

# MEDISTAFF

HEAL | CARE PROFESSIONALS

February 14<sup>th</sup>, 2002

202/6697

The General Manager  
Adjudication Branch  
Australian Competition And Consumer Commission  
PO Box 1199  
DICKSON ACT 2602

Dear Sir,

**Re: Authorisation For 'Application For Authorisation Nos A90811 & A90812.**

Further to your letter of the 14<sup>th</sup> of December, I would like to submit the following comments in relation to Health Purchasing Victoria (HPV), for the calling and awarding of a tender by HPV for the exclusive acquisition of temporary nursing agency staff by the health services which it represents.

Medistaff International is a member of the Recruitment And Consulting Services Association Ltd. (RCSA) and as such, our views have been represented by the submission which the RCSA has presented. For your further consideration, please find attached our individual submission to the ACCC.

Fundamentally, we believe that any collusive tendering agreement would be detrimental to the health care system, as it would reduce the total number of nurses providing patient care. Agency nurses currently play a vital role within the hospital system, however, should their terms and conditions be eroded, this scarce resource may diminish to a point where it would not be available to the Victorian public hospital system.

We trust that the ACCC will continue to support this free market, competitive system that has kept nurses working and sustained patient care levels within the fragile and delicate health care system.

Should you have any further queries, please do not hesitate to contact me on 03 9510 1444.

Yours sincerely,  
MEDISTAFF INTERNATIONAL PTY. LTD.

*George Dapiran*

per

George Dapiran  
Chief Executive Officer



# **MEDISTAFF**

HEAL | CARE PROFESSIONALS

**SUBMISSION TO THE ACCC REGARDING  
APPLICATION FOR AUTHORISATION  
NOS A90811 AND A90812**

**Submitted by:  
Medistaff International Pty. Ltd.  
February 14<sup>th</sup>, 2002**

## OVERVIEW

The tender proposes that agencies would pay nurses at or close to the relevant Award/EBA and apply a flat fee structure to their client rates. The HPV believes that this would primarily lead to:

- An increase in the use of nurse banks by nurses, because pay rates are the same as working in an agency;
- An increase in the number of nursing hours provided by nurses because they are being paid at a lesser rate of pay and therefore would need to work more hours to maintain their income; and
- A reduction in the cost of using agency nurses, due to reduced rates and volumes.

To try and achieve these goals, the HPV proposes to introduce a tender system that will effectively destroy the current freely competitive market for nursing agency services.

The proposed tender will raise a number of restrictive trade practices issues under Part IV of the Trade Practices Act 1974, namely:

- Exclusionary provisions under section 45(2)(a)(i);
- Anti-competitive agreements under section 45(2)(ii); and
- Price fixing under 45(2)(ii)

The HPV believes that the proposed public benefits outweigh any anti-competitive detriment. Based on our experience and from feedback on a survey undertaken with our nurses, it is our belief that there will be at best only marginal public benefit and that this submission should not be authorised.

## COMMENTS ON THE PROPOSED PUBLIC BENEFITS

### 1. Reduction in the Overall Nurse Staff Costs to Health Services.

Within the health services, nurse staff costs are generated by either:

- a). Employed nurses;
- b). Nurses employed on nurse bank; or
- c). Nurses sourced through an agency.

The RCSA submission has provided a detailed comparison of the costs associated with these different categories of nurses. As outlined, for general nursing staff, *the cost of running a nurse bank closely equates to the cost of employing agency staff.*

Due to the extreme shortage of specialist nurses and the difficulty in attracting nurses to work additional shifts, specialist rates for agency nurses have increased more significantly than for any other type of nurse. While this has had an upward effect on client rates for specialist nurses, the volume of specialist agency nurses used by hospitals is significantly less than their requirement for general or enrolled nurses and would therefore only contribute a proportional increase to costs.

The HPV believes that this tender will reduce nursing staff costs by forcing agencies to pay all nurses at the award/EBA, resulting both in a reduction in nursing agency rates and an increase in the number of nurses who will move to either nurse banks or full employment. Unfortunately, this argument is flawed.

In a recent survey undertaken by Medistaff, 30% of specialist nurses indicated that they would reduce the number of shifts that they worked while 50% indicated that they would leave the profession. This will have a detrimental effect on the public:

- there will be fewer beds available due to lack of nurses and waiting lists will increase;
- the workload for employed nurses will increase leading to further burnout and attrition;
- quality of patient care will decrease;
- hospitals may have to go on by-pass; and
- in the longer term, there will be fewer experienced nurses avail to undertake training or mentoring roles;

Overall, services available to the public will be reduced and hospitals may be financially penalised. This implementation of this tender would actually create the adverse results that it is trying overcome.

It would seem that the only reduction in the overall nurse staff costs achieved by this tender will be as a result of the number of nurses who actually leave the health care system.

Appendix 1 illustrates the opinions, both positive and negative, of our nurse respondents who provided additional comments on our survey.

## **2. Employment Equality And Workplace Harmonisation**

The difference between agency and employed nurse pay rates and skill levels has been cited as a cause of disharmony in the workplace. The RCSA submission has addressed both of these issues in some detail.

Agency nurses are highly skilled and competent, with many years of graduate and post-graduate training and experience. Nursing agencies recognise that fact that hospitals may have their own individual operational procedures and as such, will make every attempt to send nurses who have previously worked in a particular unit to ensure their familiarity.

Any disharmony which may exist within the workplace is insignificant in comparison with the myriad other problems within the nursing profession.

## **3. Price Certainty**

The tender proposed to fix prices for a 3 year period, with the only variations as a result of changes to the award or EBA. This would provide hospitals with price certainty for budgetary purposes.

Disregarding the fact that the operating costs of running an agency are not fixed (for example telecommunications costs, administration costs, property rental, Workcover, and public liability insurance costs are all subject to free market price variation and increases), nurses pay rates cannot be looked at in isolation.

Given the global nature of the nursing marketplace, nurses will either elect to work in areas where they will earn a better rate of pay, for example, working agency within the private hospital sector, or they may elect to work interstate or overseas. Nurses will also leave the profession to go into other positions offering better terms and conditions, thus increasing the nursing shortages and further disadvantaging hospitals.

In response to the worsening shortage, hospitals would be forced to go outside their preferred contracted suppliers or the award, to attract nurses back to the profession or entice new graduates. Therefore, price certainty could not be achieved.

## **4. Reduction in the bargaining imbalance and promotion of equitable dealings**

The tender submission states that the health services have little or no bargaining power in the acquisition of nurses.

There are a large number of nursing agencies within the Victorian marketplace and currently hospitals deal with each nursing agency equitably and each agency independently structures its' pricing and operations. Hospitals represented by the HPV are in no way disadvantaged in their bargaining power when compared to any other Victorian hospital. The market is extremely competitive and supply and demand factors are influential in the resultant outcomes.

