Tenure, mobility and retention of nurses in Queensland, Australia: 2001 and 2004

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

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 by the QNU 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 5 years. In contrast 90% had been in nursing for 5 years or more and most (80%) expected to remain in nursing for at least another 5 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 ageing nursing population.

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

Australia, like many other countries, is experiencing a shortage of nurses (Buchan & Calman 2004). Shortage of nurses negatively affects the health of patients. Research has linked low staffing levels of registered nurses (RN) to an 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 (Needleman et al. 2002, Page 2004, Stanton 2004). Nurse-to-patient ratios are used to demonstrate how understaffing and workload have an adverse effect on patient welfare (Aiken et al. 2002, Buchan 2004). Huge savings can be made from the shorter patient stays that result from higher RN-to-patient ratios (The Department for Professional Employees AFL-CIO 2004).

In 2003, there were 40 000 RN and enrolled nurses (EN) in Queensland (Australian Institute of Health and Welfare (AIHW) 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 (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, in Queensland the rise of six 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/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 ageing population. This will be exacerbated by a 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 nurses 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 study and compared with 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 et al. 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 pretested 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, IL, USA) using the software program VERITY TELEFORM, version 9 (Verity, Sunnyvale, CA, USA).

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 percentage 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 <5 years (Table 2).
Table 1
Length of time in nursing: 2004

<table>
<thead>
<tr>
<th></th>
<th>Aged Care</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>3 (0.7)</td>
<td>6 (1.4)</td>
<td>4 (0.8)</td>
</tr>
<tr>
<td>1 year to &lt;2</td>
<td>8 (1.9)</td>
<td>6 (1.4)</td>
<td>7 (1.5)</td>
</tr>
<tr>
<td>2 years to &lt;5</td>
<td>41 (9.7)</td>
<td>32 (7.4)</td>
<td>30 (6.4)</td>
</tr>
<tr>
<td>5 years to &lt;10</td>
<td>61 (14.4)</td>
<td>50 (11.5)</td>
<td>42 (8.9)</td>
</tr>
<tr>
<td>10 years to &lt;15</td>
<td>47 (11.1)</td>
<td>57 (13.1)</td>
<td>64 (13.6)</td>
</tr>
<tr>
<td>15 years to &lt;25</td>
<td>84 (19.9)</td>
<td>133 (30.6)</td>
<td>147 (31.1)</td>
</tr>
<tr>
<td>25 years to &lt;35</td>
<td>110 (26.0)</td>
<td>103 (23.7)</td>
<td>132 (28.0)</td>
</tr>
<tr>
<td>35 years to &lt;45</td>
<td>60 (14.2)</td>
<td>44 (10.1)</td>
<td>42 (8.9)</td>
</tr>
<tr>
<td>45 years or more</td>
<td>9 (2.1)</td>
<td>4 (0.9)</td>
<td>4 (0.8)</td>
</tr>
<tr>
<td>Total</td>
<td>423 (100)</td>
<td>435 (100)</td>
<td>472 (100)</td>
</tr>
</tbody>
</table>

Values are expressed as n (%).

Table 2
Time with current employer: 2004

<table>
<thead>
<tr>
<th></th>
<th>Aged Care</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;12 months</td>
<td>26 (6.3)</td>
<td>48 (11.5)</td>
<td>37 (8.1)</td>
</tr>
<tr>
<td>1 year to &lt;2</td>
<td>38 (9.2)</td>
<td>39 (9.3)</td>
<td>48 (10.5)</td>
</tr>
<tr>
<td>2 years to &lt;5</td>
<td>110 (26.8)</td>
<td>85 (20.3)</td>
<td>124 (27.1)</td>
</tr>
<tr>
<td>5 years to &lt;10</td>
<td>78 (19.0)</td>
<td>70 (16.7)</td>
<td>87 (19.0)</td>
</tr>
<tr>
<td>10 years to &lt;15</td>
<td>67 (16.3)</td>
<td>69 (16.5)</td>
<td>60 (13.1)</td>
</tr>
<tr>
<td>15 years or more</td>
<td>92 (22.4)</td>
<td>108 (25.8)</td>
<td>101 (22.1)</td>
</tr>
<tr>
<td>Total</td>
<td>411 (100)</td>
<td>419 (100)</td>
<td>457 (100)</td>
</tr>
</tbody>
</table>

Values are expressed as n (%).

