

# Casualisation Friend or Foe?

## A Case Study Investigation of two Australian Hospitals

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### Abstract

This paper seeks to address the limited systematic research concerning the explanations and consequences of the growing casualisation of nursing in Australia. It draws on a case study of two Victorian metropolitan hospitals, a private and public facility. This paper also seeks to improve our understanding of why nurses prefer casual working arrangements. This paper explores the effects of casualisation on permanent and casual nurses, and the workplace. This is achieved through both qualitative and quantitative research methods, exploring attitudes and perceptions of permanent nurses, casual nurses and nurse managers concerning casualisation and its impact on their workloads, occupational stress, work performance and the provision of quality of care. The main findings in this study were that a number of nurses are electing to work casually out of choice rather than necessity. Moreover, hospital managers have to use casual nurse labour as a consequence of an inadequate permanent workforce as opposed to the historical technique of controlling labour supply. It was found that all three groups of informants considered that permanent nurses provided the highest rate of work performance and quality of care. Finally, implications are drawn for government and hospital management.

### Introduction

The last decade has witnessed tremendous growth in the casualisation of employment throughout the western world (Kalleberg, 2000; Campbell, 2000). In keeping with this trend, Australia now has one of the highest rates of casualisation of employment and that rate is increasing (Campbell & Burgess, 2001). Management literature suggests that casualisation has traditionally been seen as an employer strategy to increase 'flexibility' of the workforce by maximising the operating ability of a business, while minimising its operating cost (Davis-Blake, Broschak & George, 2003; Kalleberg, Reskin & Hudson

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2000; Schroeder & Worrall-Carter, 2002; Fitzgerald, 2002; Allan, 1998). Many scholars argue that this strategy means that as well as having less job security, casual workers are more vulnerable than permanent workers to unfair dismissal, discrimination or harassment and generally have lower wages and conditions (Pocock, 1998; Nightingale, 1995). Thus, casualisation of the workforce is seen to be financially beneficial for employers but detrimental for employees.

However, in this paper we argue that in some sectors the situation is more complex and we explore this contention in the nursing profession. The nursing literature both from Australia and overseas, suggests that "casualisation" of the workforce is increasing across all areas of professional nursing practice (Buchan, 1995: 22-23; Dickson, 1993: 12-14; Miles, 1997; Morgan, 1996: 175). While there is some debate in Australia as to the extent of casualisation in nursing profession (Davies, 2000; Victorian Department Human Services, 1999), there is growing evidence to suggest that a significant cohort of nurses are working in casual rather than permanent working arrangements. At the same time, there has been considerable attention towards a labour force 'crisis' as demand for nurses far exceeds supply nationally and internationally (Buchan, 1995). It has become clear that it is not just difficult to recruit nurses but also to keep them, as there is evidence that nurses are leaving the profession in high numbers (Fitzgerald, 2002; Victorian Government Department Human Services, 2001). In Victoria, difficulties of nurse recruitment and retention have been identified by the State government. The *Nurse Recruitment and Retention Committee Final Report* concluded that nursing is increasingly becoming a physically and mentally exhausting occupation and that nurses are no longer prepared to work under the resultant stress (Victorian Government Department Human Services, 2001). Strategies adopted to ameliorate the situation have involved improved pay and conditions, including the adoption of nurse-patient ratios and sophisticated recruitment campaigns (Creegan et al., 2003; Fitzgerald, 2002; Buchanon, Bretheron, Bearfield & Jackson 2004).

Creegan et al. (2003) argue, however, that little is known about the reasons behind nurses exercising their preference for casual working arrangements. They suggest that "... more detailed knowledge of the forces driving the decisions of this group is essential if health care organisations are to equip themselves to manage this changing workforce and maintain a standard of patient care that is acceptable to the community" (p201). In addition, little known about the effect of increased casualisation on permanent nurses in the same workplace and their views concerning the outcomes of casualisation. However, De Ruyter (2002) found that employers were concerned that the employment of casual nurses could lead to tensions on the ward if they were not able to demonstrate the same knowledge of unit procedures as the permanent staff.

