent) of RNs with dependant children reported having two; 37 per cent had only one dependant child while 15 per cent had three (see Figure 9)

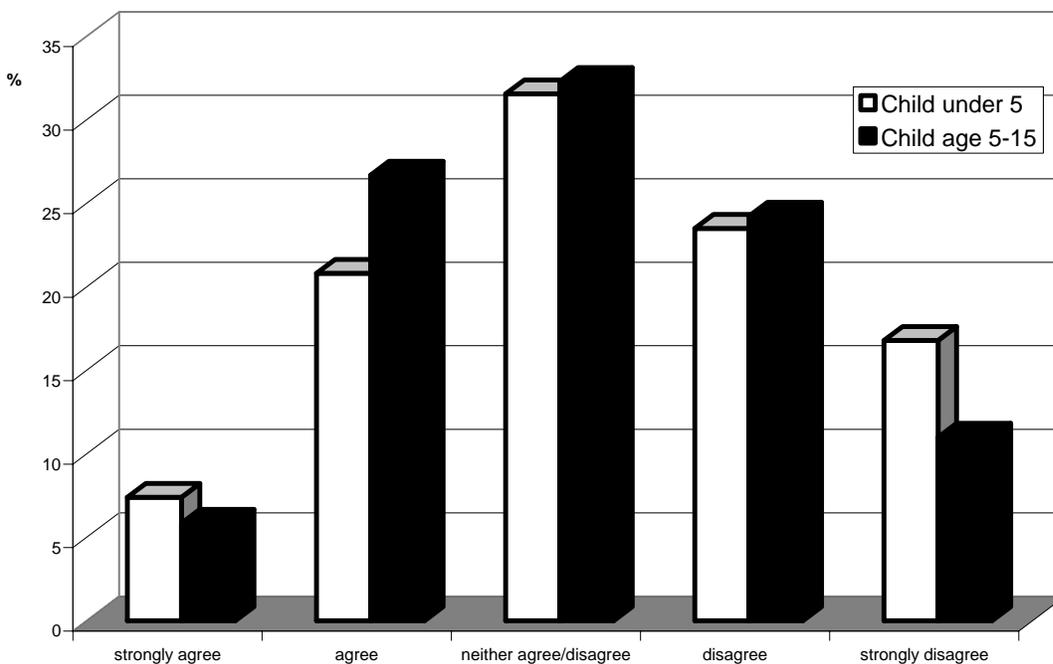
**Figure 9: RNs & Dependant Children, 2002**



Source: 2002 WA RN Survey

The majority (67.5 per cent) of these dependant children are of school age. In 2002 23 percent of practising WA RNs with dependant children had one child under the age of five. A further 10 per cent had two children under the age of five. Figure 10 shows the distribution of responses to an attitudinal question concerning work & family balance. The responses are disaggregated by whether or not the RN has a dependant child under the age of five. It is apparent from this chart that RNs with young children are more likely to report that they find balancing work and family difficult. One may conclude from this that initiatives aimed at assisting parents of young children balance work and family would constitute a productive investment.<sup>6</sup>

