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Tenure, Mobility and Retention of Nurses in Queensland, Australia: 2001 and 2004

Keywords:, nurse, mobility, retention, tenure, turnover, Australia,

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Authors:

Dr. Robert Eley BSc (Hons), MSc, PhD, MIBiol, CBiol, Senior Research Fellow, Centre for Rural and Remote Area Health, University of Southern Queensland, Toowoomba, Australia.

***Professor Desley Hegney** RN, BA (Hons), DNE, PhD, FRCNA, FCN (NSW), Director, Centre for Rural and Remote Area Health, Faculty of Sciences, University of Southern Queensland and Faculty of Health Sciences, University of Queensland.

Dr. Elizabeth Buikstra BSc (Hons), PhD, Research Fellow, Centre for Rural and Remote Area Health, University of Southern Queensland, Toowoomba, Australia

Dr Ashley Plank Dip.T, BSc, MSc (Hons), PhD, Statistics Coordinator SimStat, Department of Mathematics and Computing, Faculty of Sciences, University of Southern Queensland, Toowoomba, Queensland, Australia.

Victoria Parker RN, BHSc, Grad. Dip. Critical Care, MN, MRCNA, Lecturer, Department of Nursing, University of Southern Queensland, Toowoomba, Queensland, Australia.

***Address for correspondence:**

Professor Desley Hegney

Centre for Rural and Remote Area Health

University of Southern Queensland

PO Darling Heights
Queensland
Australia 4350
Ph: +61 7 4631 5456
Fax: +61 7 4631 5452
Email: hegney@usq.edu.au

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Abstract

Aim: Data were collected on tenure, mobility and retention of the nursing workforce in Queensland to aid strategic planning by the Queensland Nurses' Union.

Background: Shortages of nurses negatively affect the health outcomes of patients. Population rise is increasing the demand for nurses in Queensland. The supply of nurses is affected by recruitment of new and returning nurses, retention of the existing workforce and mobility within institutions.

Methods: A self-reporting, postal survey was undertaken of Queensland Nurses Union members from the major employment sectors of aged care, public acute and community health and private acute and community health.

Results: Only 60% of nurses had been with their current employer more than five years. In contrast 90% had been nursing for five years or more and most (80%) expected to remain in nursing for at least another five years. Breaks from nursing were common and part-time positions in the private and aged care sectors offered flexibility.

Conclusion: The study demonstrated a mobile nursing workforce in Queensland although data on tenure and future time in nursing suggested that retention in the industry was high. Concern is expressed for replacement of an aging nursing population.

Introduction

Australia, like many other countries, is experiencing a shortage of nurses (Buchan and Calman 2004). Shortage of nurses negatively affects the health of patients. Research has linked low staffing levels of registered nurses to increased number of urinary tract infections, pneumonia, upper gastrointestinal bleeding and shock in medical patients, and lower rates of 'failure to rescue' in surgery patients (Needlemann et al. 2002, Page 2004, Stanton 2004). Nurse-to-patient ratios are used to demonstrate how understaffing and workload have an adverse affect on patient welfare (Aiken et al. 2002, Buchan 2004). Huge savings can be made from the shorter patient stays that result from higher registered nurse to patient ratios (The Department for Professional Employees AFL-CIO 2004).

In 2003 there were 40,000 registered nurses (RN) and enrolled nurses (EN) in Queensland (Australian Institute of Health and Welfare 2005) of which approximately half are employed by Queensland Health (Hawksworth 2004). The exact number of nurses in the private sector is unknown. There is no registering authority or other body that collects data on Assistants in Nursing (AIN), however in 1996 their number was estimated to be 13% of the nursing workforce (Harding 1999). In 2005, 12% of the 30,500 Queensland Nurses Union (QNU) members are AINs and union membership coverage is around 75% of all nurses. Together these data suggest that there are around 45,000 combined RNs, ENs and AINs in Queensland.