This paper seeks to address the limited, systematic research concerning the explanations for the growing preference for the casualisation of nurses and investigates perceived outcomes of casualisation. It draws on a case study of two Victorian metropolitan

hospitals, a private and public facility. In particular, the paper seeks to improve our understanding of why nurses prefer casual working arrangements. It also investigates the effects of casualisation on permanent nurses, casual nurses and the workplace. This is achieved through both qualitative and quantitative research methods, exploring attitudes and perceptions of permanent nurses, casual nurses and nurse managers concerning casualisation and its impact on their workloads, occupational stress, work performance and the provision of quality of care. These areas of investigation are important in aiding health policy makers and health services to improve the attraction and retention of permanent nurses and fulfil their responsibilities to employees, patients and the wider community. According to Creegan et al. (2003), in nursing, where demand exceeds supply, any strategy that focuses solely on the individual is likely to increase the imbalance between casual and permanent employees, particularly in environments characterised by increasing workloads, loss of capacity to apply nursing models of care, loss of status and the problem of a power differential between medical and nursing staff in the control of workflow.

The article commences with a review of the literature on casualisation and in particular, casualisation in the health sector and nursing. The methodology and research design of the study reported in this article are also presented. The results of the study are discussed in two phases. The qualitative results presented are based on views of managers and perceptions and experiences of permanent bank and agency nurses with casualisation as well as the rationale and outcomes of casualisation in the health sector. The quantitative results presented represent 80 permanent nurses' perceptions of performance, workload, occupational stress, and quality of patient care associated with various types of nurses. Finally, implications are drawn for health policy makers and hospital managers in terms of how casualisation might be better managed.

## Casualisation of Employment

The nature of casual employment has changed significantly and represents one of the most dramatic changes in the structure of employment in Australia and abroad since the 1970's (Allan, 2000). According to Campbell (2000), casual employment in Australia has more than doubled as a percentage of the paid workforce since 1982, having risen from 13 per cent of the workforce to over 26 per cent in 1999. Of the 1.5 million jobs created in the decade to 1998, more than two-thirds were offered on a casual basis (Campbell, 2000). Despite of the conjecture and debate in the literature concerning the definitional accuracy of the term 'casual' (Campbell & Burgess, 2001; Kalleberg et al., 2000), the Australian Bureau of Statistics (ABS) estimates that 27.3 per cent or around 2.1 million workers are employed on a casual basis (cited in Campbell & Burgess, 2001).

There is considerable diversity and ambiguity among casual working arrangements. While casual employment is generally associated with short-term engagement and benefit exclusion, it can also be associated with so-called "long-term casuals" (Creighton

& Stewart, 2000), or independent contractors or people employed through a hire agency (Campbell & Burgess, 2001). In addition, casual employment occurs when employees are not entitled to paid holiday leave or sick leave, whereas employees with permanent employment are entitled to both benefits (Campbell & Burgess, 2001:86). In the occupation of nursing, there are generally two modes of casual employment, bank nurses and agency nurses, which will be discussed in more detail below.

Conventional management scholars argue that management employment strategies have been identified as a major causal factor in the expansion of casual employment (Davis-Blake; Broschak & George, 2003; Leighton & Painter, 2001; Kalleberg, 2000; Kalleberg, Reskin & Hudson, 2000). Global economic changes have increased competition and uncertainty amongst organisations and placed greater pressure on them to pursue more flexible working arrangements with their employees in order to maintain competitiveness and responsiveness to consumers (Burgess, 1997). Casual employment enables managers to more easily match working time to business activity. The utilisation of casual labour thus produces direct savings in expenditure as labour is paid only when required (Allan, 2000). Moreover, according to Burgess (1997), some firms have reduced their employment costs through “shamrock” or “flexible firm”, organisational design. These organisations are composed of a functional, flexible core of permanent, full-time workers, “buffered” by a group of numerically, flexible peripheral workers. The adoption of casual work has also been facilitated by technological improvements in communication and information systems that have made it easier for organisations to specialise their production, and assemble temporary workers quickly for projects. Leighton and Painter (2001) further argue that senior management in many organisations put pressure on HRM departments to be lean and efficient and reduce the “head counts” of core staff. It has been argued that a reduced core of permanent, full-time employees, supplemented by the almost hidden casuals, can increase efficiency (Cascio, 1992). Employers may experience greater productivity as employees working part-time experience less fatigue and exert greater effort during their engagement (Allan, 2000). Moreover, the absenteeism rate for casual workers is often lower than their permanent counterparts (Lee & Hoon, 1993).