Increases in nursing agency rates are driven by demands for higher rates of payment by nurses. Given the overheads of running a nursing agency, very few agencies provide volume discount and as such, would offer all of their clients a standard rate. In addition, the tender also requests a flat fee structure whereas a large component of on-costs are variable, based on the duration of a shift and the subsequent hours worked.

Through the collective acquisition structure represented by the HPV, it is hoped that this tender would increase the *collective* bargaining power of the hospitals represented. If a nursing agency offered a volume discount to the HPV in addition to a flat fee structure, then other hospital clients may be disadvantaged if their rates were modified to recover costs due to lower rates offered to HPV. Hospitals that are not part of the HPV tender, such as smaller, regional and rural hospitals would suffer as a consequence.

This tender would therefore have the potential of *introducing* bargaining imbalance and due to its' exclusive nature *would not promote equitable dealing*.

## **5. Increase in nursing staff availability**

The HPV submission proposes that employee nurses have been reducing their employment shifts and subsequently increasing their shifts with agencies. In addition, it also states that agency nurses are working fewer hours because of their increased rates of pay. The HPV also has proposed that as a result of all nurses working at award, there will be an increase in the total number of nursing hours, with nurses increasing the number of hours they work to maintain their income.

With regard to these claims, if a nurse is employed either full time or part time within a hospital, they are required to work a specific number of hours within a four week period, as part of their employment agreement. Their standard hours of employment will not be reduced, even if they elect to work some additional agency shifts. In addition, we have no evidence to suggest that because agency nurses earn a higher rate of pay that they are reducing the shifts that they undertake.

**The reality of this situation is that if agency nurses are paid at award, they will reduce the number of shifts that they are currently working or leave the professional altogether.** This was confirmed by over 80% of the specialist nurses who responded to our survey, who alone would represent the staffing requirements of two or three very large ICUs.

## **6. Fostering Business Efficacy.**

Very few, if any hospitals currently tender for the provision of nursing services as in the past, when hospitals have attempted to operate tenders, they did not meet their expected outcomes.

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## **APPENDIX 1: HEAR FROM OUR NURSES**

### **Survey Response 1**

Currently studying, agency gives flexibility to work combination of day/nights and variety of shift lengths.

### **Survey Response 4**

Hospital inflexibility regarding my professional career and personal life has forced me to seek employment through the agency.

### **Survey Response 5**

It is very interesting that the government feels it is okay to intervene in nurses pay through private agencies but has not done so (to my knowledge) in other industries. The Information Technology Industry for an example charges its rates on a supply and demand basis.

### **Survey Response 8**

Agency pay does not cover sick leave, holiday pay and professional indemnity insurance – these need to be considered when reviewing agency rates of pay. Agency staff can be cancelled to suit hospital needs therefore higher rates must accommodate loss of income. Agency nurses tend to be asked back to some organisations therefore agency staff become very familiar with organisations' policies and procedures. Skilled specialist agency staff can bring new skills and ideas to multiple organisations. Skilled specialist agency staff offer holiday cover to specialist units across Melbourne. The HPV need to consider incentives to hold permanent nursing staff (such as increase wages etc.) to offer nurses wages, conditions and career pathways that respect and reward nurses professional expertise and commitment to their work, despite antisocial hours etc.

### **Survey Response 9**

Even though I have marked (a) in Question 4 I think that should apply to all nursing staff – not just agency. I think nurses are underpaid and the Government should consider increasing wages to get them back into the work force NOT reducing agency rates.

### **Survey Response 12**

Agency work provides me with flexibility in what shifts I work – providing me with work at a variety of chosen hospitals and I am able to take leave when I want, also finally I am being adequately remunerated for my qualifications and experience. Agency work also allows me to choose my area of expertise in which to work, rather than being sent to any area/ward where there is a shortfall – this is also very important. Choice is a key issue.

### **Survey Response 13**

Whilst I believe rates of pay for nurses are poor, especially when you have paid to do post graduate study, I believe agency pay rates are out of control and causing a great pressure on hospitals. You don't have to be certified to receive these excessive pay rates that agencies are offering.

### **Survey Response 15**

I think the current agency rates are long overdue. I would not consider working for an agency if the rates weren't as much.

**Survey Response 18**

I have recently returned to clinical ICU via Medistaff after 2.5 years overseas and having 2 children. Because my skills are not currently up to scratch I do personally feel the current Agency rates to be too high for me. I also am on Bank at the Alfred Hospital but because I have had shifts there I'm not Bank shifts at present. I also have 2 other qualifications – A Grad Dip in Occ. Health and Grad. Diplomas in Shiatsu and Oriental Therapies. If the government forced your rates to get very close to award I would look to my other qualifications as a source of income.

**Survey Response 23**

Agency provides the only nursing I do. It is very important for me to have autonomy and good remuneration. I am not interested in joining a hospital bank.

**Survey Response 25**

I think it is great that nurses are finally getting paid what they are worth and are feeling valued. It's a shame full time staff who wish to follow a career path do not get the same rewards. The government should be rewarding full-timers, then they might get more people willing to do permanent work. Why should they take away casual nurses benefits?!

**Survey Response 30**

I realise competition is important for any private enterprise to survive and grow yet the competitors have become too greedy and the likelihood of being "played out of the market" is all too real. Agencies have exploited the market place and have bitten off the hand that feeds it!!

**Survey Response 32**

I left nursing 4 years ago mainly because I was not valued on any level. I returned when agencies started to pay nurses a fair rate. Women with a degree cannot be expected to be happy with \$40-50,000 per annum. A female with similar qualifications would not look at a position under \$70,000. For too long nursing has been seen as a female profession/2<sup>nd</sup> income and undervalued. Nurses are their own worst enemy giving and giving and being sucked dry. ENOUGH.

**Survey Response 35**

I enjoy working the agency shifts as it allows me flexibility. I have a 19 month old child and am not yet ready to commit to increased hours at my part time job at RCH due to his needs. Agency shifts also lets me maintain my skills in other areas eg midwifery. I have post basic qualifications and experience in critical care (ICU and Emergency), midwifery and pediatrics which I believe are valuable and should be reflected in rates of pay.

**Survey Response 36**

It cannot be said enough times – Nurses have been undervalued and underpaid for years and years, therefore the switch to agency nursing is of no surprise! I am finally getting paid at rates that I deserve for all the extra courses and post graduate work that I have undertaken. If my agency rates are cut then I will get out of nursing once and for all.



**Survey Response 37**

The salaries we currently get are grossly out of sync compared to our hospital colleagues. However saying this, it comes at a cost i.e. No leave pay, possibility of being cancelled at the last minute and no sick pay. I chose Medistaff for the convenience of flexible hours around my main job and to keep my "registration current" as I know this is one profession that will always guarantee me a job. Maybe \$50/hour compared to \$73 is more reasonable. I always felt the ratio of patient to nurse was more important than salary. After all I am a "CARER".

