

Crossing the Great Divide: A Case Study of a Regional Nursing Labour Market in the Central West of New South Wales

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Abstract

This study contributes to the labour market research into nurse shortage in an Australian regional context. It indicates that supply decisions are influenced by family circumstances, attachment to regional life and characteristics of the profession, particularly the emphasis on caring. Aspects of nursing work, particularly workloads and working with competent people (as opposed to autonomy and career prospects), and conditions of work, particularly wages, protection from violence and flexibility of working time are more able to be affected by government and management.

The study also suggests that a 'strict' approach to employment and work organisation tends to follow traditional medical treatment assumptions and lead to unnecessary cultural and systemic inflexibility. Generational conflict ('older' and 'younger' nurses) overlaid by opposition to the current system of nurse education (hospital-based and university-based) emerge as additional problems impacting on the participation of nurses.

Introduction

In this paper we seek to identify the key determinants of participation in nursing of nurses in the geographic region that approximates the Statistical Division of the Central West of NSW. Our objective is to examine the factors that influence the labour market decisions of nurses and to assess, in the context of our sample,

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how these factors operate, and their relative importance, in a decision to work as a nurse in the region. We find a range of factors to be directly important - including family and regional lifestyle, values of caring, the desire to work with competent colleagues, workloads, fear of violence and wages. We also find three issues that impact indirectly – an inflexible work culture, strong generational differences and disenchantment with the current nurse education system. Our analysis enables us to suggest a number of actions by both government and hospital management to enhance the participation of nurses in the region.

Background

Nurse shortage had been identified at an international level by Duckett (2005). A decline in the number of nurses per 1,000 of population in Australia was identified as a problem by the ABS (2005) (see also Productivity Commission 2005). Australia-wide, the figure fell from 10.8 in 1986 to 9.8 in 2001. It has since rebounded slightly to 10.1 (ABS 2006a, various tables). As the Australian population ages, the faster the demand for nursing services will grow. Thus a better measure of the adequacy of nurse supply might be provided by the nurse rate per thousand of population over the age of 55 years. At the Census date in 2006 the rate was 41.4 for Australia as a whole and 39.5 for the Central West. To the extent that a problem of nurse shortage has been identified, it is at least as bad in the Central West of NSW as in Australia as a whole. The nurse shortage in regional areas in Australia, in general, has previously been identified in several reports (Productivity Commission 2005, chapter 10; AIHW 2008, pp. 431-432; NHHRC 2009, pp. 24-25).

The Productivity Commission Report (2005) and the NHHRC (2009) pointed to problems which lead to poor health outcomes in rural and remote communities, particularly access to services. Governments have attempted to deal with regional health service deficiencies, particularly the provision of health workers (AIHW 2008 pp. 431-2).

A number of writers have given general consideration to regional labour market issues. The discussion includes: recognition of demand and supply fluctuations resulting from factors including 'a changing demographic workforce profile' (Burgess and Connell 2008, p. 416), policy debate over how to address these changes (e.g. between Freebairn 2003 and Pritchard 2005), commentary on how regional labour markets adjust (Lawson and Dwyer 2002), research into the variation in regional employment growth (Mitchell 2008), the role of local employment policies

(Cook 2008) and the use of spatial analysis to inform regional socio-economic policy to address disadvantage (Baum 2006).

With respect to the labour market for nurses in Australia, much of the literature covers various geographic areas (e.g. Duffy et. al. 1999; Doiron and Jones 2006). Recent government enquiries (Parliament of Australia, Senate 2002; Productivity Commission 2005) have focused on supply shortage and nurse education. Various causes of shortage have been identified, including wages, management, work-family balance and working time arrangements (Dockery 2004; Dockery and Barns 2005; Naude and McCabe 2005; Nowak 2005; Preston 2005). How these may be countered in recruitment and retention policy and practice has become increasingly important within human resource management (e.g. McMillan and Conway 2007). Extensive research over time has been conducted by the Workplace Research Centre at the University of Sydney, particularly in Buchanan and Considine's (2005) study of nurse:patient ratios and the relationship between working time and work intensification in Victorian hospitals (Wise 2007). The work by Harley et. al. (2007) on aged care workers, including nurses, under high performance work systems established a useful foundation of variables, particularly work organisation. Some studies have addressed specific factors such as the use of casual and fixed term employment arrangements (de Ruyter 2005), the changed political context which brought about the 'New Public Management' in Victoria (Stanton et. al. 2003) and the changes in work for nurse unit managers (NUMs) (White and Bray 2003).

