

Casualisation in the nursing workforce – the need to make it work

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KEY WORDS

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ABSTRACT

Objective

The aim of this paper is to highlight some of the challenges faced by the nursing profession in response to increased casualisation of its workforce and why the presence of casualisation needs to be viewed in a positive light.

Setting

The nursing workforce worldwide.

Subjects

Nurses who need or want to work as casuals.

Primary argument

The care-giving responsibilities of a predominantly female workforce and the ageing of the nursing workforce worldwide means some nurses are choosing or need to work as casual employees in order to remain in the workforce. Historically, casuals have been viewed in a negative light particularly in discussions around commitment and continuity-of-care. Without a change in attitude towards nurses who work as casuals, a significant portion of the nursing workforce may be lost.

Conclusions

An ageing nursing workforce coupled with a worldwide shortage of nurses means that employers need to ensure options are available to accommodate nurses requiring flexible rosters in order to encourage recruitment and retention. Policies are needed to ensure that all staff, regardless of their contribution in hours, feel valued and supported and are able to contribute to their profession. Maintaining a portion of the workforce in a flexible form will allow increased staffing options and ensure that sufficient experienced staff are available in order to maintain quality patient care and outcomes.

INTRODUCTION

Increased casualisation of the nursing workforce in recent years has culminated in a greater percentage of nurses working in non-standard forms of employment such as part-time and casual. One of the main drivers for casualisation during the restructuring of the health workforce was to increase its productivity and competitiveness. Exchanging full-time employees with largely benefit-free casual staff was viewed by employers as sound economics as casual staff were able to be utilised according to patient and workforce requirements. Non-standard forms of employment often suit workers with family or care giving responsibilities, those wishing to gain extra income or pursue education or training, or those wanting to have flexible or decreased work hours. Whether casualisation is driven by employers of nurses or the nurses themselves, non-standard work arrangements are likely to be an ongoing feature of the contemporary nursing workforce and demands strategies to ensure it contributes positively to staff and patients experiences.

DISCUSSION

Casualisation and the nursing workforce

The move away from standard full-time work to more flexible forms of non-standard work has largely been driven by competitive and economic pressures, deregulation of the labour market and the need for greater flexibility in organisational structures (Allan 2000). Non-standard work is associated with any other form of work that is not 'standard', for example casual, agency and part-time work. 'Casualisation' occurs when there is a shift from predominantly full-time and permanent positions to an increased number of casual positions. The shift towards casual work in Australia has continued to rise to a level where approximately one in four Australian employees are classified as being engaged in a form of casual work (Voltz 2007; May et al 2005; Creegan et al 2003) which is one of the highest rates in the industrialised world (Voltz 2007). In the United States of America (USA) approximately 20-27% of workers in the education and health sector are classified

as working in a non-standard form of work (Bureau of Labor Statistics 2005) and in Canada 32.5% of registered nurses (RNs) work part-time with 10.1% as casuals (ICN 2008). It is suggested that people who undertake casual work are employed on a short term or irregular basis with no set hours (Nesbit 2006). These 'casuals' receive an increased hourly rate of pay to compensate for the loss of access to benefits such as paid holiday and sick leave, which are normally associated with full-time and permanent part-time positions (Murtough and Waite 2000).

From an employer's perspective, the growth of non-standard work practices in nursing is a response to management restructuring to provide a more efficient workforce able to respond to economic changes on a national and international front (Lumley et al 2004). From the employee's perspective, this has provided an opportunity to combine work commitments with responsibilities such as family and other interests (Department of Employment and Workplace Relations 2005; Creegan et al 2003) particularly for the predominantly female nursing workforce (Whitlock et al 2002) seeking family-friendly employment opportunities.

Maintenance of a core full-time workforce coupled with the ability to 'top up' as demand dictates, is an effective human resource strategy. Although casualisation was originally a means to increase the flexibility of the workplace, changing demographics have seen casual staff being used to assist with the nursing shortage (Edwards and Robinson 2004). Several studies (Lumley et al 2004; Aitken et al 2001; Godfrey 2000) have found that lack of permanent and/or full-time staff has resulted in organisations using casuals to fill shifts on an almost permanent basis rather than for sick leave or seasonal demands as was the trend previously.

Casualisation and the ageing nursing workforce

Data from Canada reports that for every RN under 35 years of age there are two RNs over the age of 50 (ICN 2008) and this is similar to Australian data where there are approximately 54,000 RNs under 35 years of age and approximately 110,000 RNs over 45

years of age (AIHW 2009). Retirement plans are on the agenda for the 'baby boomers' (those born between 1946 and 1964) (Cowin and Jacobsson 2003) and from 2011 they will start to leave the workforce in large numbers. However, because of longer life expectancy (Kraill 2005) or for financial reasons (Palumbo et al 2009) such as the recent global financial crisis which impacted on savings and/or benefits (Halsey 2009; Lavizzo-Mourey 2009; Rampell and Saltmarsh 2009), some may choose to retire later or transition into retirement more gradually. Schofield et al (Schofield et al 2006) predict that half of the current nursing workforce will retire in the next 15 years. In Australia, The Senate Community Affairs Committee report 'Inquiry into Nursing' (2002) predicts that 30% of its current nursing workforce may be lost during this same period. In the USA, it has been projected there will be a need for between 400,000-800,000 RNs by 2020 to satisfy the gap between supply and demand (Buerhaus 2005).