**Survey Response 38**

Should the government force this issue it would essentially be price fixing. I believe there would be a number of nurses who would leave the profession with a percentage of these being critical care trained.

**Survey Response 39**

Finally nurses are being paid a decent salary via agencies. Equal to the amount of commitment and study put into becoming a nurse of such a standard.

**Survey Response 40**

There is no incentive to do further University courses to further our qualifications. The government have seen to that – it costs thousand of dollars with no financial reward. I worked full time after my post-grad in ICU was completed, the pay and the 12 hour shifts and some of the senior staff's horizontal violence were disgusting. The reward came when I started working only agency shifts. I was treated fairly, paid adequately and I had some freedom to work when and where I chose. If the pay drops or the conditions change, I'll go and work in Myers where I'm not responsible for anything.

**Survey Response 41**

The public hospital system and government need to wake up and ascertain how they should remunerate nursing professionals for their "hard slog" with no benefits. By introducing this they will further erode the professionals morale and lose more nurses altogether. Anti-competitiveness is not the answer nor targeting agencies will justify any behaviour. We all need to unite and act as one in the name of justice and public freedom of speech! Go for it Medistaff!

**Survey Response 42**

I left hospital nursing because I worked hard for little or no reward! The hospital system (Public and private) do not value nurses and if the government and hospitals are concerned about money perhaps they should look at the exorbitant rates of pay in relation to work done with physiotherapists/doctors (consultants). I paid \$150 for a 15 minute consultation with an endocrinologist and got \$101.45 back from Medicare – who is sending the system bankrupt! I to have a degree and many specialist qualifications but our system doesn't value nurses. I discourage anyone and everyone I can from becoming a nurse because the pay is poor, there is no value or respect for the system and mostly doctors! I have three friends who have left nursing as a career because of the above reasons and vow they will never return.

**Survey Response 43**

I recommend the government looks at why nurses do not want to be permanently in the hospitals as employees. See Crit. Care Nurses study by Robyn Ogle, Deakin Uni 1996-1997. Will reconsider work options outside direct care.

**Survey Response 49**

I have worked exclusively agency since 1995 and would not go back to a hospital bank or agency that pays \$25 an hour. I would be willing to speak, as an agency nurse, to the commission about the work conditions, rates of pay and benefits to me and the patients. I did work on Critical Care bank at the Alfred in 1994 and had to work 6 X 6 hours shifts a week to earn a good salary. If you have any addresses of person to write to could you send out a notice.

**Survey Response 50**

I would not have joined a hospital Bank except that I had to, to further my specialist training

**Survey Response 52**

While my income could be potentially reduced I believe the HPV should be increasing the hourly rate of nurses in permanent positions. This current action is further disempowering nurses in Victoria while also reducing our stance for future potential pay increases. HPV is using directives instead of incentives. Half more nurses will either – leave Nursing or leave the country for better offers.

**Survey Response 53**

What other professions would be prepared to accept such low rates of pay following tertiary qualifications and years of experience. Many computer consultants for example have been in the industry for years. They have experience, no tertiary qualifications and are paid on purely being highly skilled! It is suggested the number of nurses on the payroll is the problem. Has anyone calculated the number of computer consultants/Information Technologist in the workforce not to mention the number of students the Universities are pumping out! Why are nurses an easy target?

**Survey Response 54**

I fully support nursing agencies as I feel they support nurses. The proposed changes will not benefit nurses who choose to work for an agency, rather than a bank. The reason agencies are required in the first place is that hospitals are too inflexible to their nursing staff.

**Survey Response 55**

I feel nurses in hospital system working full time are underpaid. While the rates agency nurses are paid are fantastic if you work full time agency there is too much of a gap with permanent nurses in hospital system. Medistaff have always been professional and not played into other agencies games to have highest rates and most staff. I believe Medistaff have more loyal nurses and are more respected for this.

**Survey Response 56**

I am currently on maternity leave from my usual full time position. The current agency rates allow me to work 1 shift per weekend and earn enough to cover the mortgage. If rates were significantly reduced I would have to return to my regular position and put my young baby into childcare.

**Survey Response 57**

Remove the current pay scale and I will endeavour to find employment opportunities outside hospital nursing. There is no doubt about this. I will leave nursing if these proposed changes take place. I have alternative qualifications.

**Survey Response 58**

The questionnaire seemed to lead to only one mind set. Everyone wants to be paid well (more is better in majority of cases) within reason. The questions worth exploring is why nurses join agencies/what are the benefits, what hospital administrators/wards can do to be attractive workplace to agency like nurses. This appears to be streamlining living wages cost exercise, not dealing and addressing the real issue. It poses threat to agency existence.

**Survey Response 59**

Victoria is already short of nurses. This move will only reduce the number of nurses hence closure of hospital beds and nurses will move to other professions.

**Survey Response 60**

I believe the rates I am paid by the agency reflect my years of experience, the training I have completed over the years and my multitude of skills which I require and enjoy. I am a professional and believe the rates I am paid by the agency should be the rates I am paid by my permanent job, to reflect the responsibility, accountability and risks I take on in my work.

**Survey Response 63**

I strongly believe that the rights of a professional should not be taken away by any institution, most of all the government. Is Australia still the democratic country which promotes equal opportunity in the work place? The government needs to look at retention of staff in their public hospitals (seriously!) and not further encourage nurses to leave the profession. Is any one else's professional income capped because of their high income? If one rule applies to one profession, it may/should apply to every profession right across the board. No double standards!!

**Survey Response 66**

I am retraining into IT and am fully prepared to back a decision to leave rather than submit to Government based bullying. It is not in "the public interest" it's in the "Government interest" to see nurses oppressed as they have been in the past. Go Medistaff, give them hell! If they don't have the money then why do they pay agencies at all? Surely they would just close beds. We choose to work agency because we are sick of Government based crap!

**Survey Response 67**

What the government and “powers that be” don’t realise is that it is not financial considerations as to why nurses don’t stay in the system. For many it is a lifestyle choice. People are fed up with work ruling their life/leisure time and want the power to be able to say no and be “normal”. Christmas and New Years especially is difficult. Even working one night a week, you are still expected to work one or the other. For many people, working full time in nursing is not an option or something they would ever choose. (i.e. who wants only one weekend off a month or to work ten days straight) No Way!!

**Survey Response 69**

The ability to enjoy my nursing career was reignited by desire to remain as I have been able to alter my lifestyle. I have a more Monday to Friday shift which provide more time i.e. family and friends. It would be a step backward if such legislation were put into practice as I and many others will simply take on other careers for better money and improved lifestyle.

**Survey Response 72**

The Government just don’t realise the true value of the nurses work while they pay managers of hospitals hundreds of thousands of dollars and don’t remunerate the nurses who provide the care to the patients. Are they a bunch of idiots!?