The latest Nursing and Midwifery Labour Force report states there are 967 full time equivalent (FTE) nurses per 100,000 population in Queensland (Australian Institute of Health and Welfare [AIHW], 2005). Only Western Australia is lower with 965 FTE/100,000.. Since 2001 there have been increases in the FTE rate in all states and territories, however the Queensland rise of 6 FTE per 100,000 is the lowest with others ranging from 30 in Western Australia to 665 in Northern Territory. In fact in

Queensland the FTE figure is lower than it was in 1997. Despite increases in total nurses working (a 7.8% increase since 1997) and in weekly working hours, the FTE per 100,000 population is only just keeping pace with the State's population increase of over 2% per annum (Government of Queensland Local Population and Planning Unit 2005). The AIHW data does not include AINs however it is unlikely that changes in their numbers will greatly influence the overall FTE situation in Queensland

In future it is generally accepted that the State's health system will have to cater to even heavier demands brought about by an aging population. This will be exacerbated by population increase resulting from interstate migration. In the year to June 2004 only Queensland, Tasmania and Western Australia exhibited positive interstate migration and the rate in Queensland was over 20 times higher than that of the other two states (Government of Queensland Local Population and Planning Unit 2005).

These factors will ensure that demand for nurses in Queensland will increase. Supply of nurse will be affected by recruitment of new and returning nurses and by retention of the existing workforce. Within institutions supply will also be affected by mobility of the current workforce.

In 2004 the University of Southern Queensland (USQ) in conjunction with the QNU undertook a study of EN, RN and AIN QNU members. The study collected data on factors impacting upon nursing work in Queensland and satisfaction of nurses with their work. Included were data on tenure, mobility and retention which are reported in this paper and compared to those data collected in a similar study in 2001.

Methods

Aim

Both 2001 and 2004 studies aimed to identify the factors impacting upon nursing work and to use the results of the study to inform strategic planning of the QNU.

Sampling design

This study involved a descriptive, self-reporting, postal survey of financial members of the QNU in October 2004. A stratified random sampling design was employed. The strata were the three largest employment sectors of nurses in Queensland: aged care (non-government and government), public (government acute hospitals and community nursing) and private (non-government acute hospitals and community nursing). To ensure adequate levels of precision in estimating key measures, 1000 nurses from each of the three sectors were invited to participate.

The survey instrument

The 2004 survey instrument was based on the survey used in 2001 (Hegney, Plank and Parker 2003). As the instrument had been validated in 2001 and a comparison of changes in responses between 2001 and 2004 was of particular interest, only minor changes were incorporated. Piloting of the instrument was unwarranted because the data collection process was unchanged from that used for the 2001 study. Modifications or additions to the 2001 questionnaire, however, were pre-tested by independent experts.

The survey packages containing the questionnaire, plain language statement, covering letter and reply-paid envelope were posted to participants by the QNU in early October 2004. Two weeks after the initial mail-out a reminder package was sent to non-respondents. All surveys were coded and the research team were not able to link the codes to individual members of the QNU. Similarly, the QNU was only

provided with de-identified results. The only change from the procedure in 2001 was that the questionnaires were designed and the data entered into the statistical package SPSS (SPSS inc, Chicago, Illinois) using the software program Verity Teleform Version 9 (Verity, Sunnyvale, California).

Data Analysis

Quantitative data were analysed within and across the three sectors and between 2001 and 2004 using descriptive and inferential statistical tools as appropriate to the scale of measurement involved.

Ethics

The study was approved by the Human Research and Ethics Committee of the University of Southern Queensland, Toowoomba, Australia.

Results

Demographics

At the time of the study 1306 of the 1369 respondents (aged care 52%, public sector 45% and private sector 48%) were in paid employment in nursing in Queensland. Eight percent of the nurses were male. The mean age of the participants was 44.1 years; an increase from a mean age of 43.4 years in 2001. Nurses in the aged care sector were older (49.7) than nurses in the public (42.8) and private (43.6) sectors ($p < 0.001$)

Length of time in nursing and with current employer

Almost 90% of nurses had worked in nursing for more than 5 years (Table 1). This contrasts with the amount of time that nurses had been employed with their current employer, where 43% had been with their current employer for less than 5 years (Table 2).

Insert Tables 1 and 2 about here.