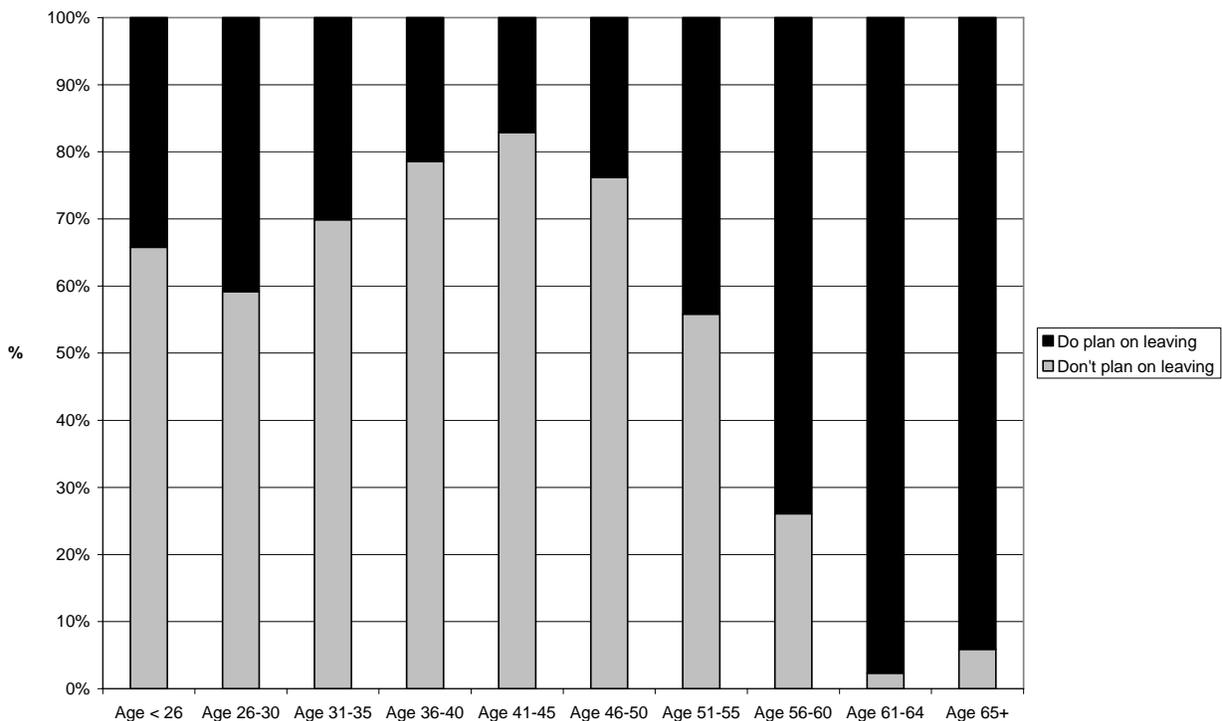
**Figure 10: Question - I find it easy to balance my current work and family responsibilities.**



The survey did not ask about elder care responsibilities, although clearly this is an important consideration especially given the age composition of the workforce. It has been suggested that elder care responsibilities typically fall on daughters and, on nursing daughters in particular since it is often perceived that they have the skills and knowledge of both the medical and the health system to carry this responsibility.<sup>7</sup> The stresses associated with elder care responsibilities amongst RNs in Australia are as yet unclear and should be the focus of future research. It may be that one response to these stresses and pressures is induced early retirement, creating further pressure on the supply of nursing labour. As it stands 15.6 per cent of all RN respondents to the 2002 WA RN survey indicated they intended to retire in the next five years. This anticipated retirement timeline may in part be prompted by the physical intensiveness of the work, or reactive or preventative health reasons.

Of perhaps more concern is that one-third (33 per cent) of all respondents indicated they would cease nursing practice in the next five years; 47 per cent of this group would cease for retirement reasons, while 24 per cent planned on changing occupation. If these anticipated plans are actioned they will, of course, have enormous cost effects (eg. cost associated with turnover) as well as significantly impact on supply and the pool of nursing experience. Figure 11 shows the distribution of stayers and leavers within age groups. As expected, many who plan on leaving are in the older age groups. It is of concern to note that 41 per cent of RNs aged 26-30 anticipate leaving in the next five years. Nearly one quarter (23 per cent) of this group see themselves leaving to change occupation. The majority (61.5 per cent) will leave for family (eg. child-care) reasons.

**Figure 11: Distribution of RNs who intend on leaving nursing, disaggregated by age.**



Source: 2002 WA RN Survey.

## Conclusion

The aim of this paper has been to build a profile of the labour market and demographic characteristics of nurses in Australia. The analysis has relied upon a number of data sources including census data, ABS data on earnings and income and data from a recent 2002 survey of RNs in Western Australia. The profile created by these combined data sources confirms many widely held perceptions about nursing and supports many of the earlier conclusions (and warnings) by Sloan & Robertson (1988) based on 1981 data.