Despite the benefits of employers pursuing casual labour as a cost reduction strategy, there are difficulties (Allan 2000). Employing workers on a part-time or casual basis may increase administrative costs, such as record maintenance, payroll calculation, supervision, training and recruitment. These costs can be further exacerbated by higher turnover rates of casual employees (Lee & Hoon, 1993). Lee and Hoon (1993) also found that casual workers have less time commitment and arguably less psychological commitment to the organisation which in turn can lead to difficulties in terms of commitment, motivation and turnover. Davis-Blake, et al. (2003) found that “workforce blending”, (i.e., extensive use of casual labour) worsened relations between managers and permanent employees, decreased permanent employees’ loyalty, and increased their interest both in leaving their organisations and in exercising a voice through unionisation. Reasons

for worsened workplace relations included: managers delegated the training and supervision of casual workers to permanent co-workers; managers devoted substantial attention to managing conflicts between casual and permanent workers; and increased responsibilities and reduced job security and opportunities for permanent workers.

Cappelli et al. (1997) argues that labour laws designed to protect permanent employees have also fuelled the growth in casual work by encouraging employers to avoid mandates and costs associated with these laws. Economic labour market models have advocated that labour markets need to reduce protective and interventionist labour laws in order to remain flexible, competitive and adaptive (Leighton & Painter, 2001). Therefore, many academic commentators have associated casual employment arrangements with “bad” jobs and lower wages, conditions and benefits relative to full-time jobs. Kalleberg, et al. (2000: 257) suggest that to the “extent that casual jobs pay poorly, lack health insurance and pension benefits, are of uncertain duration, and lack the protections that unions and labour laws afford, they are problematic for workers”. Many casual employees fall outside the range of entitlements associated with permanent, full-time employment. These include protection from unfair dismissal, holiday, long-service and sickness benefits. Research indicates that casual employment tends to be clustered into the lower paying and the lower skilled jobs. In keeping with their marginal workforce status, casual employees are often excluded from training programs, do not receive wages increments and do not have an established career path (Burgess, 1997; Romeyn, 1992). Lewis (1990) also purports that casual employees on average earn less per hour than full-time employees. Moreover, Kalleberg, et al. (2000) found that casual employment strongly increased workers’ exposure to ‘bad’ job characteristics, such as job insecurity, low pay, lack of pension plans and health insurance and lower propensity to belong to a union.

A number of academic commentators have also argued that females make up a disproportionate group of casual workers (Kalleberg 2000; Davis-Blake & Uzzi, 1993; Burgess, 1997). Pfeffer and Baron (1988) argue that demographic changes in the composition of the labour force, such as the rise in the number of married women workers and older workers in the workforce, have facilitated an increase in the casualisation as these workers often prefer the flexibility available through casual work arrangements. According to ABS data, over 40% of married and over 40% of all females are part-time workers, whereas, only 10% of males are part-time workers (cited in Burgess, 1997). Kalleberg, et al. (2000:261) argues that gender difference “almost certainly stem from occupational differences”. In fact, according to Kalleberg, et al. (2000) women average more “bad” job characteristics than men in five of the seven casual work arrangements, and that the gender difference is substantially greater in casual work than in regular full-time jobs.