Expectations of future time in the nursing workforce

The expected future time in nursing for aged care nurses is significantly less than for private sector nurses ($p < 0.001$) which in turn, is significantly less than for public sector nurses ($p < 0.001$) (Table 3). This difference applies whether or not the 'unsure' respondents are included. No significant changes occurred from 2001 to 2004 in any sector.

Insert Table 3 about here

Highly significant inverse correlations exist in all sectors in both 2001 and 2004 between nurses' ages and their expected future time working in nursing. Between 13% and 36% of the variability in future time in nursing can be explained by the age of the nurse. No significant differences exist between years or within each sector as regards this relationship.

Breaks from nursing

In both surveys no significant difference exists across the sectors in the proportions of nurses who have taken a break from nursing. A significantly higher proportion of 'yes' responses in the 2001 survey (65% versus 61% in 2004) may be the result of explicitly excluding paid leave in the 2004 question.

Almost 90% of the nurses had taken one, two or three breaks from nursing; however some reported in excess of 10 breaks. The length of the longest break taken from nursing varies across sectors in both the 2001 and 2004 surveys ($p < 0.001$). Aged care sector nurses had the lowest proportion of breaks of less than one year and the greatest proportion in excess of five years (Figure 1)

Insert Figure 1 about here

The estimated mean lengths (in years) of the longest break in both years differed among but not within sectors: aged care, 5.1 and 5.0; public, 2.6 and 2.9; private 2.9 and 3.0 for 2004 and 2001, respectively ($p < 0.001$).

Reasons for breaks from nursing

Maternity/paternity leave was the main reason for taking a break from nursing, followed by other family responsibilities. The latter was a far more significant issue in the aged care sector than in the other two sectors in 2004 (Table 4) but not in 2001 ($p < 0.001$) (Table 5). A very significant decrease in the importance of this issue occurred between 2001 and 2004 in each sector ($p < 0.001$). Health reasons feature more prominently for aged care sector nurses than nurses in the other two sectors in both 2001 ($p < 0.01$) and 2004 ($p < 0.05$).

Insert Tables 4 and 5 about here

The aged care sector experienced significant increases between 2001 and 2004 in the proportion of nurses who cite lack of motivation or encouragement to pursue nursing ($p = 0.01$), who left to pursue further education ($p < 0.01$) and cited a job with better pay as a reason for a break from nursing ($p < 0.001$).

The importance of nursing salary differed significantly across the sectors in 2004 ($p < 0.01$) with the aged care sector seeing this as more important than the private sector, which in turn saw this as more important than the public sector.

Discussion

The QNU estimate that their membership is 90% for nurses in the public sector and 70% for those in the private sector. When these figures are combined with the 45%

return rate of the questionnaire it is clear that the data set may be considered to be highly representative of the nursing workforce in Queensland.

Workforce

The data collected in this survey demonstrate that nurses in Queensland continue to be mainly female and are aging. Our results compare favourably with AIHW figures for RNs and ENs in Queensland (Australian Institute of Health and Welfare 2005). Our proportion of male respondents was 8.4% as compared to 8.7% males in the AIHW study. The increase in the nurses' mean age from 43.4 years in 2001 to 44.1 years in 2004 follows the national trend which increased from 39.3 to 43.1 years in the eight years to 2003 (Australian Institute of Health and Welfare 2005)

The aged care sector nurses were on average 6.5 years older than those in the public and private sectors (49.7 versus 43.2 years). These data are consistent with the age of 50.6 years for Queensland nurses working in aged care in 2003 (Australian Institute of Health and Welfare 2005). Over half of the aged care nurses are now over 50 years of age as compared to 25% in the other sectors, and this aging nursing population is one of great concern for the future.

Our data do not permit us to ascertain if the increase in average age is due to loss of younger nurses, recruitment of older nurses, older nurses returning into the workforce or to delayed retirement.