Nursing remains a highly feminised and ageing occupational group, with members of the profession poorly remunerated relative to other occupations with similar skills and training requirements. Today most employment in this sector is of a part-time nature with many RNs

indicating a preference for *fewer* rather than more hours of work. (In 1981 the majority of RNs were employed full-time). Turnover intentions amongst RNs are high. One third of respondents to the 2002 WA RN survey anticipated leaving the profession before 2008; of the group of RNs aged 26-30 41 per cent indicated an intention to quit.

Attraction and retention thus remains a critical issue for this highly significant profession. Although a number of initiatives have (and are) being put in place to deal with underlying problems such as work and family pressures<sup>8</sup> these developments are unlikely to significantly impact on the nurse labour market imbalance. So long as nursing pools from a supply of just women (and there is little evidence to suggest and shift in preferences of men towards nursing) nursing will remain in competition with other occupations also competing for women. Whilst pay may not have been an important factor influencing the career choice decision making of older generations data in this paper suggests that it is a highly important consideration for younger generations. Dockery & Barns in their paper “Who’d be a nurse? Some evidence on career choice in Australia” also supports this conclusion.

Fiscal pressures and a monopsonistic market structure (Nowak & Preston 2001) have thus far constrained the pay rises awarded to nurses. As the shortages continue to bite we may see some changes here. In the meantime the biggest challenge is that of tapping into the latent supply pool of nurses who hold an RN qualification but either don’t practice or only supply on a short-term and part-time basis. Moreover, we are unlikely to see any significant shift in participation patterns of younger generations. Australia seems very much wedded to a structure which sees Australian women meet family care needs through part-time work (see Preston & Burgess, 2003). Perhaps this, in the end, might be the saving for the nursing profession since there is little evidence of other professional occupations being able to accommodate women when they demand part-time work. Studies of women in law, of women in engineering and of women in IT, for example, all note the absence of part-time work as a significant retention issue (ibid).

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<sup>1</sup> The argument behind the encouragement of males into nursing is that, in the absence of an expanding male RN pool, the overall RN potential labour supply will shrink as women's occupational alternatives continue to grow. In the past there was almost a guaranteed labour supply as women seeking a professional career could basically only choose between nursing and teaching.

<sup>2</sup> Since the establishment of Nurse West, a nurse placement agency in Western Australia within the Western Australian Health Department the number of agency nurses in Western Australia has significantly fallen. The new arrangements also require nurse managers to better manage their rosters.

<sup>3</sup> The survey was conducted in 2002 and involved a survey of 5000 RNs in Western Australia. After allowing for incorrect addresses the response rate was 38.3 per cent (n=1884). For further details and limitations see McCabe, Nowak & Preston, 2003.

<sup>4</sup> A new classification structure was introduced to Western Australia in 1987. A Level 1 RN is at the bottom of the scale. Above Level 1 there is a Level 2 Clinical Nurse (CN), Level 3 Clinical Nurse Specialist (CNS) and Level 4 Coordinator, Clinical Nursing. The Director of Nursing (DON) is level 5A.

<sup>5</sup> Data from the 2002 WA RN survey suggests that, of those RNs who had a career break and returned to nursing, around 23.3 per cent returned at a lower level; 3.8 per cent returned at a higher level while the remainder (72.9 per cent) returned at the same level (McCabe et al., 2003, p.33).

<sup>6</sup> For more information see Human Rights & Equal Opportunity Commission (2005) *Striking the Balance: Women, Men, Work and Family*, Working Paper, [http://www.hreoc.gov.au/sex\\_discrimination/strikingbalance/index.html](http://www.hreoc.gov.au/sex_discrimination/strikingbalance/index.html)

<sup>7</sup> This discussion point emerged during a session discussion at the Work, Employment & Society Conference, Manchester, 2004.

<sup>8</sup> In Western Australia a 'Family Friendly Network' has been established to assist in the identification of options to assist balancing work and family needs (for details see <http://www.health.wa.gov.au/familyfriendly/welcome/>).