The recent history of the health system in NSW reflects fluctuation in the structure of authority (e.g. from 6 country health regions to 23 district health services in 1993 and 4 at present) and the move from hospital boards to area health services (NSW Health Annual Report 2000/1; Dwyer and Edgar 2008, pp. 30-31). At a policy level, there has been criticism of the distance between decision-making and service delivery, funding programs and persistent attempts at systems to produce a higher level of equity and efficiency (Rix 2005; Dwyer and Edgar 2008; NHHRC 2009). The other significant policy shift has been towards preventive health (Lilley and Stewart 2009).

The Central West region is serviced by the Greater Western Area Health Service (GWAHS), which covers approximately 60 per cent of the State area and operates 3 base hospitals, 12 other hospitals and 36 health and related services. There are 3 main private hospitals in the 3 main cities. In 2008, there were 2380 people employed in nursing by GWAHS (GWAHS Annual Report 2007/8).

The Central West region of NSW had a population of 170,899 in 2006. Some of the main cities, such as Bathurst and Orange (ABS 2006b, table 17), experienced population increase over the last 20 years, but the decline of agriculture as a source of employment and drought have reduced the population of some rural areas and towns in the region. By comparison with Australia as a whole, the region has a low proportion of working age people (25-54) (-4 per cent) but a high 55+ population (+3 per cent) (ABS 2006c).

Methodology

The study, which was conducted throughout 2007, encompassed a survey of existing nursing employees from four organisations: one public sector hospital; one private sector hospital and two private aged care facilities in two regional cities in the central west of New South Wales. The response rate from a population of 590 nurses was 28.1 per cent. There were interviews with nurses (8) and hospital management (5) in one aged care facility and one private sector hospital.

The survey consisted of closed and open-ended questions on three aspects (personal factors, employment conditions and elements of nursing work) to identify what was of relative value to nurses through rank ordering of variables. Whilst the responses cannot directly indicate reasons for attracting people to the occupation, they may suggest what currently employed nurses value in the occupation and might therefore be important for retention. A separate question sought reasons for contemplating leaving nursing. The questions were correlated with age, qualifications, home prior to nurse education and time worked in a regional community. The answers to the open-ended questions were analysed for patterns of reasons for working in the region, the relationship between nurses from different age groups and identification of key problems. The interviews were conducted by two researchers aimed at identifying principal causes of the main responses and patterns. Doiron et. al. (2008), in the light of their study of NSW nurse retention, noted the need for further exploration of the specific factors which influence labour market decisions by nurses.

Research Findings

Responses were received from 166 (156 female, 10 male) nurses with an average age of 37 years – over 60 per cent of respondents were aged 41 or older. Almost half (49 per cent) were employed in a permanent part-time position, although there was no evidence of multiple service employment, while 46 per cent were employed fulltime. Sixty-one percent were registered nurses, 22 per cent enrolled

nurses and 17 per cent were clinical nurse specialists or nursing unit managers. Approximately half were from country towns with fewer than 10,000 people or from farms, with only 10.9 per cent from capital cities. Approximately 80 per cent had worked in regional Australia for 6 years or more. In terms of nurse education, 43 per cent were from universities, 42 per cent from hospitals and the remainder from TAFE. Before their nursing education, 51 per cent of the sample lived in a community of 10,000 or less people. The average length of time that the respondents had worked in rural communities was about 9 years, with only 4.2 per cent having been in rural communities for less than a year and 11.4 per cent having worked in them for 30 or more years.

The first part of the study asked questions about elements that could impact on decisions to seek employment and remain or leave current employment in three aspects of their work – personal situation factors, the employment conditions and the day-to-day nursing work. Specifically, respondents were required to rank a number of alternatives within each aspect. A fourth question then asked them to rank the three aspects in terms of their importance.

A range of circumstances influence labour market decisions, particularly where to accept a job (e.g. capital city or regional area). They include the costs associated with accommodation and transport, proximity to family and lifestyle factors (e.g. noise and congestion). The responses to this question revealed the importance of two factors. These were the underlying philosophy of nursing as a profession, namely 'helping ease the suffering of others', which was rated most important by 58.0 per cent of the sample, and working close to family, which was seen as most important by 27.2 per cent of the respondents. Of those who rated personal aspects most highly, however, 67.4 per cent chose helping ease the suffering of others as the most important item, followed by 19.6 per cent who rated working close to family as most important.