## Casualisation in the health sector

In the health sector there is evidence that casual nurses have often been employed by hospitals as a means to gain greater labour market flexibility (Allan, 1998; Buchan, 1995). A number of studies indicate that there is also an increased reliance on casual nurses because of a sufficient number permanent nurses cannot be found due to a growing shortage of registered nurses both in Australia and overseas (Davies, 2000a; Taylor, 1999; Miles, 1997: 20; Naish, 1995: 3; Tully, 1992: 69-73; White, 1990: 219-229; Ginzberg, 1990: 204). Consequently, it is likely that many nurses are able to accept casual, temporary employment on their terms (Morgan, 1996: 176). A casual nurse may decide to work for an agency, in which the agency is responsible for contracting the nurse to an assigned hospital and for paying the nurse for the assigned hours. Alternatively, a nurse may decide to be employed directly by a hospital but to work casually. Such nurses are referred to as 'bank' nurses whereby the hospital is responsible for contracting the nurse to an assigned ward within that hospital and for paying the nurse for the hours completed.

During the 1990s, government policy in Victoria led many hospitals to outsource their nurse banks thus leading to an increase in nursing agencies. The Australian Nursing Federation (ANF) opposed this trend and indeed still opposes the increase in casualisation more generally. The ANF (1994) policy on casual employment states that it should only be "used for genuinely transitional situations". although the growth of casual work is unsupported by the ANF, which sees it as undermining permanent staff, creating a lack of job security and limiting career options for nurses (ANF, 1994). However, many nursing agencies advertise the lucrative benefits of working casually. For example, advertisements in newspapers by nursing agencies regularly advertise high rates of pay; which is in marked contrast to the lower rates of pay for part-time and casual work in many other industries.

Hancock (1990) also argues that nursing continues to have a 'male' work model. Unbroken full-time service is a prerequisite for career development and many argue that hospital management have been slow to adopt policies which enable women to combine a career with family responsibilities (Truman, 1987: 44-45). This rigid model of employment may help explain why casual work has become more desirable for many nurses. The Queensland Nurses Union argues that there are a number of reasons for nurses choosing to work casually:

- lack of family-friendly employment practices and inflexibility in rostering for permanent, full-time employees;
- pressure on permanent employees to be part of the 'bureaucracy' and contribute to decision-making and administrative functions, (e.g., casuals employees can go into the workplace, complete their nursing duties and leave, whereas permanent, full-time employees are pressured to perform other non-clinical duties); and

- the degree of “work intensification” which has escalated significantly in nursing, with many nurses claiming they would like to work full-time but are unwilling to subject themselves to the stresses of the workplace on a full time basis (Queensland Nurses’ Union, undated).

The nursing literature also identifies negative effects of utilising casual nurse employees in the hospital organisation. It is argued that in order to deliver high quality care, nurses must be able to perform effectively and be competent in the application of theory and skill in the clinical setting (Hogston, 1995: 117). Benner (1984: 2) argues that “any nurse, entering a clinical setting where she or he has no experience with the patient population, might be limited to the novice level of performance if the goals and tools of patient care are unfamiliar”. A Canadian study indicated that a high usage of agency nurses had implications for quality of care (Costello & Tsushima, 1996: 63-64). Hodgson (1995:49) also argues that casualisation of the workforce will create many difficulties in the nursing profession and nurses will be in no position to safely argue aspects and standards of patient care. Likewise, Miles (1997:20) suggests that casualisation is having a profound impact on professional nursing practice and that it has trivialised standards in the name of rationalisation.

In terms of the effects of casualisation within nursing, the literature focuses upon the effects on the organisation and not on the effects to casual workers themselves. Buchan (1995: 24) states that some casual nurses may consider the ‘flexibility’ that a hospital is trying to achieve with the use of casual labour as “casualisation of their employment conditions and career prospects.” However, as previously stated some claim that there are lucrative benefits of working casually (Morgan, 1996: 176) and some believe, contentiously, that this situation is a result of a current shortage of nurses, which has thereby created a ‘sellers’ market (Ginzberg, 1990; Morison, 2000). In the literature, however there appears to be no direct study concerning whether casual nurses are indeed ‘reaping’ the rewards of abundant work availability.

In Victoria, Considine and Buchanan (1999) argue that industrial reform coupled with budgetary cuts and other policies in the 1990s led to work intensification amongst nurses in public hospitals. This situation was often compounded by nurses choosing to leave permanent, full-time positions due to increased stress and greater responsibilities without increased remuneration.