**Survey Response 75**

I am absolutely disgusted that our government can under value nursing as a profession. What other career would expect you to undertake extra studies to increase your skills, such as I did with my critical care course, and not get a significant pay rise to make it worth your while. For 6 years I was critical care trained before the certificate allowance was finally re-introduced and then to only receive an extra \$1 an hour, I feel is an insult. I believe the agencies value our true worth and if only our politicians could get their heads out of the sand they may take a step back and see how bloody hard we work and the huge responsibility of peoples lives we have on a daily basis. We deserve to be paid much better!

**Survey Response 78**

If this proposal goes ahead, it will be disastrous for the whole system. I have not spoken to one RN who will

- 1 increase shift
- 2 join nurse bank
- 3 accept lowered wage

However 50-140% commission are too much. You need to review this aspect as well!

**Survey Response 79**

After 1 and a half years as a Graphic Designer I am being paid the same amount as after 10 years of nursing as a Clinical Nurse Specialists ICU (Award rate). I have no responsibilities and the only occupational hazard is the risk of a paper cut! I feel Medistaff is paying me appropriately for my level of knowledge and expertise. The longer I work as a Graphic Designer, the more frustrated I get about the Award Wage I was being paid for such responsibility. Keep up the good work Medistaff.

**Survey Response 80**

Too angry to comment. We are formally introducing communism to nursing.

**Survey Response 87**

The previous state government is responsible for the “mess” in government hospitals. Experienced staff were replaced by new grads on 6/12 basis and lump sum payments for each recruit. Educators moved off the wards to teach short courses to rise revenue. Teaching on wards was responsibility of any remaining experienced staff, then left in droves.

**Survey Response 89**

I strongly believe what the Victorian state government is doing will exacerbate the chronic shortage of nurses rather than improve it.

**Survey Response 91**

Having been nursing for a considerable number of years, particularly as a specialist nurse, I believe that finally my extra studies, specialist knowledge and experience has been finally recognised on a professional level and that I am valued for my skills. This has probably been the singular reason I have persevered within nursing and not quit to work elsewhere outside of nursing. My agency income offsets that lack of recognition, professionalism and value within my hospital job within the public system.

**Survey Response 92**

I love agency pay rates!! Finally I feel my two degrees and the life and death responsibility we have are recognised in your pay rates.

**Survey Response 94**

In order for me to maintain the same income if the were to decrease, I would have to increase the number of shifts. Hence this would be of no benefit, as this would result in having to place children in child care, thus defeating the purpose of working agency.

**Survey Response 97**

I would not consider working in nursing if the pay rates were similar to the award rates. Nurses are continuing to leave nursing and if agencies lose nurses also, this will leave hospitals in a bind with limited numbers of nurses available to them.

**Survey Response 104**

The recent increases in the agency rates have induced me to give up my teaching and research positions at Monash University and return to clinical nursing. I am enjoying the work, but if the remuneration decrease I will return to an academic position. I work in ICU, Emergency, Midwifery, NICS/SCN, CCU

**Survey Response 106**

I very rarely do any agency work so the pay rates don't affect me greatly.

**Survey Response 107**

How will the HPV Tender affect Private Hospitals? Will there be a similar tender for them or will it stay as it is, with agency nurses from different agencies being used. IF so, then the HPV will not attract any nurses, they will all choose to work in private sectors. I can concede that our rates may need to be “capped” for a certain length of time, but they shouldn't go backwards and be reduced from what they are currently.

**Survey Response 110**

I realise that agency rates are quite high at the moment, but this follows a normal demand/supply curve in respect to the scarcity of the commodity, in this case, the labour of nurses. I have been nursing for almost twenty years and for almost the entire time, nurses have been undervalued, underpaid and taken very much for granted. The government proposals are anti-competitive. Good luck to the ACCC.

**Survey Response 112**

I truly believe that agencies pay nurses their true value. Nowadays, nurses have bachelor degrees and often post graduate qualifications. The work is physically, intellectually and emotionally challenging. The pay does not reflect this level of education and workplace challenge. Other professionals would expect and receive higher pay. I believe the solution is to pay permanent nurses more, say \$60-70,000 for YP8/9. If the ACCC accepts the governments offer I will seriously consider leaving nursing.

**Survey Response 113**

As a mother of young children, working the shifts that suit my childcare arrangements is essential. Working for a hospital is inconvenient due to the mostly inflexible attitude of the mostly non-mothers who run the bureauracy!

**Survey Response 114**

The government has not addressed the issues of lack of nurses. Instead of trying to force nurses to work for less money, they should look to pay them what they are worth and attract more people into nursing. The bank system will not return nurses it will see them leaving the profession in droves. Current hospital nurses will be doing more night duty and weekends because bank staff will not want to. The major reason people leave ICU is the amount of ND rotation.

**Survey Response 119**

After 12 years in the Public Health system and spending thousands of dollars to gain (Post-grad hospital) B. Nursing and Grad Dip. in Critical Care without receiving any remuneration. I am unwilling to return to full time nursing. Since commencing agency work I have completed a BSc but intend to continue agency work at present since I am expecting a child and do not anticipate regular employment during the early years of the child's life. Reduction of rates would reduce the appeal of such work since my husband could get overtime rates (exceeding Award rates for nurses) in his job instead.

**Survey Response 120**

If and when the Government brings in an award rate of pay for agency nurses, I am happy to stop working, not be available immediately.

**Survey Response 124**

As an intensive care trained nurse, I have a baby and find agency nursing allows me the freedom of working when it suits me and my family. We have our own business outside of nursing which I will return to if there are any changes made to the current system, as it would no longer prove lucrative. I left nursing due to the degree of strain on my health from irregular hours, industrial strength antibiotics/drugs handled, low staff morale and poor working conditions.

**Survey Response 127**

This sounds like restraint of trade on both an individual and professional levels. The ANF should also be called to account as agency nurses are ANF members too and should have this issues and rights championed and voiced by the representative union.

**Survey Response 128**

Let Mr Thwaites work in ICU or A & E, or nay nursing field.

**Survey Response 129**

Critical Care nurses get a good rate of pay. The agency charge way too much for the hospital. It is obvious that they can't afford to employ us. I strongly believe the agencies have caused this problem. Thank God I have other ways of making money. :I feel bad for those nurses that don't.

**Survey Response 130**

Agency work allows me greater flexibility and the income to take necessary time out from work which is, by sheer nature, exhausting mentally and physically, these changes would make me leave the profession indefinitely.

**Survey Response 131**

I have just come back to nursing after two years in other jobs (although did some agency during that time). Now nursing pays better I am happy to put up with the problems (eg. physically heavy/dirty) associated with the job, but refuse to go back to the bureaucratic rubbish and work place "bullying" which would not be tolerated in any other profession.

**Survey Response 132**

Many nurses on my ICU do extra shifts on our unit through an agency. Even though we all do this our unit is very short staffed. If agency rates drop I and many of my colleagues will no longer do extra. This is going to have a detrimental effect on our ICU and the health care system.