With regard to employment conditions, a good wage rate was rated as most important by 41.7 per cent of the respondents, while 34.2 per cent indicated that flexible working time was the most important condition for them. 'Good career opportunities' were seen as most important by 11.5 per cent of the sample. Of those who ranked employment conditions as their highest priority, however, 58.1 per cent indicated that wages were the most important factor, 30.2 per cent rated the flexibility of working hours as most important and only 4.9 per cent chose career opportunities.

In terms of which elements of the day-to-day work are seen as important, almost half the respondents (47.0 per cent) considered 'working with competent people'

to be the most important, 28.8 per cent chose 'having interesting work', and 13.6 per cent 'being able to make professional decisions'.

For each of the three aspects, a series of appropriate statistical tests was performed to see whether gender, age, prior home, length of time working in a regional community and employment type were related to the responses. Because of the large number of tests that were being performed, a Bonferroni correction was used to calculate the significance levels used for each of the analyses. Very few differences were found. Not surprisingly, those who were employed permanently part-time gave a significantly lower average rank (more important) to flexible working time. In terms of personal aspects, there was a significant relationship between length of time working in a rural community and making friends at work, with those who have worked in the community longest tending to give this a higher rank, indicating that it is less important for them.

In terms of which of the three aspects was regarded as most important, this choice was related to age. Those who rated employment conditions most important were younger than those who rated day-to-day working issues as most important.

From the above results, it is clear that the three main factors that attract nurses to working in this regional labour market are working with competent people, good wages and a desire to help others.

Participants were also asked to choose, from a list of 18 possible reasons, the five that were most likely to make them leave nursing and then to rank those five. Table 1 shows the most commonly chosen reasons for leaving. The most commonly mentioned reason was the workload: this was chosen by nearly two-thirds of the 166 participants. The next most common reason was the wage rate, which was mentioned by over half the participants. Our results also indicate that threats of violence experienced in the work place are a problem which may be causing nurses to leave the profession.

The nature of the education received, location of home prior to nursing education, length of time working in a regional community and employment type were not significantly related to the responses. In the case of age, there was a relationship for the item 'too many controls over the work', with those selecting it being significantly older. There was also a non-significant trend for those who were younger to nominate wage rate and better career opportunities elsewhere as reasons to leave nursing.

Table 1: Most Frequently Chosen Reasons for Leaving Nursing*

Reason for leaving	Number of times chosen
Workload is too high	106
Wage rate	95
Partner/other family member leaving the region	74
Lack of/poor quality resources for patient care	73
Behaviour of managers towards me	66
Too many controls over work	52
Threats of violence	36
Better career opportunities elsewhere	31

* Each respondent chose five reasons.

The picture is somewhat different when we look at the single most important reason participants gave as the most likely to cause them to exit nursing. Partner/other family member leaving the region was nominated by almost a quarter (41). The next most frequently nominated single reasons were the workload is too high (34) and wage rate (19).

The final question, which was open-ended, asked nurses to identify their first priority 'if they had the power to change nursing in Australia'. The most important was the way in which nurse education was structured, with 29.9 per cent agreeing that a 'remixing' of education in favour of more hospital-based education was required. (Some of these respondents added that increased university places and a lower HECS payment system were also required.) This was followed by increased wage rates (20.8 per cent), reduced workloads (17.6 per cent), management support (13.6 per cent), more resources for the job (7.2 per cent) and more flexible shift arrangements (6.8 per cent).

Analysis

The Importance of Family and Caring

Our study has shown that the region's nursing labour force exhibits a relatively mature age structure which is likely to give rise to a higher than normal rate of exit in the near future because of retirements. The failure to attract new nurses to the region has resulted in insufficient replacement of nurses in the region. Many nurses have chosen to work in the region because of some attachment to it such

as having been educated there, following a partner's employment and selecting the region for family and/or lifestyle preferences. The pattern of attachment to the region and working in it (as indicated by a high proportion of the nurses in the survey who had or have their home in small communities and have tended to have worked in nursing in rural or regional communities for a long period) is consistent with the importance of family in the findings of both Hegney et al. (2002 p. 39) and Garnett et al. (2008). The strong influence of lifestyle, however, suggests that there is scope to attract and retain graduate nurses using such factors as the basis of recruitment strategies (Duffy et al. 2000, p. 61-62 and 65).

The organisation of working time through numerical flexibility, particularly a relatively high use of permanent part-time employment (as opposed to casual and agency employment), appears established in the labour market. This is a feature of the employment relationship across generations, where coordinating work and family time is valued by nurses (Preston 2005, pp. 338-339).