There is abundant evidence that the retention of nursing staff is influenced by many tangible and intangible factors (Neathawk et al., 1988). It is suggested that by increasing job satisfaction, nursing turnover can be curbed (Klemm & Schreiber, 1992). This has obvious implications for casualisation within nursing as it could be argued that if sufficient nurses were to be recruited or retained on a permanent basis then the requirement for casual employees could be reduced. Indeed, a Victorian Committee of Inquiry was established in 2000 to examine the nursing shortage and as a consequence the Health

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Minister John Thwaites reinstated the Nursing Advisory Unit within the Department of Human Services (Davies, 2000a). The Victorian Government also earmarked up to \$7 million in the financial year of 2000 to be spent on refresher and retraining courses to recruit and retain permanent nurses (Davies, 2000b). Throughout 2000, the Government and individual hospitals organised recruitment drives in an “effort to entice some of the state’s registered, but not practicing nurses - estimated to be about 20,000 - back onto the wards” (Davies, 2000c). The Government also established limits on the amount of money that could be used for agency nurses and the 2000 Nurses’ Award introduced a nurse-patient ratio of one nurse to four patients (Buchanon et al. 2004). Therefore, is the increase of casualisation within the nursing context due to the employers’ preference or the employees’ choice?

### The Study

Our research, which was conducted in 1999-2000, took a case study approach in order to obtain in-depth information about the situation of casualisation within the nursing profession. It was conducted within two acute hospitals in Metropolitan Melbourne, one private hospital and one public hospital. Two hospitals were chosen so that there was an opportunity for different issues of casualisation to emerge. For this reason, the hospitals chosen were in different locations. The public sector hospital was located in the inner city and the private sector hospital in the suburbs. The hospitals varied in size, the public hospital having approximately 300 beds and the private hospital having approximately 120 beds. It was a common belief that both hospitals, as in every hospital in the state, were facing problems in recruiting and retaining nurses.

The first stage of the study was a literature review, which explored ‘casualisation’ of the Australian workforce, with a focus on nursing. As the literature review progressed, it became apparent that the issues pertaining to casualisation could be placed into two main structural themes - individual influences and organisational influences. Hence, both categories were considered in the formation of the research questions which were aimed at several major areas. First, to determine the actual usage of casual nurses and whether the trend was increasing or decreasing. Second, to examine the reasons for hospitals utilising casual nurse employees and whether this was linked to a shortage of nurses and also to examine the reasons for an employee working casually. Third, to examine the question “what are the effects of casualisation on the workplace?” This question was considered to be essential to the study in order to compare previous study findings. The final research question to be explored was “what had been done or what should be done about casualisation?” These questions have been formulated and guided by the nursing literature. It is important to examine these questions in order to improve the attraction, retention and quality of care provided by nurses (Creegan et al., 2003; Fitzgerald, 2002).



**TABLE 1: Investigation 1 Interview schedule**

Organisation	Type of Organisation	Size of Organisation	Number of interviews with nurse managers	Number of interviews with casual nurses
Case Study Organisation 1	Public	300 Beds	4	8
Case Study Organisation 2	Private	120 Beds	4	8

**TABLE 2: Investigation 2 questionnaire of permanent nurses**

Organisation	Type of Organisation	Response rate actual	Response rate per cent (%)
Case Study Organisation 1	Public	33 questionnaires	83
Case Study Organisation 2	Private	40 questionnaires	100