Tenure and mobility

The data demonstrate a mobile workforce. This conclusion is substantiated by comparing the length of time in nursing with tenure. At the time of the survey 43% of nurses had been with their employer less than 5 years as compared to only 10% who had been in nursing for less than 5 years. Our figures are slightly higher than those

presented by the Australian Bureau of Statistics (ABS) which indicate that 57% of all Health and Community Service staff had been in their jobs less than 5 years (Australian Bureau of Statistics 2005). However only 30% of Health and Community Service staff are nurses and the other allied health professions may inflate the figures.

For the entire Australian workforce tenure of less than one year is 23%, consisting of 9% entries to the workforce and mobility of 15%. New entries include people employed for the first time and those who are returning to work after an absence. In the Health and Community Service, tenure for less than one year is 20% (Australian Bureau of Statistics 2005). Although we conclude that the nursing workforce is mobile our figure at 8.6% for tenure of less than one year is much less than these figures.

We did not ask nurses what year that they first worked as a nurse and our data do not allow us to differentiate between workforce entries (new nurses and nurses returning from a break) and mobility (changing jobs or locations). In future surveys that aspect may be considered.

New nurses as determined by those who had been in nursing for less than one year, constituted 1% of our study. Over a two-year period 2.5% were new to nursing and thereafter the figures for length of time in nursing remain constant with 2% of respondents entering the work force per year. Consequently we believe that our data set may slightly under-represent nurses in their first and second year in nursing. Why this is the case is not known, however this under-representation is unlikely to increase the tenure figure more than one or two percentage points.

A survey of all aged care facilities in Australia reported that 23.7% of nurses were in employment for less than one year (Richardson and Martin 2004). Differentiation into new recruitment and mobility was not given. The authors note that these figures were derived from employers and their data set contained 20% casuals and contract workers (compared to 6% in our aged care sector). Both these factors could result in higher numbers of employees who had been tenured for less than one year.

In our study figures for tenure of up to 1, 2 and 5 years are 8.6%, 17.7% and 43%, respectively. If the figure of 2% of workers new to nursing per year is removed the mobility figure is around 7% per annum. This is half the figure for the general national workforce (15%, Australian Bureau of Statistics 2005) and as noted above, less than that for aged care nurses (Richardson and Martin 2004). One of the possible reasons for this is the proportion of nurses in the high mobility age bracket. Older people are more stable in their jobs and nationally the figures for people leaving employment is above 25% for 20-24 year olds and only 5% for people over 55 (Australian Bureau of Statistics 2005). Only 8% of our nurses were less than 30 years of age and overall our data show declining mobility with age. These results are also consistent with data from Queensland Health for turnover rates that declined from 31.9% for nurses under 29 to 12% for those in the 50-59 age group (Queensland Health 1999).

Turnover

Workforce dynamics are often reported as turnover rather than mobility and tenure. However comparisons among studies are difficult owing to different definitions and methodologies. Tenure, mobility and turnover are sometimes used interchangeably thus adding to confusion. Furthermore turnover calculations may be based on FTEs or head counts and figures may or may not include part-time, casual or agency staff. Therefore comparisons even among turnover rates are difficult to make.

Consequently results such as ours on tenure cannot be compared directly. However the cumulative data suggest that both mobility and turnover for nurses in Queensland are somewhere between 5% and 15% and our data tends towards the lower figure.

International studies indicate turnover of nurses to be in the range of 5% to 15% (Organisation for Economic Co-operation and Development 2004) and a figure of 10% was reported for Australia (O'Brien-Pallas 2003). Much higher figures have been reported. Up to 1998 the annual turnover rates for permanent staff in Queensland Health was reported to be in excess of 20% (Queensland Health 1999). A reduction by 5% in the next two years was attributed to recommendations made by the Queensland Health Ministerial Taskforce on Nursing Recruitment and Retention that included establishment of a nursing career advisory service, education programs, transition support, and new rostering practices (Parliament of Australia Senate 2002). No data are available since that time to see if that trend has continued.

We detected no differences across the sectors in tenure, however, work undertaken by us previously has shown differences in retention across rural and remote areas as compared to regional and metropolitan centres (Hegney et al. 2002).