Table 3
Expected time to remain in nursing

<table>
<thead>
<tr>
<th></th>
<th>Aged Care</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>4 (0.9)</td>
<td>1 (0.2)</td>
<td>3 (0.6)</td>
</tr>
<tr>
<td>&lt;1 year</td>
<td>9 (2.1)</td>
<td>9 (2.1)</td>
<td>9 (1.9)</td>
</tr>
<tr>
<td>1 year to &lt;2 years</td>
<td>25 (5.9)</td>
<td>4 (0.9)</td>
<td>18 (3.8)</td>
</tr>
<tr>
<td>2 years to &lt;5 years</td>
<td>77 (18.1)</td>
<td>46 (10.5)</td>
<td>65 (13.8)</td>
</tr>
<tr>
<td>5 years to &lt;10 years</td>
<td>101 (23.7)</td>
<td>79 (18.0)</td>
<td>97 (20.6)</td>
</tr>
<tr>
<td>10 years to &lt;15 years</td>
<td>79 (18.5)</td>
<td>115 (26.2)</td>
<td>115 (24.4)</td>
</tr>
<tr>
<td>15 years to &lt;25 years</td>
<td>47 (11.0)</td>
<td>100 (22.8)</td>
<td>92 (19.5)</td>
</tr>
<tr>
<td>25 years or more</td>
<td>13 (3.1)</td>
<td>36 (8.2)</td>
<td>19 (4.0)</td>
</tr>
<tr>
<td>Unsure</td>
<td>71 (16.7)</td>
<td>49 (11.2)</td>
<td>54 (11.4)</td>
</tr>
<tr>
<td>Total</td>
<td>426 (100)</td>
<td>439 (100)</td>
<td>472 (100)</td>
</tr>
<tr>
<td>2001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>2 (0.5)</td>
<td>0 (0.0)</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>&lt;1 year</td>
<td>11 (2.5)</td>
<td>7 (1.4)</td>
<td>10 (2.0)</td>
</tr>
<tr>
<td>1 year to &lt;2 years</td>
<td>25 (5.8)</td>
<td>15 (3.1)</td>
<td>21 (4.3)</td>
</tr>
</tbody>
</table>
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.

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% vs. 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 <1 year and the greatest proportion in excess of 5 years (Figure 1).

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).

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

Based on the QNU estimate, 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 ageing. Our results compare favourably with AIHW figures for RNs and ENs in Queensland (AIHW 2005). Our proportion of male respondents was 8.4% when compared with 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 (AIHW 2005).

The aged care sector nurses were on average 6.5 years older than those in the public and private sectors (49.7 vs. 43.2 years). These data are consistent with the age of 50.6 years for Queensland nurses working in aged care in 2003 (AIHW 2005). Over half of the aged care nurses are now over 50 years of age when compared with 25% in the other sectors, and this ageing nursing population is one of great concern for the future not only in Australia but also in other countries where the same phenomenon is occurring.

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 <5 years when compared with only 10% who had been in nursing for <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 <5 years (ABS 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 <1 year is 24%, 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 <1 year is 20% (ABS 2005). Although we conclude that the nursing workforce is mobile our figure at 8.6% for tenure of <1 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 <1 year, constituted 1% of our study. Over a 2-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 1 or 2% points.

A survey of all aged care facilities in Australia reported that 23.7% of nurses were in employment for <1 year (Richardson & 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 with 6% in our aged care sector). Both these factors could result in higher numbers of employees who had been tenured for <1 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%, ABS 2005) and as noted above, less than
that for aged care nurses (Richardson & 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 years (ABS 2005). Only 8% of our nurses were <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 years to 12% for those in the 50–59-year 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 5–15% ( Organisation for Economic Cooperation 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 programmes, 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 when compared with 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). 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 or 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 were also 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 that 54% of public and private nurses are working as 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 services (AIHW 2005). It should be noted that AINs were 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 & 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 (New South Wales Health Department Nursing Branch 2001). Inflexibility of the work schedule and family responsibilities was 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 (2004) reported that a quarter of aged care workers state that they would leave employment in the sector in the next 3 years, although a quarter of these expected to remain in nursing in another sector. As Morrell (2005) noted, however, that conclusions based on stated intent rather than on action have to be viewed with some caution. 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% working in 10 years or more.

Working life may be considered to be about 40 years. This generalization 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 <15 years and 62.5% working 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 the 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 (New South Wales Health Department Nursing Branch 2001). As was seen in our survey Queensland nurses offered similar reasons for their dissatisfaction in the profession. Morrell (2005) theorized that cumulative events triggered by ‘shock’ result in departure of nurses. In other words, a combination of factors bring nurses to the point where a single action – the ‘shock’ – tips the balance. It is important that 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. Official data show that total numbers of nurses in Queensland are increasing (AIHW 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 effects 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 studies 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.

Acknowledgements

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