The study consisted of two investigations, as outlined in Tables 1 and 2.. First, a series of key informant interviews took place with hospital managers, and casual nurses using an in-depth, semi-structured interview. The Director of Nursing and four Nurse Unit Managers were interviewed at each hospital making a total of eight managers. Two casual nurses from each ward were also interviewed, making a total of sixteen interviews. These groups were selected in order to obtain a broad picture of casualisation within each organisation. Each interview was approximately 40-60 minutes long. The second investigation consisted of a questionnaire distributed to 80 permanent nurses at the two participating hospitals. There was a 100% response rate from the private hospital (40 questionnaires returned) and an 83% response rate from the public hospital (33 questionnaires returned). On a 10-point Likert scale (e.g., ten equated to "strongly agree" and zero to "strongly disagree"), respondents were asked to rate four statements regarding workload, stress, work performance and quality care provided by permanent, bank and agency nurses. The statements are provided in Tables 3 and 4 below and were also developed and informed by the literature on casual nursing (Allan, 1998; Costello & Tsushima, 1996)

## Results and Discussion

The study obtained information that confirmed previous research as well as providing an insight into other less well researched areas. Although there were some occasional differences between the results obtained from the private hospital and the public hospital, in general the major themes that emerged were very similar.

*Is Casualisation a Friend?*

Most of the hospital managers interviewed in this study were unable to provide consistent and accurate data regarding the use of casual nursing. However, most of the key informants and participants interviewed stated that there was generally an excessive amount of casual work available, which consequently provided casual nurses with security and the opportunity to seek work on their own terms. In addition, the key informants indicated that although numerical flexibility was used at times, particularly in the private hospital, the main reason for the use of casual labour was not numerical flexibility. In both hospitals, the fluctuations in demand for nurses had lessened and, in general, casual nursing staff were employed due to a shortfall in permanent nursing staff available to cover the necessary shifts. These findings differ from the evidence available in the literature which suggests that the major reason for casual labour being utilised is the 'numerical flexibility' that it offers (Casey et al., 1997; Curson, 1986).

All the casual nurses interviewed in this study had chosen to work casually and not because they were unable to obtain a permanent position. Additionally, most of them planned to continue to work casually or to leave nursing altogether. Owing to the availability of work in both the public and private sector, the casual nurses reported that, overall, they were able to choose when they wanted to work and thus, allowing them the flexibility that was not obtainable with a permanent, full-time position. When the hospital managers were questioned about the flexibility that they offered permanent nurses, most of them stated that although they encouraged 'self-rostering', they were still under pressure to "cover all shifts".

The key informants in the study pointed out that most of their nursing colleagues were female. Pocock argues (1995: 97) that women are more likely to work casually or in part-time employment so that they are able to balance work and family responsibilities. Indeed, many of the casual nurses interviewed indicated that they needed the flexibility of casual work in order to balance 'family commitments'. The casual employees identified a further factor – the demands associated with permanent, full-time work - as contributing to their decision to work casually. Such demands included, "increased responsibility, receiving no thanks and the necessity to take work home".

The findings revealed differing views between casual employees and hospital management regarding the importance of pay. Although the casual employees interviewed did not deny that pay was important, it was not the driving force behind their decision to do work casually. The study also highlighted the differences between an individual's choice to work as a bank nurse or as an agency nurse. Again pay was important for some of the subjects interviewed, but different reasons were given for wanting to work either as an agency nurse or as a bank nurse. Many of the agency nurses enjoyed the variety of work that they were exposed to when working in different places. Nurses working as a bank nurse enjoyed the familiarity of returning to the same place.

Aside from the advantage of providing the hospitals with a flexible labour force, other advantages included the introduction of new ideas, different viewpoints and a 'pool of resources'. In addition, some of the casual nurses interviewed believed that owing to the experience gained in a wide variety of settings they could provide "an holistic approach" and could be a "breath of fresh air".

In regard to the effects of casual work on the casual nurse employee, the results were in stark contrast to the findings of Allen (1998). He argued that the employment of casual staff in hospitals was "decidedly one sided in favour of the employer". However, most of the interviewees in our study stated that as they were generally able to obtain work, they could be then employed on their terms, which also is supported by similar findings in the study of De Ruyter (2002).

In summary, the results in this part of the study showed that casual work was the employees' choice and *not an employer strategy*. The choice made by employees was against the background of the availability of work, family responsibilities and wanting less responsibility in the workplace. Pay as well as an increase in the variety of working arrangements were also identified as important issues underpinning the attractiveness of working casually. There were some benefits for the employer in terms of a flexible workforce but casualisation was often a response by employers to severe labour shortages rather than a deliberate strategy. That is, employers were hiring large numbers of casual workers because they could not find permanent staff to fill the positions.