The strongest motivating cause for entering and remaining in nursing was found to be the value nurses placed on caring which is traditional, inherent and imperative in the profession. The finding suggests that this value is likely to persist in general, but the form of it likely to change and to be compromised as a result of pressure from technology, consumers, governments and other occupational groups within the health industry. In part, this is being reflected in attitudes to work by different age groups.

Wages

The survey finds that wages are the most important employment condition offered by respondents as an explanation for the current nursing shortage. If this perception continues, it suggests that current problems with recruitment and retention will also continue. The current industrial relations system in nursing exacerbates the problem. The Public Health System Nurses' and Midwives' (State) Award contains a series of steps in nursing classifications (Part B) which provides a ceiling, in effect, after progression through the steps (e.g. 8 annual increments in the case of RNs). With the linking of wages to comparable worth having been rejected by industrial tribunals, taken together, wage increases were limited where management remained with the award system, as opposed to agreeing to over-award payments. (ANF 2008, p. 10). More than any other single factor, funding for wage increases is the least complex initiative that governments and private sector employers can undertake to mitigate the effects of nurse shortage.

Workloads

Beynon (2002, pp. 268-9), Skinner and Pocock (2008) and White and Bray (2003) identify the key concepts in assessing the existence of work intensification: time, pace, volume, resources and support. Apart from the response of some nurses that the physical detriments of the job (e.g. lifting patients) remain, workload problems seem to derive from staffing numbers and psychological pressure. The former of these may be directly related to the inability of employers to attract and retain sufficient nursing staff to reduce workloads. The latter emerged from interviews with nurses who perceive that expectations from patients and families contribute to workload increase. Nurse priority on patient need rather than productivity can conflict with management cost control priorities (McBride, et. al. (2005). Beynon et.al's (2002, p. 268) point about the 'increasing dominance of the customer' seems likely to initiate change in nursing work.

The survey, consistent with some Australian studies (Doiron and Jones 2006, p. 21) and US studies (Janiszewski Goodin 2003, p. 337), found that workloads were the most important reason, after family reasons, for leaving regional nursing. This finding may reasonably be linked to one of the most important factors in nursing work itself, namely working with competent people, because competent colleagues can ease workloads. Recent work in the Victorian age care sector found that excessive workloads were among several factors that induced stress, which led to high levels of intentions to leave (approximately one-third) (Sargent, et. al. 2008, p. 2). Also in Victoria, Buchanan and Considine's (2005, p. 19) study found that improving nurse:patient ratios was necessary but not sufficient in dealing with shortages across the public system. In Britain, Adams, et. al. (2000) argue that up-skilling is neither necessarily associated with job enrichment nor a counter to work intensification.

For management, there is the difficulty of establishing and operating formula workloads systems. This is a persistent problem in many industries where output and time-based measurements are replaced or compromised by qualitative factors (e.g. service quality, unpredictable events and uneven demand). In the Public Health System Nurses' and Midwives' (State) Award, the extensive clause (53) which attempts to calculate workloads remains significantly qualified and complex.

Work Organisation

The previous section explored the findings about workloads, which nurses in the survey identified as an important reason which would make them leave

nursing. How work is organised, particularly by management, is a source of work intensification (Thompson and McHugh 2002, pp. 188-189). Since Braverman (1974) levels and forms of skill, control systems, worker resistance, work variety and expanding types of labour (e.g. emotional and aesthetic) have been used to analyse how work is organised and changed. Labour process theory has been the subject of extensive debate and used to criticise management policy and practice (Watson 2008, pp. 62-70 and 153-65). Recently, some writers have indicated the necessity to provide solutions to the problems which the literature has identified (Thompson and McHugh 2002, pp. 394-395). In short, it is reasonable to argue that work could be improved if workers were given more planning (not just doing), increased levels of skill (rather than deskilling), more autonomy to make decisions (rather than managerial control systems), more varied work (rather than repetitive narrowly specialised tasks) and career paths (rather than one type of job for life).

The importance attached to working with competent people, as opposed to having more control over professional decisions and higher skills, suggests that the usual indicators of job satisfaction (task variety, control and team membership) are less important than the people with whom the nurse works. It was not possible to identify what aspects of the workplace created a workload problem, but the fact that the responses specifically identified total time (at work) and the pace of work suggests that there was understaffing. This is consistent with White and Bray's (2003) study of NUMs in which the volume of work is more of a problem than any change in the nature of work and its supervision.