**Survey Response 133**

In respond to Number 4, I feel we are paid high agency rates perhaps more than hospitals can afford, but I wouldn't work the extra shifts for base wages. It angers me that the government is picking nurses who's base rates are underpaid, trying to remove our only option to supplement our wages.

**Survey Response 136**

Nurses will fight if the government chooses to restrict our right to trade. If nurses incomes are to be capped – then doctors and allied health staff should also be restricted and not at double ours. This is not going to help recruitment- it will result in a more disillusioned workforce.

**Survey Response 137**

I believe the current agency rates are a reflection of the general nursing shortage world wide i.e. supply and demand. I also think this current shortage is a consequence of the way nurses have been under valued and under paid for so long, hence nurses have left to go overseas or into other careers. Therefore by lowering agency rates it will create

further shortages. Nurse rates should reflect people lives. No other profession in private enterprise is controlled by the Government.

#### **Survey Response 138**

I believe that woman have the right to be treated equal to man and not discriminate against in regards to opportunities in business or work practices and pay. Therefore our salaries should not be subject to government interference. The natural supply and demand and value should be the only criteria for salary costs.

#### **Survey Response 139**

It is of great concern to me that the very high agency rates of pay and charges to the hospitals will out-price nurses and the profession. It may not be sustained at this rate for long. The Government may decide that less trained and qualified staff will be sufficient such as PSA or personal care attendants, to do the bulk of nursing work and use fewer highly trained or skilled nurses. I do however believe that specialist nurses shoals come under a different award and do deserve greater rates of pay.

#### **Survey Response 140**

I am very much against what the Government is proposing to do – it only further validates my belief that nursing is not valued or appropriately recognised or appropriate remuneration given for work and/or qualifications. Health services cannot survive without nurses who are “happy” with professional recognition, remuneration etc. Agency work provides another choice for “nurses.”

#### **Survey Response 141**

The “medical model” of hospitals – allows 3 Fee structures for medical staff. 1.) Medicare scheduled fee2.) AMA scheduled fee & 3.) consultants fee. To disallow nurses the same opportunity to charge different fees for their labour would infringe the equal opportunity act. Nurses have three fee structures for their labour. 1) Permanent, 2)Casual and 3) agency. All reflect the “risk” relative to the ability to gain regular work. Agency staff are compensated for their additional skills of being able to work in every environment they are required to work in. Not just a regular hospital.

#### **Survey Response 142**

In question 5 as I was only able to choose one response option B presently is the most realistic response, however I would take steps to enable myself to leave the profession in the long term if the agency was forced to pay award rates. In addition to this there is no point in working agency at a lower rate of pay if I am still enjoying the benefits of sick leave, annual leave or long service leave.

#### **Survey Response 143**

Returning to agency work was the best decision I made, not only is it financially rewarding but personally as well. For too long now, nurses have put up with restrictive conditions of their work including inadequate pay, it’s no wonder most nurses are joining an agency. I have never enjo0yed my work and my lifestyle as I have now. If the government does decide to reduce our wages then many specialist nurses that I know will consider leaving the profession permanently.



**Survey Response 145**

As I have indicated in the survey, I work for Medistaff for the flexibility it provides and because Medistaff remunerates me at a rate I believe is commensurate with my qualifications and experience. Generally, hospital staff respect my abilities and welcome me as a valuable contributor to their ongoing staff requirements. At the current rates of pay, I also believe that we, as specialist nurses have a commitment to maintain our professional competency. This can be extraordinarily difficult as an agency nurse, where hospitals are reluctant to allow agency staff to participate in in-service education and where there are limited opportunities to maintain skills. I would like to see Medistaff make a commitment to the educational requirements of their staff, even if the costs were borne by the individual staff. Of most value would be access to Advanced Life Support workshops.

**Survey Response 148**

Unlike other businesses, our Post Graduate qualifications and full costs me by us – fair enough – but it should also enable us to obtain positions at a higher rate of pay and especially for experienced specialists. This is only obtainable through Agency work. And they wonder why we leave?

**Survey Response 149**

Although I already choose my hours in the hospital and keep my sick leave, long service, car park etc – the extra agency I do makes a very big difference to my quality of life. It enables me to pay up front for my study – which my normal hours would not. In fact, the main reason I'm still employed at the hospital is to keep my long service (due next year!).

**Survey Response 150**

As I require a babysitter (paid) to care for my pre-school children whilst I work, the only financially viable way to stay in the nursing profession is working agency to gain above award rates. Our award rate remains too low for many working mums to stay in nursing. Agency nursing gives me the opportunity to continue to work in the profession. The VSG remain short sighted and ignorant to the many reasons nursing is now unattractive to be working in. The public lose out!

**Survey Response 152**

I would possibly stop doing agency shifts, but continue with my part time job. I would not increase my shifts in my part time job, as it wouldn't be worth it.

**Survey Response 153**

If it wasn't for the fact that I live in Ballarat (and just because I have had a baby) I certainly wouldn't work bank but agency only. It appalls me that, especially in the case of specialist nurses, that the government is not prepared to pay for the expertise we offer. They want excellence in care for bargain basement price. Well, if you pay peanuts you get monkeys!

**Survey Response 155**

It does not seem fair or viable to reduce agency rates of pay. The whole idea of working agency is freedom to work whenever and wherever for a suitably commensurate rate of payment!! I will be interested to see how this "agreement" will work when the public hospital beds are full, and in demand with no staff available!

**Survey Response 156**

Public hospital employees have made no effort to address areas of concern for nurses. Control over workplace issues or rostering for the government to “price fix” and reduce nursing wages for agency work will result in a further exodus of working nurses.

**Survey Response 158**

This will devastate patient care which I thought could not possibly get worse! More nurses will definitely leave nursing. Even though I am with you at the moment for part time/casual work, I have worked the best part of the past 16 years full time with an agency. I will fight along with you.

**Survey Response 160**

I also believe it is important not to let competition between nursing agencies drive the price up so much to hospitals that they price us off the market. I also believe nurses are entitled to a fair wage that reflects the true nature of the work-stress and educational preparation required/demanded in our roles. Computer engineers are paid more!!

**Survey Response 161**

Agency is a fantastic source of income for me when I am on maternity leave because I can work just a few shifts when it suits the new baby with feeding etc., and it keeps my skills up and helps in a time of single income without having to return to work early and that's very important for a female workforce!

**Survey Response 162**

I joined the agency when the rates were a lot lower and have been surprised at the rapid rate of increase in pay scales. However, the article in “The Age” newspaper by Dr Sarah Russell put things in perspective for me.