Implications of staff mobility

There are both positive and negative aspects of staff mobility. Although continuity may be lost, new staff bring new ideas and it has been suggested that employers benefit from being able to change the composition of their workforce to match required skills (Organisation for Economic Co-operation and Development 2004). However, in general, a highly mobile workforce is not beneficial for the employer or for the remaining employees. Interim productivity losses, increased workload, loss of skills and skill mix and lowering of morale may be associated negative aspects added

to direct costs of temporary hire, advertising, selection and education/training. One study suggested that the direct and indirect costs of nurse turnover for Australia were US$16,634 for each nurse (O'Brien-Pallas 2003) whilst replacement costs of a Level 1 RN have been calculated up to five times that much (Council for Equal Opportunities in Employment 2005). Unfortunately benefits such as increased productivity and perhaps even improved patient care associated with changes in staff are omitted from studies.

In an era of nurse shortages it is generally an employee's market offering flexibility and opportunities to move around; factors which may be attractive to some and may allow for career enhancement. Indeed in response to a question in our survey about career prospects in nursing, as many nurses agreed as disagreed to the statement "career prospects are good". Furthermore nursing is a profession where breaks for a whole variety of reasons are possible and return to employment is virtually guaranteed. This was demonstrated by the fact that over 60% of the nurses in this survey had taken at least one break in their career; the vast majority of which were from maternity/paternity leave (where the ability to return to the same employment is legislated) or other family responsibilities.

In the aged care sector fewer breaks were taken for maternity/paternity leave and more for family responsibilities and health reasons. This is undoubtedly a reflection of the older age of nurses in that sector. Aged care nurses also were more likely to have taken a break for financial reasons. However, overall the numbers of nurses who took a break for this reason was small. The wide variety of reasons for taking a break and fact that the respondents are currently working demonstrates flexibility of the profession.

Our data show 54% of public and private nurse work part time. This percentage is similar to the national figure. However our data show 76% of aged care nurses are working part-time, which is higher than the 58.8% reported for those working in residential aged care service (Australian Institute of Health and Welfare 2005). It should be noted that AINs are not included in the AIHW statistics, making direct comparison difficult. However, some comparison is possible with another Australian study of aged care facilities where 70% of workers were part-time and if casuals and contract staff were omitted this rose to 90% (Richardson and Martin 2004).

The part-time position is often created to retain valued professionals (Kalleburg 2000). Additionally part-time positions attract nurses back to the nursing workforce (Bradley 2003). This rationale for offering flexibility is substantiated by one of the few reports that have studied nurses who were no longer working in nursing (Nursing and Health Services Research Consortium 2001). Inflexibility of the work schedule and family responsibilities were the main reasons for leaving. It should be noted however that there were a few nurses who offered comments that they were unable to find full time positions as only part time ones were available.

Retention

The data from our study demonstrate a mobile workforce but it also suggests relatively good retention in the profession. This latter finding, which has to be qualified with the fact that breaks do occur, is contrary to what is frequently reported, especially in the media. Studies such as the one in Western Australia which surveyed nurses about their intended stay in the profession warranted a headline “Nurses Walking Away from Job” (Australian Nursing Journal 2004).

Richardson and Martin report that a quarter of aged care workers state that they would leave employment in the sector in the next three years, although a quarter of

these expected to remain in nursing in another sector (Richardson and Martin 2004). As Morrell noted however, conclusions based on stated intent rather than on action have to be viewed with some caution (Morrell 2005). Certainly our data on tenure do not support the view that nurses are leaving the profession in 'droves'. Rather they suggest that within this cohort retention in the profession was maintained with 66% working in excess of 15 years and 78% ten years or more.

Working life may be considered to be about 40 years. This generalisation is supported by our data where 11% of nurses had worked between 35 and 45 years and yet only 1.2% had worked for more than 45 years. Accepting this 40 year working period, an equal distribution throughout working life in a static workforce would yield 37.5% of nurses working less than 15 years and 62.5% more than 15 years. The figures for respondents to this survey were 35% and 65%. There are limitations to extrapolation of the data in this manner, for example some people start nursing in later years, however in general the data illustrate a relatively stable workforce.