### ***Is Casualisation a Foe?***

Casual workers also highlighted a number of disadvantages of casual work. These included: insecurity of not getting work, lack of fringe benefits, and the lack of professional development. Access to professional development was identified as an important issue by most respondents. Moreover, a significant finding in the study, which had not been identified in the literature review, was the difference in ongoing education that bank and agency nurses received. It was found that bank nurses were involved in ongoing education programs, whereas agency nurses received very little training and development, unless it was self-initiated.

The questions posed in this study also concentrated on examining the effects of casualisation on the standards of nursing care, work performance, and the effects of casual nurses on permanent nursing staff. The views and experiences of hospital managers, casual nurses and permanent nurses allowed for a wide range of views to be canvassed. In general, it was found that all three groups of informants considered that permanent nurses provided the highest rate of work performance and quality of care. It was also believed that bank nurses delivered, on average, a higher level of work performance and quality of care than agency nurses and this was attributed to familiarity to the workplace setting. Previous studies have indicated problems associated with a

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high usage of agency staff (Costello & Tsushima, 1996; Considine & Buchanan, 2000) in terms of: the efficiency of agency nurses, unfamiliarity with the working environment, inappropriate qualifications for particular areas and the increase of stress and workload for permanent staff. This was further supported by the survey of permanent full-time nurses as demonstrated in Table 3 and Table 4.

**TABLE 3: Results from Permanent Nurse Questionnaire Distributed in the Public Hospital.**

Question	Average response on a scale of 0-10 regarding permanent nurse.	Average response on a scale of 0-10 regarding bank nurse	Average response on a scale of 0-10 regarding agency nurse
Is your work load affected by the use of casual nursing staff?	N/A	6.18	7.55
Rate the extent of stress experienced when working with a permanent, bank or agency nurse.	2.14	5.36	6.9
Rate your perception of the work performance of a permanent, bank, or agency nurse.	7.62	6.29	5.54
Rate your perception of the quality of care when a patient is cared for by a permanent, bank or agency nurse.	8.06	6.63	5.72

**Table 4: Results from Permanent Nurse Questionnaire Distributed in the Private Hospital.**

QUESTION	Average response on scale of 0-10 regarding permanent nurse	Average response on scale of 0-10 regarding bank nurse	Average response on scale of 0-10 regarding agency nurse
Is your work load affected by the use of casual nursing staff?	N/A	5.02	6.82
Rate the extent of stress experienced when working with a permanent, bank or agency nurse.	2.06	2.94	6.04
Rate your perception of the work performance of a permanent, bank, or agency nurse.	8.39	7.83	5.63
Rate your perception of the quality of care when a patient is cared for by a permanent, bank or agency nurse.	8.79	8.02	5.83

### ***Outcomes of Casualisation***

The results of our second investigation indicated that all the hospital managers were aware of the consequences of using casual nursing staff. Moreover, many of the strategies they implemented to minimise the negative influences mirrored the recommendations in the literature. For example, matching the skills of the casual worker to the requirements of the position (Morgan, 1996), and following set guidelines when using a nursing agency (RCN, 1997). An obvious solution from these findings is to recruit more permanent nurses (although this was not a practical solution as discussed above). Our study also suggested that strategies should be implemented to employ more bank nurses as opposed to using agency nurses. However, pay could be a major issue since some nurses worked for an agency (as opposed to nurse bank) because they received higher rates of pay.

Most of the casual bank and agency nurses interviewed had a long term plan of either leaving nursing altogether or remaining casual. As previously discussed, the majority of the subjects interviewed were also working casually out of choice and not as a result of inadequate permanent nursing positions. If they were currently agency nurses, they were questioned about factors that may entice them to work in the nurse bank, or incentives that may entice them to work permanently. The results varied: some of the nurses were content with their situation and would not be interested in working as bank nurses or having a permanent position; a couple of agency nurses said that they would work as bank nurses if they were paid the same rate as agency nurses; a couple of agency and bank nurses stated that "improvements" would have to be made before they would consider working permanently again. From the hospital manager's perspective, most of the managers interviewed recognised that something had to be done to attract more nurses to permanent positions. However, they were unsure as to what techniques would be successful to recruit and retain permanent nursing staff.

