Employment conditions of Australian primary health care nurses

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A R T I C L E   I N F O

Article history:
Received 16 September 2016
Received in revised form 6 December 2016
Accepted 31 March 2017
Available online xxx

A B S T R A C T

Background: The primary health care (PHC) nursing workforce is growing to meet the demand for community based health services. To facilitate the recruitment and retention of nurses in PHC settings it is important that positive employment conditions exist.

Aim: To explore the employment characteristics of Australian PHC nurses, including employment patterns and remuneration considerations.

Methods: A descriptive survey of Australian PHC nurses was conducted during 2015 as part of a larger mixed methods study. This paper reports the survey findings relating to employment patterns, conditions and remuneration.

Findings: One thousand one hundred sixty six nurses responded to the survey, most respondents were employed in general practice and many were employed part-time. Rates of pay were significantly lower for those employed general practice compared to other PHC settings. Most respondents hadn’t received a pay increase in the last 5 years. There were considerable differences in the allowances received between nurses employed in general practice and other PHC settings.

Conclusion: Whilst more nurses are moving into PHC, the remuneration and allowances differ between PHC settings and continue to lag behind the acute sector. To attract skilled younger nurses to meet future workforce requirements, there is an urgent need to review pay and conditions in PHC nursing. Equally, PHC nurses must develop skills to better negotiate their employment conditions and remuneration and industrial organisation must continue to support industrial advances in this area.

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Issue

The number of nurses employed in Australian PHC has grown significantly in the last decade. To meet increasing demand this workforce needs to recruit and retain skilled nurses.

What is already known

A key workforce issue which hinders the employment of nurses in PHC is the conditions under which they are employed.

What this paper adds

This paper provides evidence of the current workplace conditions of nurses employed in Australian PHC, emphasising areas where PHC nurses are behind their acute care colleagues.

1. Introduction

The increasing focus on the provision of health care services in primary health care (PHC) to address the rising chronic disease burden and aging population has resulted in considerable growth in the nursing workforce in these settings. Specific Commonwealth funded programs such as the Practice Nurse Incentive Program (PNIP) have provided incentives to employ nurses in some primary health care settings (Department of Human Services, 2016). One in eight nurses now identify themselves as working in PHC roles, including general practice, schools, correctional settings, community health centres and remote communities. Over 12,000 nurses specifically identify themselves as working in Australian general practices (Australian Institute of Health and Welfare, 2014). This is a significant increase from the estimated 2300 in 2003, and 9000 nurses employed in general practice in 2009 (Halcomb, Salamonson, Davidson, Kaur, & Young, 2014). PHC nurses have a variety of roles, depending on the setting in which they are employed. However, broadly they make a significant contribution to lifestyle risk factor reduction, support for self-management and chronic disease management within the community.

Unlike acute care nurses who are largely employed by State/Territory health services, nurses in PHC are employed by
a range of different organisations including small businesses (e.g. general practices), corporate health chains, non-government organisations and charities. So whilst acute care nurses are covered by State/Territory employment conditions, for nurses in PHC, employment conditions and remuneration may vary considerably depending upon the employer (Australian Medicare Local Alliance, 2012; Australian Primary Health Care Nurse Association, 2016).

In 2010, a national Nurses Award which determines pay and conditions was introduced for nurses and midwives who are not covered under existing state based awards or workplace agreements (Fair Work Commission, 2010). The Award, whilst not specific to those working in PHC, sets minimum wages and comparable conditions to those employed in acute care roles. In addition, a further development in the industrial arena has been the negotiation of enterprise agreements between industrial organisations and some larger employers of general practice nurses (GPNs). These agreements include putting in place classification structures and associated pay and conditions which reflect the diversity of roles of nurses working in these settings (Australian Nursing and Midwifery Federation, 2013). Despite the presence of these agreements the literature reports concerns amongst PHC nurses regarding employment conditions and remuneration (Halcomb & Ashley, 2017). The Australian Primary Health Care Nurses Association (APNA) has undertaken surveys of pay and working conditions of GPNs since 2005. Past surveys have indicated that many nurses working in the PHC setting have traditionally been remunerated at lower rates of pay and with less optimal working conditions than their acute care colleagues (Australian Practice Nurses Association, 2010, 2014; Australian Primary Health Care Nurse Association, 2016). An important consideration in designing the 2015 expanded primary health care workforce survey was therefore to provide further information about how changes in the industrial arena, such as the introduction of the Nurses Award (Fair Work Commission, 2010) and the expansion of the PHC nurses role may have impacted over time on the employment characteristics of the current PHC nursing workforce.