Although nursing has experienced shortages before (Purnell et al 2001), this period of decreased supply is occurring as the pool of current workers is ageing in parallel with a population that is ageing, thus increasing the demand for health care (O'Neil 2003) and health care professionals (Buerhaus 2005). Projections for the nursing workforce through to 2025 indicate the need to continue strengthening numbers to meet these needs (Buerhaus et al 2009). Strategies to meet these expectations are needed to ensure the health care system remains able to provide affordable, accessible, high quality health care. Although casualisation is by no means a panacea to address these issues, it provides a workforce that can be used flexibly to address the shortage of staff.

As the workforce ages, the loss of older workers and their corporate and discipline specific knowledge, expertise and skills means the loss of valuable corporate intelligence (Ward-Smith et al 2007). Andrews et al (2005) found that in the United Kingdom (UK) nurses over 50 years of age indicated a lack of flexibility in work hours was a major factor influencing their decision about whether to continue

participating in the nursing profession. Another factor influencing this decision is the dissatisfaction felt by any individual who works below their capacity, training or education which also affects their attitude towards their work and employment (Holtom et al 2002). Dissatisfaction in the workplace due to hours worked and underutilisation of knowledge and skills is an important retention and recruitment issue (Knox et al 2001). Baumann et al (2001) highlight that nurses 'work best' when they have some control over their work hours and are able to perform within their full scope of practice. Allowing knowledgeable and skilled employees to be dissatisfied or underutilised is potentially detrimental to quality patient care and to the nursing profession (Edwards and Robinson 2004). Organisations and governments need to consider strategies to keep these employees in meaningful work (Blakeley et al 2008; Ward-Smith et al 2007; Robert Wood Johnson Foundation 2006).

Casualisation and flexibility

Casualisation of the workforce has also occurred in an endeavour to satisfy the need for flexibility (ICN 2002). Evidence from the nursing workforce in the UK, the USA and Australia has shown that many nurses choose casualisation over permanent positions because of higher hourly pay, more incentives and flexibility over when and where they work (Gordon 2004; Lumley et al 2004; Creegan et al 2003).

An Australian Government report (Standing Committee on Employment Workplace Relations and Workplace Participation 2005) proposes that more casual positions are needed to encourage more workforce participation, especially amongst women and mature-aged workers. The Australian Nursing Federation's (2008) submission to the Standing Committee on Employment and Workplace Relations stresses that a key factor to increasing workforce participation by nurses is flexibility around work schedules and hours worked.

Some authors report that casualisation has been used to address retention and recruitment challenges in Australia (Aitken et al 2001) Scotland (Buchan 2002) and the UK (Edwards and Robinson 2004)

however in order to retain and recruit staff work preferences must be taken into account (Blythe et al 2005). Nurses who can work their preferred hours and schedules have been found to demonstrate greater satisfaction in their work and a lower intent to leave the workplace (Holtom et al 2002).

To remain efficient in the current climate and be able to compete for the smaller pool of workers available, employers of nurses need to implement strategies that include non-standard forms of work. While casualisation presents many opportunities for employees to stay or move into the nursing profession, discussion around casualisation has often had a negative focus, with concerns for commitment to the profession and patient care and outcomes regularly raised as issues.

Casualisation and commitment

Historically, non-standard forms of work have been undertaken by less skilled and less committed workers (Galais and Moser 2009; Edwards and Robinson 2004). Richardson and Allen (2001) support the view that the term 'casual' carries with it many assumptions, but argue that nurses in casual employment have the same education and experiences as their full-time colleagues. Several authors argue that commitment to an employer is influenced by the type of employment chosen and that many part-time workers are female who have chosen family commitments over commitments to a career and hence employer (Whitlock et al 2002). In study findings involving nurses, positive correlations between job satisfaction and organisational commitment highlight the need to support employment choice where possible (Ingersoll et al 2002). For many nurses who choose to work flexible schedules and/or hours, job satisfaction and organisational commitment may be influenced by how well they are able to integrate both work and family commitments.

