

Health ‘crisis’, nurses and employment relations (a)

Throughout the 1990s, the media has reported sporadically on issues surrounding ‘nurse shortages’ and, more generally, ‘crises’ in the health sector. These issues gained considerable momentum and increased public interest from 1999 onwards. Since then, constant media reports have painted a grim picture: ‘crises’ in hospitals due to staff shortages and the lack of funds available through District Health Boards to alleviate these crises. This has provided a higher profile for the ‘nursing crisis’ where shortages of hospital nurses, as well as a lack of adequate pay and poor employment conditions, has been a regular media story. There have also been frequent reports of industrial action taken by nurses and their organisations to improve employment conditions and pay. Overall, the push for nurses to receive more pay and better working conditions have clearly tapped into public concern, with reports that many New Zealanders believe nurses aren’t paid enough in comparison with other professions.

In the media, nurse shortages have been linked to several factors and issues; from a worldwide shortage to pay levels and work-life balance. The so-called worldwide shortage of nurses – particularly evident in Anglo-American countries – appeared to have had an effect in New Zealand. Anecdotal evidence pointed to recruitment by overseas health agencies that apparently were able to ‘lure’ nurses away with higher salaries. According to media stories, this had become an attractive option for New Zealand nurses who struggled to pay off student loans from their pay packages. Thus, in this scenario, an overall skills shortage had resulted from internationally inadequate pay levels combined with educational changes; the burden of fees and student loans had spurred nurses to become a key example of the ‘brain drain’ effect.

However, nurses in New Zealand have also been reported as moving away from the profession to other health sector jobs implying a lack of job satisfaction. A report from the New Zealand College of Nurses found that turnover rates had reached 24 percent in 2003 and that the current crisis had been growing over the previous 3 years. It was argued that New Zealand was not lacking in professionally trained nurses but rather there were too few nurses that *wanted* to practice. This brings into focus employment relations matters that particularly effect nurses such as shift-work, unsociable working hours, work-life balance, stress, fear for patient safety, and overall job satisfaction. These issues have often been associated with constant organisational restructuring since the health reforms of the early 1990s.

The New Zealand Nurses Organisation (NZNO) contends that recruitment and retainment will not improve until adequate pay and working conditions have been awarded to nurses. This would entail sufficient funding of public health and overcoming the cost-cutting mentality of many health managers. The issue of nurses’ pay was reported widely in the media and there seemed to be at least three dominant themes. First, several media articles re-introduced a classical notion from the 1970s and 1980s: pay relativity. The notion of pay relativity between different regions – or District Health Boards – featured prominently in negotiations covering nurses in the South Island and Lower North Island. Second, the NZNO launched a high-profile campaign to gain what was termed ‘fair pay’ for nurses; this was both a demand for a significant pay rise for nurses and an alignment with the current discussion of ‘pay equity’ between comparable professions in the public sector. Third, the nurses’

unions made considerable advances towards re-introducing national negotiations. While the unions' drive for multi-employer collective agreements was frustrated in most other areas, this was not the case in the health sector. During 2001-2004, health sector unions negotiated several multi-employer collective agreements (MECAs), with the first major break-through being a MECA for nurses that covered most District Health Boards in the South Island. The current campaign seeks to have one national MECA for nurses employed by District Health Boards; such a MECA could have interesting implications for both regional pay relativities and pay equity considerations.

Overall, the media has presented both a simple and a more complex picture. In the simple picture, it was suggested that more pay would solve the immediate skill shortages. In the more complex picture there were several factors which had contributed directly and indirectly to the current 'crisis in nursing'. The more complex picture also highlighted a number of major public policy discussions and decisions; notably the health reforms in the 1990s, distribution and methods of funding public health, skills shortages, workplace reform and, on a wider note, the balance between taxation and public service funding.

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[a longer version is available on: www.employment.org.nz]

Questions

1. What are the general media themes that have featured in the debate of nurse shortages and ER problems? How do these themes fit with other general themes found in media reporting of employment relations issues?
2. The media debate has often focussed on pay and working conditions. Is pay really the key issue? If so, how should it be dealt with? If pay isn't the key issue, how can we deal with other major issues?
3. Turnover amongst nurses have been seen as a major problem. Has there been a general shift towards higher turnover rates in recent times and if so, how can we explain this?
4. Skill shortages have featured in recent media report. How are the skill shortages amongst nurses different from skills shortages in other sectors and occupations?