**Survey Response 167**

It is a pity that there are not Fri/Sat p.m. night shifts around. The money is fantastic, so obviously every agency nurse wishes to work those shifts. Unfortunately, it is the best shifts for myself as I don't believe in crèche to look after my children so Dad is home on weekends. It is near impossible to get a weekend shift. This is where the increased monies has had a negative impact. I am considering joining a nurse bank so that I can get those weekend shifts. I have not had a requested shift for nearly a month, or it has been on offer too far away or in a department I do not wish to work in.

**Survey Response 170**

Such a difficult time. Interesting how the Government use agencies as the scape goat to blame poor wages and therefore leave us with the lifestyle perils of shift work. I realise there is a limit to our health system budget and agency staff costs a lot, but I am worth every cent of this. Nevertheless, I do believe the Specialist agency staff should have (compulsory attendance) advanced life support clinics and assessments and other appropriate subject related classes. We can't expect to be paid as specialist's and not always be up to date. Medistaff does not meet these requirement even by suggesting/referring staff to appropriate courses and seminars.

**Survey Response 171**

I don't think the government actually knows what we as nurses day to day at work. We are highly trained professionals who save peoples lives. We are undervalued and overworked. Nurses will just continue to leave if things don't change.

**Survey Response 172**

I have recently changed specialty areas and will be going back to study this year. Agency helps supplements my full time job but allows me to keep my skills/knowledge in my previous specialty. This helps increase my career and professional and personal opportunities. If the proposed changes are made –them after this year of study – I will probably pursue a career outside nursing!

**Survey Response 176**

It is unfair of the state government to introduce price fixing in only one area of health care costs. This reflects on the continues undervaluing of nurses by governments and communities. Nurses will continue to leave the profession while they are discriminated against in this way.

**Survey Response 177**

I work almost full time – the only real incentive for me to work extra agency shifts now is the great remuneration. I also enjoy the security of knowing that when I am at my full time job that if there is a short fall, we won't have to scramble around to fins staff and therefore work under added pressure. The unit just employs an agency staff who has a critical care certificate and we have peace of mind, we often get the same staff who we know and it works well both ways.

**Survey Response 178**

I worked for 14 years in the public hospital system. Ten of those were in Intensive Care at a major metropolitan teaching hospital. I worked in a variety of positions including CAN, Unit Manager and Nurse Educator. In these positions I worked innumerable hours of unpaid overtime and I was frequently called at home to work, for which I was unpaid. I went on maternity leave and did not wish to return to my Nurse Educator position full time at present and tried to negotiate a job share position at two days. This was discouraged and I resigned (only option). If the Government wishes to encourage nurses to return to the public hospital system they need to address issues of remuneration for hours worked and supporting job share etc. instead of penalising agency Nursing staff in an endeavour to force them to return. The hospital in which I worked expected flexibility and loyalty from its nursing staff, unfortunately this was not reciprocal when the hospital administrators were dealing the staff themselves.

**Survey Response 179**

I have worked as a nurse for 16 years in 3 different countries. As a nurse I can work anywhere in the European market, North American and Australian, New Zealand markets. I am ICU and Pediatric experienced and would easily find a well paying position outside of Australia. I will not hesitate to move where I can continue my work and lifestyle as I have cultivated it!

**Survey Response 180**

Why would I bother to work in an emergency department for less money. It would not be worth it.

**Survey Response 181**

Agency rates are closer to what a nurse should be paid as a Hospital Nurse considering the responsibility and work load a nurse has comparable to other professions.

**Survey Response 182**

I have spent 9 years at University to achieve a Masters degree, have over 10 years ICU experience. Have worked as Num and Senior Mx to finally be treated as I deserve to be – as an agency nurse. My mechanic charges labour of \$60 per hour – no uni course etc. I am worth that at least! Especially on ND – rarely do we have the supports of day shift. I was sick and tired of being treated poorly – re: shift requests, flexibility of holidays and so on. Finally, I can choose, when and where I work. If this proposal is accepted I will move interstate to nurse or leave the profession. I currently work atleast full time.

**Survey Response 186**

I believe that the government and professional nursing bodies need to make a serious commitment to remunerating nurses (and in particular specialist nurses where demand is high) in accordance with their skills and qualifications. This may be in the form of higher dollars/hour, better penalties, increased annual leave entitlements. The lowest common denominator is now no longer enough. In normal market, those in high demand get paid more for their skills – just as different specialists in the medical field get paid varying rates, so too should nurses. The government is not entitled to restrict what the market commands.

**Survey Response 187**

I would be really happy if I could be contracted to a hospital on an agency basis but on a lesser rate of pay – say \$30-35 an hour. The agency pay is too high and the amount the hospital pays for the nurse in some cases is ludicrous. The result is constant bitching about agency staff by permanent staff, I always end up working twice as hard/fast because I feel guilty. Some hospitals (Melbourne Private) tell of agency staff with fewer qualifications sitting down doing nothing and getting paid more than \$70 an hour. Agencies had led the price rise not nurses – every time I return to Melbourne an agency is offering even higher wages and a wave of nurses follows. Finally, yes I get paid more but I get respected a lot less!!

Having said that – hospitals always nominate TC as the best!

**Survey Response 188**

An interior decorator costs \$90 per hour – we all know how much a plumber or electrician costs. I feel the government needs to look elsewhere for budget savings in health care. I am enrolled for further nursing studies in 2002. Maybe I should do interior design instead!

**Survey Response 194**

I believe pay rates of late have become too inflated – such that the discrepancy between permanent staff and agency staff pay rates has caused bitterness amongst colleagues. Supplementing the current wage offered to permanent staff has become common practice. I believe nurses will not be accepting of merely a reduction in agency pay rates without a significant increase in current award rate for permanent staff.

**Survey Response 195**

Agency is a positive way to work, staff in hospital respect individuals skills, and I always get feedback large organisation treat staff like a number.

**Survey Response 197**

I feel strongly about this issue and am willing to be part of any action required to stop it all from occurring.

**Survey Response 199**

I think the rate rises over the past year are great for the nurses, but I can see that they are pricing themselves out of the public hospitals budgets. Nurses are leaving or dropping shifts to pick up agency shifts often at their place of employment. As a staff member in a public hospital I see agency staff doing minimal work for their pay and I'd like to see more people on staff and therefore greater accountability for their work performance. This I know will not be the general feedback from your survey.

**Survey Response 201**

While I believe that agency rates need to be higher than that paid to hospital staff, I think the current rates are way too high. They seem to be going up quite frequently as the agencies compete amongst themselves for nurses. I don't believe I'm worth 3-4 times what my co-worker is. I also think the public health system can't afford these rates of pay and will only lengthen waiting lists for routine procedures for grommets or hip replacements.

**Survey Response 202**

The governments proposal to tender will not fix the health system or increase the number of nurses available. It is an attempt to blame private enterprise for a nursing shortage and market which has increased the financial value of agency nurses. The problem of nursing shortages is a result of underpaid, undervalued public hospital employed nurses. It is not fair or just to penalise agencies for doing what hospitals should have done years ago. If the tender goes through nurses will be penalised as well and for what? Caring for Victoria's public?