2. Aim

The aim of this paper is to describe the employment characteristics of Australian PHC nurses, including employment patterns and remuneration considerations.

3. Methods

3.1. Study design

A mixed methods study consisting of a national survey and a series of interviews was undertaken to provide data relating to the PHC nursing workforce and to explore capacity building within PHC nursing. The large volume of data generated necessitated a number of publications to adequately explore each aspect fully. This paper reports the findings from the survey relating to the employment characteristics of nurses working in Australian PHC drawn from the national survey. Other aspects of the project, such as the validation of the job satisfaction items, satisfaction with aspects of the PHC role, the role of PHC nurses and the qualitative interviews, are reported elsewhere (Halcomb & Ashley, 2017).

3.2. Sample

The difficulties in recruiting nurses working in PHC settings have been well documented due to the lack of national register (Halcomb et al., 2014). Whilst the limitations of convenience sampling are well recognised, the difficulties in accessing PHC nurses precluded more representative sampling strategies. Therefore, information about the survey, including a link to the online survey form, was widely disseminated through nursing and primary health care networks using a multi-faceted approach. Emails containing an invitation to participate as well as the electronic link to the survey were sent to members and networks of the APNA, the Australian Nursing and Midwifery Federation, the Australian College of Nursing and other key national nursing organisations and key stakeholder networks such as the Medicare Locals (primary health care organisations). Information about the survey was also distributed by direct email to individuals and in professional newsletters, as well as publicized through the use of social media outlets such as Twitter, Facebook and LinkedIn.

3.3. Survey tool

The survey tool was developed following critical evaluation of relevant published literature, mapping of existing survey instruments (Australian Divisions of General Practice Ltd, 2003; Australian Medicare Local Alliance, 2012; Australian Practice Nurses Association, 2014), and in consultation with key stakeholders. The tool collected demographic information about participants, their specific role and job focus, clinical activities, professional development and performance review, professional support, working conditions and salary, career intentions and levels satisfaction. A combination of Likert scales, dichotomous responses and open ended questions were used to maintain respondent interest and encourage survey completion. All responses were anonymous and confidential. The face validity of the survey was assessed prior to survey distribution by a group of 11 nurses including academic professionals, policy experts and individuals with experience in workforce surveys. Following input from this panel, some minor changes were made to the wording of some items to enhance their readability and ease of response.

3.4. Data collection

Promotional emails and information about the survey contained a link to a webpage hosted by Survey Monkey™. It was launched on the 30th of March 2015, with a time limit for completion of four weeks due to the deadline imposed by the funding body. To optimise response rates, reminder emails were sent to potential respondents two weeks prior to the closure.

3.5. Data analysis

Data was exported directly from Survey Monkey™ into SPSS Version 21 and analysed using descriptive statistics. An independent t-test was conducted to compare GPNs and other PHC nurses hourly rates of pay. Hierarchical multiple regression was used to assess the ability of area of work (GP or Other PHC) to predict pay, after controlling for the influence of number of years qualified, registration status, postgraduate qualification and locality of practice. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. A series of chi-square tests were conducted to compare GPNs and other PHC nurses entitlements.

3.6. Ethical considerations

The study was approved by the University of Wollongong Health and Medical Research Ethics Committee (Approval Number HE15/074) and the Australian Government Statistical Clearing House (Approval Number 01725-05).
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