In terms of what is being done to curb the rise in casualisation within nursing, the hospital managers interviewed gave a number of different responses. One of the main incentives offered to permanent nursing staff in both the public and private hospitals was the provision of professional education. However, with the exception of the professional education incentive, other incentives offered by each of the hospitals differed and reasons for this are unclear. It might be due to the differences in the philosophies of the two hospitals or even the demographics of the nurses that they have tried to attract. It could also be due to the differences in the autonomy of managers in the public and private sectors.

Since the completion of this study the problem of a 'shortage' of permanent hospital nurses has become even more acute and in response the Victorian State Government has begun to make improvements in the recruitment and retention of permanent nurses. Currently, the Victorian State Government is attempting to attract casual nurses to work for the public hospital nurse banks as opposed to the more expensive nursing agencies. In addition, the potential consequences of implementing the new Victorian

Nurses Award (2000) are also important. The Award states that casual nursing staff are not to be used to fill the chronic shortfall in staffing but should only be used if there is a temporary unforeseen absence of a staff member or sudden and unexpected increase in workload. Moreover, as the Award stipulates an exact nurse patient ratio, the restrictive use of casual nurse labour under the terms stated above, becomes extremely difficult to implement in a climate of a permanent "nurse shortage".

## Conclusion

This paper sought to address the limited systematic research concerning the explanations for the growing preference for the casualisation of nurses. We also investigated perceived outcomes of casualisation, both qualitatively and quantitatively by drawing from two case studies of private and public metropolitan hospitals. The main findings in this study were firstly, that a number of nurses were electing to work casually out of choice rather than necessity. Secondly, that hospital managers have to use casual nurse labour as a consequence of an inadequate permanent workforce as opposed to the historical technique of controlling labour supply. This implies that the phenomenon of casualisation is turned around, as normally the use of casual labour tends to favour the employer's needs.

However, there are two issues here. The first is that casualisation in nursing in Victoria is obviously part of a wider labour market problem that government has to deal with through workforce policy and increased funding. Second, the Bracks' Labour Government has begun to address this issue by putting more money into the system to encourage nurses back into the workforce. This study took place before these initiatives were introduced. Because of these initiatives, it is unclear whether casualisation within the nursing profession will continue in its present form or has it been stopped in its tracks?

Further studies need to investigate what incentives would best attract casual nurses to return to permanent positions. For example, an investigation could be conducted amongst the existing permanent nursing staff to assess problems within their workplace and strategies that they consider would improve the attractiveness of their working environment. Such a strategy could improve the retention of existing permanent nurses and might also enhance the recruitment of casual nursing staff to permanent positions. For example, this study found that many nurses elected to work casually owing to the flexibility that it offered. Therefore, it might be advantageous for hospital managers to consider setting shifts according to individual needs, providing alternative starting and finishing times where feasible, removing the requirement to rotate onto night duty or providing extra incentives to work night duty.

The increasing trend of using casual nurses has some positive and negative implications. Some of the hospital managers expressed the opinion that one benefit of using casual nurses was the introduction of new ideas and different viewpoints. However, the study

also found that it was believed that the quality of care delivered by agency nurses was generally of a lower standard than that of bank nurses or permanent nurses. Overall, the informants related this to the unfamiliarity of the agency nurse with the clinical setting.

Finally, our study also found that the issue of pay had some importance. For example, some of the agency nurses stated that they would consider working in the nurse bank if their rate of pay matched agency pay rates. This is a difficult issue for the public sector where pay is largely centrally determined through awards and agreements. However, it might be economically viable for hospitals to employ bank nurses as opposed to agency nurses, even on the same rate of pay, as no commission would be payable to the agency and productivity may increase.

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