**Survey Response 203**

I came to Melbourne from another state specifically to do Midwifery. This move was only worthwhile if the hourly remuneration was good. If the hourly rates decrease doing Midwifery in Melbourne it will not be possible to offset accommodation and travel costs. Midwives are needed. Do not further erode an already dwindling work force.

**Survey Response 204**

I don't think we are excessively paid too high and that the award is still too low, just that the latest payrise probably took it a bit too far. I do think I am worth way more than NB rates and choose to work agency for reason listed, and monetary is the primary reason, other hospitals/places secondary. It is difficult to work PH via agency because of costs and if I really need a shift I used to do NB. Now the pay difference is so great ? NB, that I chase the \$ because it allows me to work less hours and receive same income. So if the government was successful they would force me to have to do extra hours, something I don't want, but would have no choice about as I need the \$ to finance my studies.

**Survey Response 205**

Question 5 asks for one answer only – however, changing career can take time and therefore I would continue nursing with a view to establishing alternative career options utilising my nursing qualifications and experience. I might not continue bedside nursing.

**Survey Response 206**

The Critical care areas will severely suffer if the changes are brought in.

**Survey Response 207**

Imagine the outcry if one were to try and prevent the competition between accountants or reduce politicians wages!! It is utterly inappropriate to prevent competition between nursing agencies. As an experienced critical care nurse the rates of pay I receive by working for an agency, are more commensurate with my level of clinical skill, knowledge and experience. The public hospital system has so many areas for enormous improvement, (poor wages, poor conditions in treatment of staff, unpaid overtime and bureaucratic work, no flexibility for employee work times), nurses do not want to work in it. Thus market forces demand higher wages for nurses like any other business. Hence nursing agencies and subsequent wages currently being paid.

**Survey Response 208**

I am writing a letter to the editor of "The Age".

**Survey Response 210**

I feel that we have been underpaid and undervalued for many years. Additional qualifications normally incur additional responsibilities and this was overlooked for many years. My question is "Do specialist doctors charge the same as GP's?" NO. If that was the scenario, no one would undertake the extra studying. Even the general public accept that they will be paying more for the specialists expertise. A certificate allowance hardly covers this.

**Survey Response 212**

I think the agencies take too much of a cut/profit. They are the one that need to consider reducing what they ask of the hospitals/government.

**Survey Response 213**

Historically, hospital budgets have been geared to a cheap labour force in nurses, associated with often poor working conditions. The current generation of nurses will no longer accept this, but there is bound to be a vocal outcry from governments and hospital administrators, as evidenced by recent newspaper articles. I think if they legislate to cap

nurses salaries, the current shortage will only worsen, although I also don't think more pay increase are warranted at this time.

**Survey Response 214**

I believe the Government is out of touch with nurses, I work part time out of Monash ICU. My colleagues are saying they will not work "bank as per Bracks style". If the ACCC allows the Bracks plan to happen, I would not be surprised if half the ICU beds in Melbourne are closed as a result of the action they intend to take.

**Survey Response 216**

Recently a hospital need to repair the Blood gas analyse machine out of hour, it cost \$350 an hour for a technician to come. Critical care trained nurses, work in ICU requiring skills to look after intra-arterial balloon pump, continuous haemofiltration or even ECMO. I think they should value our skills and expertise working in this area.

**Survey Response 217**

This attempted restriction of trade on the agencies should be met with ruthless legal action. What is the position of the Private Hospitals (APHA), will they be able to employ HPV's nurses also? Couldn't the larger agencies collude to nominate a set tender between them. A smaller agency may win the tender but with few nurses the HPV's system would be unworkable. Make more noise!! This is an assault on private enterprise. Are they the Labour party or the Communist party? Encourage Medistaff employees to write/email their local members. Emphasise to the ACC that specialist nurses are a minority among nurses and that a few of us leaving the profession because of their decision could lead to unqualified people caring for the critically ill.

**Survey Response 219**

As you've probably heard before I feel that none of this would have happened had nurses been treated professionally and with the respect they deserved and paid accordingly. The question the government needs to be asking is why nurses left their jobs in the first place to join agency? – even before the rates are what they are now. This situation has provided the perfect opportunity for nurses to band together and get what they want and deserve!

**Survey Response 220**

I have moved out of full time nursing as I was "burnt out" from the workload and hours of ICU. I still do a shift every 3-4 weeks which I really enjoy and it keeps up my registration and I don't have to do night shift!

**Survey Response 221**

I feel that the option to work extra agency shifts is one of the few “perks” that we have. Nursing although very rewarding personally, is not at all rewarded financially. Agency allows us to earn extra money when we need it – often at the end of a busy week already. I feel that if the rates reduced I would not work agency shifts as it is not worth my precious time. I thought the government were trying to improve nurses conditions. This will take away one of the only options that can reward nurses financially.

**Survey Response 225**

Nurses are not paid enough (cleaners are charging rates of \$20 an hour these days). Having to pay \$10 an hour for childcare – working is not a money making part time. I believe that \$73 an hour for a ICU shift on the weekend is too good to be true however it just shows that specialist nurses rate of pay has to increase to reflect the education and years of experience these nurses have, in order to keep them in the health system and happy.

**Survey Response 226**

I have a 12 month old child, who I choose not to place in child care. My husband is a weekend worker as well as some weekdays. I am therefore unable to commit to the usual permanent part of full time requirements of a ward due to my inability to work all shifts especially weekends. Should I choose child care – there is no weekend facilities available to meet my needs. I therefore choose casual work to maintain my ICU skills and income until I return to work when my child is older. Without this option that pays well, I would choose another career with better hours and facilities for my family.

**Survey Response 228**

I mostly work agency in the context of looking after a baby. Our family requires my income – it is not an extra! On maternity leave I am unpaid. I breast feed my children for as long as possible, 14 and 16 months respectively. Agency shifts is the only way I can meet the challenges of meeting financial commitments and caring for my children. An attack on agency rates is an attack on my fundamental standard of living!

**Survey Response 229**

I am entering my 15<sup>th</sup> year in the nursing profession and I am currently the most content I have been, due to the fact that the agency lifestyle/career path rewards me for the study I have put in and actually values me as a nurse for my skills/expertise.

**Survey Response 230**

The government are not addressing the problem of retention, pay and conditions in the public sector/private. This is an outrage against free enterprise, it's simple supply and demand. I have been in Australia 18 months and my view so far is that it is a Police state where they do as they wish irrespective if it's illegal.

**Survey Response 231**

I feel the agency pay rates reflect the specialist nursing skills, however I don't feel there is any need to increase them further. This definitely creating a widening gap and resentment when working with permanent hospital staff, especially in busy public hospital settings i.e. ICU, A & E. Perhaps future incentives could be – uniforms,



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inservice education or an “education” allowance for hours worked – which will allow agency nurses to maintain professional standards.