The conclusion that the workforce is stable is also supported by number of years that nurses expected to be in nursing. Although 10% indicated unsure, 77% of the balance of nurses expected to be in nursing in excess of 5 years and 50% in excess of 10 years. The figures would be even higher is they were adjusted for nurses who are expecting to retire. These responses do not suggest a mass exodus; at least of this cohort.

In a recent study, the top reasons nurses gave for considering leaving the profession were pay, workload and staffing, management, shiftwork/hours and career/growth opportunities (Best Practice Australia Pty Ltd 2003). However a New South Wales study actually looked at nurses who had left nursing. They cited inflexibility of the job

and family responsibilities as the principal reasons (Nursing and Health Services Research Consortium 2001). As was seen in our survey Queensland nurses offered similar reasons for their dissatisfaction in the profession. Morrell theorised that cumulative events triggered by “shock” result in departure of nurses (Morrell 2005). In other words a combination of factors bring nurses to the point where a single action – the “shock” - tips the balance. It is important the balance is not tipped in the nursing profession in Queensland whereby already stated dissatisfaction results in an increase in departures.

Overall we conclude that the data do not support the contention that retention within the profession is catastrophic. AIHW data show that total numbers of nurses in Queensland are increasing (Australian Institute of Health and Welfare 2005). However despite longer hours this increase only just matches population increases. More nurses are essential. This is achieved by a combination of increased recruitment and higher retention irrespective of turnover. Causes of discontentment (job satisfaction, morale, safety, pay etc) must be addressed. Solutions will have positive affects on both retention and recruitment.

Finally our results lead us to query how wise it is to use staff retention, mobility and turnover data as the lever to generate attention and government action. In other papers emanating from the survey it will be shown that the State’s nurses have some major problems that demand immediate attention in order to ensure effective health care. These should be the focus of industrial relation discussions.

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Table 1: Length of time in nursing

		Aged care		*Public*		*Private*	
		n	*%*	*n*	*%*	*n*	*%*
2004	Less than 1 year	3	0.7	6	1.4	4	0.8
	1 year to less than 2 years	8	1.9	6	1.4	7	1.5
	2 years to less than 5 years	41	9.7	32	7.4	30	6.4
	5 years to less than 10 years	61	14.4	50	11.5	42	8.9
	10 years to less than 15 years	47	11.1	57	13.1	64	13.6
	15 years to less than 25 years	84	19.9	133	30.6	147	31.1
	25 years to less than 35 years	110	26.0	103	23.7	132	28.0
	35 years to less than 45 years	60	14.2	44	10.1	42	8.9
	45 years or more	9	2.1	4	0.9	4	0.8
	Total	*423*	*100*	*435*	*100*	*472*	*100*

Table 2: Time with current employer

		Aged care		*Public*		*Private*	
		n	*%*	*n*	*%*	*n*	*%*
2004	Less than 12 months	26	6.3	48	11.5	37	8.1
	1 year to less than 2 years	38	9.2	39	9.3	48	10.5
	2 years to less than 5 years	110	26.8	85	20.3	124	27.1
	5 years to less than 10 years	78	19.0	70	16.7	87	19.0
	10 years to less than 15 years	67	16.3	69	16.5	60	13.1
	15 years or more	92	22.4	108	25.8	101	22.1
	Total	*411*	*100*	*419*	*100*	*457*	*100*

Table 3: Expected time to remain in nursing.

