

Flexibility and More? Nurses Working and Caring

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FLEXIBILITY AND MORE?: NURSES WORKING AND CARING

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1. Executive Summary

Nurses are a vital and unique workforce in Australia with some important workforce characteristics. Nursing is a sex segregated and aging workforce: more than 90% of nurses are women and the average age of female registered nurses is 45 and of male nurses 43 years (AIWH 2005; ABS 2005). Almost half of the nursing workforce works part-time (ABS 2005) with the average hours worked also declining in the past decade. On average, female nurses work approximately 7 hours less than male nurses (AIHW 2005). Currently, across most Australian states there are severe shortages identified in the nursing workforce (DEST 2003) with efforts at both national and state levels in increase training opportunities and retention.

The aim of this study was to explore how nursing families manage working and caring for their families. We were interested in how work and family decisions intersected and the ways in which nursing employment shaped and was shaped by family life. Participants in the study were heterosexual couples living in urban Victoria – Melbourne or Geelong. Each of the couples had one partner employed as a nurse and at least one child under 12. In depth couple interviews were conducted on domestic decision making, careers, working hours, childcare, domestic labour and support networks. The interviews were tape recorded and fully transcribed and analysed thematically. The research findings offer rich and nuanced information about work and family preferences and constraints for nurses in contemporary Australia.

Key Findings

Australia, in common with other western / OECD countries, is experiencing nursing workforce shortages and governments have taken a number of measures, including the provision of financial incentives to return to nursing employment, to boost the participation rates of qualified nurses. This study indicates that the factors most likely to influence greater participation in the workforce are:

- Flexibility in employment options which is highly valued by female nurses in particular as providing opportunities for the integration of work and family;
- Self-rostering opportunities and shorter shift options which were highly valued when they were available and were identified as mechanisms for increasing participation;
- Greater flexibility in formal childcare which assists with the complexity of work-family schedules for nurses;
- Pay rates for nursing represent a key element of decisions about how many hours and what type of commitment nurses make to employment. Many noted that the costs of childcare, when compared to take-home pay and expectations of unpaid overtime reduced the worth of additional shifts in their family situations.

- The demand for nursing labour may encourage movement within the profession and the strategic use of casualisation rather than the negotiation of longer term flexible work patterns that benefit the employer and employee.

In addition, this study found that:

- Many nurses continue to work reduced hours (some had moved to less hours) when their children attend school as pressures of managing family schedules grow more intense;
- Limiting career progression and development was often seen as a necessary sacrifice for the management of work-family responsibilities; many nurses indicated more senior roles were not available part-time or required significant overtime and therefore could not easily be integrated into family needs.

The study has identified that current career promotion or financial benefits are not themselves always sufficient to maintain nurse engagement in the workforce and that pay rates are often offset by employment associated costs such as child care. Enhanced working conditions recognising child care responsibilities would encourage nurses to maintain or increase their commitment to their nursing work.

Recommendations

These findings indicate that retention of skilled nurses in the workforce requires employment practice change to provide the predominantly female workforce with flexible working hours and conditions that explicitly recognise and support the family care responsibilities of the majority of this workforce. The recommended employment arrangements would include:

- Flexible shift work arrangements for permanent nursing staff so that nurses are not forced to change to casual work conditions when they have children. Shift work arrangements should provide for annual rostering arrangements that explicitly provide for school holiday leave arrangements and sick child care support.
- Workplace based occasional and extended hours childcare should be further developed.
- Nursing career structures should explicitly provide for career advancement for part-time nurses.

2. Project Background

Nurses are an essential and unique health workforce in Australia with some important distinctive characteristics. More than 90% are female which makes nursing a highly sex segregated workforce and the Nursing workforce is an aging one: the average age of female registered nurses is 45 and of male nurses 43 years; men are less than 10% of the profession (AIWH 2005; ABS 2005; Shah & Burke, 2001). Nursing is a 24 hour profession managed through shift work; 67% of nurses in a surveyed four week period worked shifts compared to 16% across the workforce more generally (ABS 2005). Forty-four of the Australian nursing workforce works part time with the hospital sector seeing the greatest increase in part time nurses - from 29% in 1986 to 47% in 2001 (ABS, 2005). The average hours worked by nurses have also declined in the past decade (ABS 2005); on average, female nurses work approximately 7 hours less than male nurses (AIHW 2005). Currently across most Australian states there are severe shortages identified in the nursing workforce with predictions that this situation will worsen over time; this has been identified as a national priority for higher education (DEST 2003) and recent government commitments have increased nursing undergraduates places by 1500 over four years. The number of nurses who completed courses for initial registration in 2006 was 7,011, an increase of 14.9% from 2005.