Keeping up to date with contemporary practice can be problematic for nurses who work as casuals as they may not be integrated into an organisation's staff development opportunities (Allan 2000) due to their high numbers and turnover. The potential to

lose track of the yearly mandatory competencies and other more specific workplace education and training is a genuine concern. Nurses who work as casuals are often asked to cover for permanent staff while they attend professional development activities and FitzGerald et al (2007) report that one nurse in their study had not attended an in-service during the ten years she had been in the casual pool. Even in light of the self-regulation required for registration with many nursing boards, FitzGerald et al (2007) found that none of the nurses working as casuals in their study discussed accessing information resources for themselves.

Type of employment (full-time, part-time, casual) must be taken into consideration by employers wherever possible because voluntarily undertaking non-standard work (including casual and temporary) has a positive impact on work related attitudes and behaviours (Connelly and Gallagher 2004). If commitment is in part related to ability to choose employment status, strategies and policies need to be implemented to ensure casual employees are offered the same education and training as their permanent/full-time counterparts, or supported to do this themselves, in order to ensure that even in the constantly changing nursing environment, quality patient care and outcomes are maintained.

Casualisation and continuity of care

Strategies used by some organisations to address continuity of care include the operation of a nursing pool or having nurses who 'float' between areas, which also provides multi skilling and improved utilisation of staff (Rudy and Sions 2003). These 'float' nurses work within one organisation and are assigned to different areas as needed each shift (Rudy and Sions 2003; Richardson and Allen 2001). This flexibility has provided the employer with valuable options in how they utilise their staff as well as opportunities for staff to extend their knowledge and skills across the workplace which may help maintain a high standard in patient care and safety (Richardson and Allen 2001). 'Floating' nurses may provide employers with an alternative staffing strategy but it has not always been found

to be a significant factor in staff satisfaction and may lead to retention concerns, as reported in one study in which 'floating' was a driver for nurses to leave an organisation (Ferlise and Baggot 2009). Another initiative used to accommodate flexibility needs of staff was the implementation of four, six, eight and twelve hour shifts in some workplaces (Kalisch et al 2008). Although improved flexibility was an outcome, this model often led to chaos in the workplace with constant changes of staff leading to ineffective teamwork and the constant reassigning of staff throughout the day threatening patient care and safety (Kalisch et al 2008). Continuity of care may be difficult to ensure through these strategies as it could be argued that the nurse who 'floats' around their organisation or who works varying shift lengths is a form of casual nurse within that organisation.

Although concern over continuity of care has often been raised in relation to the negative impact of casualisation on patient care and potential outcomes (Blythe et al 2005; Burke 2004; Grinspun 2003; Aitken et al 2001; Richardson and Allen 2001) data would suggest some form of casualisation will remain. The issue of continuity of care has been acknowledged by the Australian Council for Safety and Quality in Health Care (ACSQHC), responsible for developing the 'National Patient Safety Education Framework' (ACSQHC 2005). Objective 4.4 'Providing continuity of care' (ACSQHC 2005) (pp. 181-188) states that the impact of having casual or short-term nursing staff must be factored into policies and protocols to ensure issues around continuity of care are addressed by all levels of the health care workforce. These policies and protocols should include training and infrastructure ensuring that the presence of casual staff in the workforce is incorporated into the design of patient services to ensure positive patient outcomes. This framework can provide clear evidence and guidance for workplaces in two ways: (i) by initiating the implementation of strategies to ensure that patient safety and care is not jeopardised because of casualisation and, (ii) that staff, whatever their work status, remain valued and included.

However these ideals are not always achieved and it has been reported that casual staff were considered by nurse managers to be less committed to both the nursing profession and the organisation and 'interrupted the continuity of patient care provided by permanent staff' (Allan 2000) (p. 195). Nurses believe that a heavy reliance on part-time and casual staff contributes to potentially putting patients at risk (Grinspun and Finkle 2003). Indeed, several studies have shown a strong correlation between the number of full-time registered nurses and reduced adverse events involving patients (Royal College of Nursing 2006; Clarke and Aiken 2003; O'Brien-Pallas and Baumann 2000). If casualisation is seen by government and industry leaders to be an ongoing strategy to address workforce challenges, these concerns need to be addressed. Strategies and policies need to be developed that ensure individual nurse's needs are met with the assurance that the delivery of safe, quality care is not compromised.

CONCLUSION

Casualisation in nursing offers increased opportunities for the predominantly female workforce to remain in the profession. Ensuring wherever possible that staff are able to work according to their own employment preferences while utilising their knowledge and skills, are simple tools that can be used by employers to attract and retain staff. In order to retain older, more experienced nursing staff, implementation of innovative ways to retain them in the workplace need to be developed. Nurses in non-standard forms of work must be valued members of the profession and their contribution to patient care and outcomes must be considered when developing policies and strategies for the future. The profession must find ways to provide opportunities for non-standard work without allowing compromises in patient care and outcomes. Further research and evaluation of strategies and innovations will help guide employers and ensure that casualisation of the nursing workforce provides opportunities for staff and maintains the organisations commitment to the provision of safe, quality patient care.

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