There are a number of key dimensions related to work organisation and the role of control. First, the research found that there was not a strong emphasis on career as opposed to the notion of a job. Dockery and Barns (2005) link this to the priority of work-family balance. In addition, wages and flexible working time were rated above career opportunities. Second, one conventional way of organising work is along generalised or specialised lines. The responses of nurses and managers to a range of questions in the survey and interviews suggest that specialised nursing work increases skill development, opens up further opportunities for other types of nursing work and adds responsibility and interest to work. By contrast, generalised nursing work is viewed as having a similar yet diverse range of skills, including autonomy and problem-solving, but without the responsibility. This apparent trade-off means that responsibility is a source of work intensification (Beynon, et. al. 2002, pp. 279-84). This was found to be so in Lea and Cruickshank's study of graduate rural nursing (2007, p. 6).

Third, education was seen as important and was usually extensive, accessible, well-funded and encouraged.

The first implication of these findings is that work organisation decisions by management emphasise problem-solving and variable tasks which are linked to the caring nature of nursing as opposed to work organisation linked to a career path (Naude and McCabe 2005). Second, regional hospitals appear likely to continue to organise work in generalised terms and develop skills based on the 'breadth of skill' rather than the 'depth'. The study also indicated, however, that skill development arising from moving through a job classification structure (e.g. enrolled nurse to endorsed enrolled nurse) will enhance skill depth. Third, education is likely to move to different skill sets in a widening range of nursing tasks. The responses suggest that education should emphasise skill development rather than careers as such. A younger generation may have a different attitude to the value of career. If this comes to be the case, skill development and the paths it takes are likely to require more diversification and specialisation.

Work organisation as a source of retention or leaving was not found to be significant in itself. It led, however, to work intensification through the total time and pace of work (workloads), particularly where there is additional responsibility without adequate support in terms of managerial behaviour, lack of/poor quality resources and not being able to work with competent people.

System 'Strictness' and Flexibility

Throughout the study, a number of responses reveal a profession which is governed by a set of systems, protocols and practices which are consistent with the work of nursing and which have grown up over the years. By the nature of nursing and the industry in which it has developed, there is a value placed on adhering to what might be called strict process. Understandably, the role of preventing and curing illness and disease through medical and nursing practice has produced an approach which has established particular methods. The pattern is most evident in the protocols for treating patients whose recovery from surgery, for example, follows a set pattern unless monitoring demonstrates a change of protocol is warranted (and then another set pattern is followed). This approach, which sets nursing apart from many other occupations in the sense that it is more regulated by process, leaves less room to deviate from the process. Although this is not perfect science and nurses have to make judgments based upon their expertise, easing the suffering of others and saving life should theoretically be accorded a relatively high status in any society and the people who conduct the profession

rewarded well. That this is clearly not the case indicates a problem. Nursing shortage is a manifestation of the greater problem.

The strict process also manifests itself in systems of hospital management (e.g. categorising patients on admission), protocols (e.g. staffing and administration of medication) and practices (e.g. the timing of washing patients). Beyond these aspects of nursing which have a clear medical/nursing rationale, the 'strictness' approach is transferred to industrial relations and human resource management policies, systems and practices, organisational culture, a hierarchy of attitudes of relative importance attached to occupational groups and extensive monitoring and control systems imposed by governments and government departments requiring compliance with a plethora of imposed standards.

The shortage of nurses in regional NSW is related to an historical approach to a profession. The findings suggest that this continues but is confronted by pressures for increased flexibility. A shifting structure of groups (e.g. medical practitioners, registered nurses, enrolled nurses, patients and their families and managers), relations between them and the undermining of established cultures are placing pressures on strict process (i.e. flexibility constrained by 'occupational closure', see Currie et al. 2009). Also, employment conditions in awards and agreements such as broadbanded job classifications with incremental wage steps but an ad hoc approach to skill development seemed to result in increased skill and responsibility not moving in line with wages (i.e. flexibility without incentive).

The Productivity Commission (2005, pp. 28-29 and pp. 45-47) stated that a variety of barriers and impediments, including regulatory arrangements, were 'unduly rigid', indicating a need for re-organisation of occupational boundaries, accreditation and the relationship between hospitals and educational bodies. This has implications for developing workforce flexibility, including who performs which tasks, and raises questions about the transition to a different occupational structure with different responsibilities between occupational groups and about the standards and rules to be applied. Such demarcated territory is frequently difficult to change, but policy and practice has shifted some fences (e.g. endorsing enrolled nurses) (Duckett 2005).