		Aged care		*Public*		*Private*	
		n	*%*	*n*	*n*	*%*	*n*
2004	Not at all	4	0.9	1	0.2	3	0.6
	Less than 1 year	9	2.1	9	2.1	9	1.9
	1 year to less than 2 years	25	5.9	4	0.9	18	3.8
	2 years to less than 5 years	77	18.1	46	10.5	65	13.8
	5 years to less than 10 years	101	23.7	79	18.0	97	20.6
	10 years to less than 15 years	79	18.5	115	26.2	115	24.4
	15 years to less than 25 years	47	11.0	100	22.8	92	19.5
	25 years or more	13	3.1	36	8.2	19	4.0
	Unsure	71	16.7	49	11.2	54	11.4
	Total	***426***	***100***	***439***	***100***	***472***	***100***
2001	Not at all	2	0.5	0	0.0	1	0.2
	Less than 1 year	11	2.5	7	1.4	10	2.0
	1 year to less than 2 years	25	5.8	15	3.1	21	4.3
	2 years to less than 5 years	71	16.4	59	12.1	53	10.8
	5 years to less than 10 years	98	22.6	81	16.6	95	19.3
	10 years to less than 15 years	103	23.7	132	27.1	136	27.7
	15 years to less than 25 years	56	12.9	98	20.1	104	21.2
	25 years or more	11	2.5	33	6.8	21	4.3
	Unsure	57	13.1	62	12.7	50	10.2
	Total	***434***	***100***	***487***	***100***	***491***	***100***

Table 4 Reasons for breaks in nursing: 2004

Reason for Break	Aged Care		Public		Private	
	n	%	n	%	n	%
Parental/maternity leave	131	52.6	174	66.2	185	63.6
Burn-out	33	13.3	37	14.1	37	12.7
Lack of motivation/encouragement to pursue career in nursing	25	10.0	15	5.7	26	8.9
Never intended to stay in nursing	2	.8	4	1.5	3	1.0
Nothing to gain financially	10	4.0	3	1.1	8	2.7
Left to pursue further education	20	8.0	19	7.2	19	6.5
Travel	43	17.3	56	21.3	67	23.0
Family responsibilities	114	45.8	61	23.2	85	29.2
Had a job with better pay	19	7.6	3	1.1	8	2.7
Had a job more suited to my lifestyle and responsibilities	26	10.4	17	6.5	31	10.7
Nursing salary was too low	22	8.8	5	1.9	19	6.5
Lack in flexibility in nursing	15	6.0	25	9.5	36	12.4
Dissatisfaction with the profession	32	12.9	30	11.4	40	13.7
Wanted a change	45	18.1	28	10.6	49	16.8
No jobs in preferred area of nursing	9	3.6	11	4.2	6	2.1
No jobs near where I lived	15	6.0	14	5.3	15	5.2
No part-time work available	7	2.8	8	3.0	11	3.8
Shiftwork requirements	20	8.0	19	7.2	31	10.7
Health reasons	32	12.9	18	6.8	21	7.2
Other	15	6.0	18	6.8	16	5.5
Total number of respondents*	**249**		**263**		**291**	

*Respondents could choose more than one response to this question.

Table 5 Reasons for breaks in nursing: 2001

Reason for Break	Aged Care		Public		Private	
	n	%	n	%	n	%
Burn-out	28	9.9	32	10.4	37	11.0
Lack of motivation/encouragement to pursue career in nursing	12	4.2	23	7.4	23	6.9
Never intended to stay in nursing	6	2.1	2	.6	5	1.5
Nothing to gain financially	5	1.8	3	1.0	9	2.7
Left to pursue further education	7	2.5	21	6.8	19	5.7
Travel	36	12.7	59	19.1	78	23.3
Family responsibilities (including parental leave)	221	77.8	238	77.0	255	76.1
Had a job with better pay	10	3.5	7	2.3	12	3.6
Had a job more suited to my lifestyle and responsibilities	30	10.6	22	7.1	22	6.6
Nursing salary was too low	15	5.3	9	2.9	18	5.4
Lack in flexibility in nursing	27	9.5	23	7.4	33	9.9
Dissatisfaction with the profession	20	7.0	38	12.3	36	10.7
Wanted a change	46	16.2	50	16.2	50	14.9
No jobs in preferred area of nursing	3	1.1	10	3.2	10	3.0
No jobs near where I lived	18	6.3	18	5.8	19	5.7
No part-time work available	6	2.1	8	2.6	11	3.3
Shiftwork requirements	23	8.1	34	11.0	31	9.3
Health reasons	31	10.9	19	6.1	14	4.2
Other	25	8.8	21	6.8	29	8.7
Total number of respondents*	**284**		**309**		**335**	

*Respondents could choose more than one response to this question.

Figure 1. Length of longest break in nursing