The predominantly female nursing workforce is often related to the caring nature of nursing work, which includes direct hands-on care as well as emotional care (Bullock & Waugh, 2004). This shapes perceptions of nursing as an occupation that works well for women. The organisation of nursing work into shifts is also a factor that has been identified as assisting women's maintenance of labour market attachment in conjunction with other life aspirations, such as motherhood. This has also underpinned assumptions about the 'family-friendly' nature of nursing, although studies confirm that progression in nursing is gendered with ratios of male nurses significantly higher in management and senior positions (Bullock & Waugh 2004; Brown & Jones 2004). Recent studies and accounts of nursing in Australia have drawn attention to changing work experiences for nurses due to healthcare restructures (Stanton et al, 2003; Bartram et al 2004; Dockery 2004). These studies have generally reflected work intensification, staffing shortages, and changes to hospital practice impacting on nurse recruitment, retention and job satisfaction.

This study examined how 20 nurses and their partners made decisions about paid labour (hours worked and flexibility available) in light of domestic responsibilities and family priorities. Semi-structured couple interviews were chosen in order that couples were able to describe the key impacts of work-family intersections in their own terms in relation to nursing work, the opportunities it offered to integrate work and family life and the tensions in managing this type of employment. It adds a unique and important perspective to existing research as it reveals the ways in which nursing families talk about and negotiate nursing work in the context of family life.

3. Key Findings

Nursing flexibility is highly valued by female nurses in particular as providing opportunities for the integration of work and family

The predominance of women in nursing is often linked to the possibility of maintaining employment in tandem with motherhood and other life opportunities. This was expressed in many of the interviews with nurses and their partners suggesting that shiftwork and the opportunity to change forms of nursing employment over time was valuable to them. A significant number of women had moved to casual shifts to enhance family flexibility. Part time work (utilised currently by half the nurses interviewed and at some time by nearly all) was particularly valued. These varied forms of flexibility allowed combinations of work and family schedules to alter as family needs changed.

Nursing has meant we've had the flexibility to have a very happy and productive family life (Brian, male nurse, partner Helen also a nurse, two children).

Nursing agencies are brilliant. If you can't work set shifts ...I've worked casual bank and agency (Katherine, female nurse, partner Ian also a shift worker, two children).

I don't think there's much flexibility in a lot of other professions for women, that nine to five, finding child care to work with that, that's what I think would have been a lot harder and ... more expensive (Amanda, female nurse, partner Jerry in a demanding job, two children).

It is a lot easier to be flexible when you're part time ... I can work almost full time but I have the choice of saying "Well, yeah, I'll work that day" or "No, I can't. I've got something on". And the **got something on** is always the kids (Grace, female nurse, partner Drew in a demanding job, two children).

The demand for nurses was an important aspect of this flexibility with a number of nurses noting that their choices were improved because employers were willing to accept flexible arrangements because of the shortage of nursing labour. The positive feelings about flexibility were not universal; one of the partners suggested that nursing was insatiable - 'the beast that is nursing' (James, partner of Eliza nurse with one child) - and another argued that 'nurses' shiftwork is the worst in the world' (Matt, partner of Mary, a nurse with two children). But overall, nursing families valued the opportunities and most had found ways to negotiate work schedules that allowed for the integration of family responsibilities.

Self-rostering opportunities and shorter shift options were highly valued when they were available and were identified as mechanisms for increasing participation

Half of the nurses interviewed identified self-rostering and the opportunity for shorter shifts as very valuable opportunities for work and family balance (see Underhill 2005). While a number noted that four and six hour shifts (only available in a couple of locations) were not favoured by unions, they saw these mechanisms as enhancing flexibility and likely to encourage greater participation. Where these opportunities were made available and in operation, these nurses were open to additional hours.

I'm quite lucky where I work ... I'll say "I'm available between 9-3 to do some extra work" (Susie, female nurse, partner Craig is self-employed, two children).

In my previous job I worked every Saturday and then I would sometimes pick up a shift during the week if child care allowing and then they were very flexible. They said "that's fine" if I could only work Saturdays and I was only employed one day a week and if I worked extra, well and good (Miranda, female nurse, partner Sebastian, three children).

Reflecting on a particularly good combination of work and family in a previous position, Mary said 'usually I'd just say "look, I've got these days"... and it was a lot easier' (currently not working, partner Matt, two children). Where there was a perception that there was less flexibility, nurses were more likely to opt for casual employment to maintain the ability to integrate work and family responsibilities; as Cheryl said, 'they've offered me permanent positions there but I wouldn't take it' (currently casual, partner David, two children).

[My manager] said I could go ward, and I said well you know that doesn't suit me because of the hours and she said well that's not my concern and I went well it is really ... so I had a few issues there and basically decided that it was easier to just go and go back onto nurse bank to fit in when I wanted to work (Diana, female nurse, partner Alex in a demanding job, two children).