The Generational Divide

Age has become of interest as an employment factor in terms of legislation and human resource management policy and practice. Recent studies have focused on age discrimination based on stereotyping of certain age groups, particularly older

workers, and on how workers of different ages can be integrated in workplaces (Hutchings 2006; Roberts 2006).

The survey results were tested for relationships between the three categories of nursing and reasons for leaving nursing. There were positive correlations between interesting work and age (i.e. as age increases, so does a preference for having interesting work) and the importance of wage rates negatively correlated with age. The young were more likely to leave where they considered that wages were too low and careers too slow, whereas the old were more likely to leave over changes to tasks and too many controls over work.

The study clearly identified a division between older and younger nurses. In general, these were criticisms of attitudes to work, including a selective approach to certain tasks and to general values, such as a lack of sufficient commitment to nursing, minimal caring and self-centredness. The criticisms suggest a significant divide such that they question the effectiveness of decision-making and performance, particularly when work across industries is increasingly structured around teams. They raise further questions as to how knowledge, skills and understandings (necessary in diagnosis and problem-solving) are transferred from one person to another. It is unlikely that recruitment and retention can succeed in attracting and retaining sufficient nurses from younger age groups without addressing the generational issue. It is possible, but not specifically identified in the this study, that younger nurses have a different view of career, particularly to promotion (Doiron and Jones 2006, p. 27) and wages (Nowak 2005, pp. 215-216; Preston 2005, p. 344).

Nurse Education: Universities and Hospitals

The survey allowed for testing the relationship between the nursing work and reasons for leaving, on the one hand, and qualifications on the other (TAFE, hospital and university). The findings indicate that TAFE-qualified nurses valued interesting work more than the other two groups and OH&S was more valued by hospital-educated than the other two groups. In relation to reasons for leaving nursing, better career opportunities were more important to university-educated nurses than for the other two groups, change of tasks was less important for university-educated, repetitive tasks were more important for TAFE-educated, and the existence of too many controls was a more likely reason for leaving for TAFE and hospital-educated nurses than for university-educated nurses.

The final question of the survey was: 'If you had the power, what would you change in Australian nursing?' It may well be the case that the response to this

question overlays the previous issue of generational difference and change: hospital-educated older nurses critical of university-educated younger nurses and vice versa. There were strong criticisms of the present university nurse education system. Some argued for or implied a return to hospital-based education while others argued for a reconfiguration of hospital and university education, with a higher proportion of hospital education in RN courses. There can be no doubt that working nurses are at odds with the current system. Both the nurses and the proponents of the current system cannot be correct in terms of establishing a framework within which the current shortage of nurses can be countered.

The study also found grounds for a review of the approaches by hospitals and aged care facilities for inducting recent RN graduates in terms of their responsibilities (e.g. in supervising experienced nursing staff) and application of their qualifications (Cowan and Jacobsson 2003, p. 31).

Conclusion

In this regional study, the findings indicate that decisions to enter, remain and leave nursing are mainly influenced by family and regional lifestyle factors, values related to the caring nature of the profession, the associated importance attached to working with competent people, workloads, threats of violence and wages. In general, these factors are consistent with existing research. The study also finds that there are three broad issues which are more likely to indirectly influence labour market decisions by nurses. First, there is a 'strictness' in approaches to nursing work which results in forms of inflexibility within a culture that tends to entrench attitudes to work organisation and authority. Second, we conclude that the generational differences between 'older' and 'younger' nurses constitute a potentially serious problem for management. Third, many nurses are opposed to the current education system and argue that there needs to be a 'remixing' of university and hospital education towards more 'hands-on' work. Taken together, the last two points indicate a divide between 'hospital-trained older' nurses and 'university-educated younger' nurses. Some of these findings can only be dealt with by governments and other institutional sources of funding whereas others, particularly those related to the organisation of work and some conditions of employment, can only be dealt with by management.

The study draws on data from four health organizations in one region. Although there is diversity in terms of sector (public and private) and type (hospital and aged care facility), it would be difficult to generalize with respect to the profession at large. Notwithstanding this caution, it seems reasonable to suggest that the

above findings and our interpretation of them are, at least in part, a reflection of the supply problem of the profession (e.g. workloads, wages, management systems and generational conflict). Further, some factors identified in this regional labour market may be significant in other regional nursing labour markets (e.g. attachment to the region through family and/or education), though perhaps less important in a metropolitan context where commuting between geographic locations is much less of an issue.

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