**Survey Response 238**

I just think it’s about time nurses were treated as true professionals and that the rate of pay we receive now through the agencies finally reflects this. I don’t think the government should have a say in what a nurse should be paid.

**Survey Response 239**

I am looking forward to work agency as well as my full time job since I have just completed my ICU Post Grad course and am looking forward to extra money. (It’s worth it for all the hard work and study)

**Survey Response 241**

Surely market forces determine a nurses wage as they do in other industry. I’m unaware of the government taking an interest in other professional groups incomes as they currently are in Agency nurses and consequently nurses need to stand up and defend their rights – rights which are extended to every other profession.

**Survey Response 243**

I think it is atrocious that the government is attempting “wage fixing” for nurses – with Thwaites claiming that Health care “can’t be run as a business” (i.e. market forces don’t apply) but market forces apply for all other personnel associated i.e. DON, CEO, Medical Specialists, as well as in the rest of the community (i.e. Plumber, care mechanic etc.) This is hypocritical in light of “forcing” us to pay private companies (health insurance).

**Survey Response 245**

I am concerned that by increasing the rates of pay as the agencies have now done that we as specialty nurses are being priced out of the workplace. Whilst I certainly enjoy the money I realise that the rates are not going to last, they are not sustainable. The hospital admin. teams have been forced, by these increases to take action because there seems no limit to the rates of pay.

**Survey Response 246**

Agree that the state governments actions are anti-competitive and evasion of the value of nurses. Why should nurses “pay” for the long term neglect of the labour force at the public health sector. Plenty of other professional labour shortages that have attracted high rates of pay – normal market forces at work.

**Survey Response 247**

Agency rates reflect a wage commensurate with the five year of tertiary study and further years of specialist experience it has cost me to become a specialist nurse practitioner. Award rates are a complete joke considering the multiple life and death decisions I make every shift, compared to the annual income of university friends in other fields such as office work, accounting etc. What are our priorities?? Get real!

**Survey Response 248**

I have been nursing for 19 years and this is the first time I have been able to earn a decent wage. I feel the government and the hospitals have absolutely no respect for my training, experience and skills and if they succeed with their play then I will take my talents elsewhere where they will be appreciated. They are trying to financially cripple nurses to force them to work more – this is despicable!

**Survey Response 249**

I did not choose to join agency – I was forced by the government when they reneged on the nurse patient ratio. So when my contract was up at the hospital I was working at – I was out of work. I dearly wish to be working at that hospital still and hope that I will get another position there very soon. Therefore my reason for being an nurse bank – but I don't get shifts through that wither – yet to get a shift through agency.

**Survey Response 250**

Currently I am on extended maternity leave and that is the beauty of agency because I can resume work whenever I am ready and working hours and days are totally flexible.

**Survey Response 252**

Agency rates charged to hospitals seem to be out of control. This is not helping our cause. Agency fees also need to be addressed, not just our hourly rate. When I began agency nursing I paid the agency fee myself and it was only 7-8%!

**Survey Response 256**

Currently with competitive agency rates the way they are, agency nursing is appealing because it is so lucrative and if quality professionals earning those high rates are upholding professional expertise practice as they are in most cases then let it be said that finally our work is deemed important.

Have worked a short time (part time) with Medistaff. The staff are professional, friendly, highly committed to nursing and have given me faith back in the nursing profession. I believe it would be a disservice if agencies such as Medistaff are swallowed up by a hospital system that treats staff only as numbers and a jobs for mates mentality.

**Survey Response 258**

I have recently resigned from my nurse bank position as Medistaff rates are too tempting! There are many current and long term problems with both private and public hospitals and nursing profession. When Kennett (past VIC Premier) was happy to close hospitals/beds, hospital administrators were only too happy to have minimum numbers of employees and “top up” with casual staff. Casuals could be cancelled at short notice, no sick leave, long service, holiday pay, workcover, education costs and other staff entitlements. Now it has back fired on them and the casuals they were happy to have are costing more. Current problems which hospitals are unlikely to solve are

1. poor career pathways eg. restricting the number of CNS positions in ICU/CCU
2. lack of support when battling with getting patients in or out of insufficient staffing
3. greater workloads, sicker patients, more junior staff with diminishing resources and rewards
4. Increasing profits in private hospitals and special treatment of medical staff with no reward or acknowledgement of nursing contribution.

5. Basic lack of respect for nurses as individuals or as a profession. Inflexibility with rostering means that many senior people cannot go part time when having families and rigid, relentless night duty making agency the only viable solution.
6. A relatively weak union which is only interested in public hospital RNS.

The Victorian governments' proposal to run a nurse bank at award rates is short sighted and unworkable. If it restricts agencies it also breached force trade/private enterprise laws and is a complete backflip on the regulation of every other industry by government. If the governments' award wage nurse bank goes ahead now will they compensate for the lack of employee entitlements? I am retraining in order to leave nursing completely. After 20 years in the profession I can no longer keep up with the physical demand of heavy patients and the mental fall of a fragmented and disinterested health system.

#### **Survey Response 260**

Although I fee the rates we are paid are high, this has lead to me choosing to do extra shifts, I wouldn't have done this otherwise.

#### **Survey Response 263**

It would be very sad if the government was able to manipulate the system so that nurses were unable to choose with whom they worked by dictating who was allowed to run agencies/use certain agencies. It is an erosion of the rights of nurse and small businesses. If the government can offer better alternatives for nurses than is already available, let them do it fairly.

#### **Survey Response 274**

Although I enjoy the money I think that to be realistic agencies are pushing the costs to hospitals far too high to an unsustainable level. I realise that this is the way it is in business but I think some of the less scrupulous operators around town have a lot to answer for. I would be worth reminding the hospitals and indeed the government that we do not get sick pay, holiday pay or job security. If we do not work we don't get paid!

#### **Survey Response 275**

Keep up the good work Medistaff. The government has missed the point. Nurses work agency because of the flexibility etc., but mainly because the salary reflects the real worth of their work.

#### **Survey Response 277**

Unless nurses in specialist areas working in permanent positions are paid accordingly to their true worth, the real problems with critical care staff shortages will never be resolved. Agency nursing has until now provided the only viable alternative for nurses to receive the wages they deserve.

#### **Survey Response 278**

The latest large income in 3B wage, I feel is too high for my circumstance. Though a "close to award" wage is ridiculous and I would do no extra shifts at that level. Some compensation needs to be included in the agency wage for the transient nature of the work and the specialist skills agency nurses have, (adaptability, increased social/team skills and so on.)

**Survey Response 282**

I essentially work full time in ICU. I do agency work as it benefits me financially and the hospital to have a known entity fill in blanks on the roster. I believe the rates of pay reflect the years I have worked and the financial strain I have had to undertake my post. Grad studies. I deeply resent these attempts to monopolise and reduce my agency options. Also the ANF are poor for not supporting us better.