Steph worked for less than standard wages in a nursing related role because of the flexibility.

X Health Care was really incredibly flexible and generous. They don't pay well – they didn't pay proper nurses' award but ... there was a lot of flexibility there. (Steph, female nurse, partner Paul, one child).

Preserving flexibility was paramount to these nurses in order to maintain family commitments. There was a strong push for even more flexibility as a way to achieve greater participation; for a number of these nurses, flexible employers and options for self-rostering encouraged them to offer more time to their workplaces.

Greater flexibility in formal childcare would assist with the complexity of work-family schedules for nurses

The management of shiftwork and childcare hours presented challenges for these nursing families. While families were creative in managing shifts using partner care (and often the support of family and friends), there were still unmet needs for childcare. Many noted the difficulty of finding early start and late finish childcare and factored this into decisions to work less for a time or stop working until children were older.

It's hard to find childcare that will actually fit in with the shifts (Diana, female nurse, partner Alex in a demanding job, two children).

[I] chose not to juggle childcare (Steph, female nurse, partner Paul, one child).

Pressures around childcare became particularly intense when there were training requirements or expectations of overtime in the workplace. When asked to suggest ways that employers could support work-family balance, childcare facilities on site was the most frequently mentioned option for increasing work-family balance and to support increased attachment to the labour market.

The inflexibility of childcare booking systems where firm commitments well in advance are necessary, were noted by a number of the nursing families. The inability to move bookings in the situation of changed shifts or the failure to get a shift was a financial burden that most families could not sustain for long periods. These costs were a significant factor; when asked how to support nurses' work, Beth and Hal said, 'a pay rise and more childcare' (Beth, nurse, Hal, self-employed, one child) would make an important difference to their work-family choices. When faced with the cost-benefit analyses of care inflexibility and cost, many nurses chose to work less.

Some studies have suggested that nurses may hold more traditional views of family which may impact on their work choices (Dockery 2004). This study did find evidence that women carried more of the caring work within families but this is not particular to nurses; large scale Australian studies find women generally carry more of the care work in families (Baxter et al 2008; Baxter 2007) and that some preference for maternal care is visible in Australian working hours and family care arrangements. More than half the female nurses did make reference to the particular value of maternal care and the importance of family time; but the problems of finding childcare that fitted with family needs in terms of time and costs were a clear contributor to the amount of hours that female nurses worked.

Pay rates for nursing represent a key element of decisions about how many hours and what type of commitment nurses make to employment. Many noted that the costs of childcare and parking, for example, when counted against take-home pay and unpaid overtime reduced the worth of additional shifts in their family situations.

While the nurses interviewed valued nursing as a profession and felt that patient care was valuable, many indicated that they felt nursing was under-valued and underpaid. As Eliza said, 'nursing compared to other professions is so poorly paid ... So whilst nurses are nurses because they enjoy being with people, I think in the long run they need to look at that kind of thing' (female nurse, partner James, one child).

This sentiment was very common, and these constraints were seen to affect nurses at all levels.

A lot of nurses [say] "If I'm going to do a degree, I'll do it in something else. I'll do it in something that pays better, that gives me better hours, more flexibility." So that's why I think there's a shortage of nurses because essentially it's not attractive enough and there's certainly a huge deficit in that senior bracket and a lot of it is because the whole structure certainly needs to be revamped. (Claire, female nurse, partner Todd, two children).

This cost-benefit analysis was particularly pertinent when nurses evaluated the costs associated with managing childcare. Diana's comment that 'my pay is just chewed up in childcare' (female nurse, partner Alex in a demanding job, two children) was echoed by five other nursing families. These costs, when combined with the absence from home, were cited as real barriers to participation.

We have to pay for child care, and I don't get a whole lot, so I'm not going to work [so hard] ...to pay for the child care and not be home to see my kids after school (Laura, female nurse part time, partner Greg, nurse, two children).

If I had been really, really pushing to go out and have a career we would have had to pay a fortune in child care because there's no child care centre open that can take the children before 7.00am or after 6.00pm (Julie, female nurse currently not working, partner John, a nurse, five children).

These analyses were also relevant to training costs.

In nursing you're forever updating yourself, forever educating, well I am anyway, and thank god I've been able to get HECS and scholarships to pay for the study (Sally, female nurse full time, Michael, casually employed for flexibility, four children).

Other issues mentioned by a number of nurses interviewed were recent rises to the costs of parking and hospital food. There were also a number who described

the expectation of unpaid overtime as important in thinking about pay; many said that they routinely had to dedicate an additional half-hour to complete their work without any additional reward. All of these elements were factored into decisions about how much to work. Many nurses indicated that penalty rates were vital in assisting them to manage these work-related costs. While the nurses in this study valued their employment for more than pay, there was a strong sense that nursing pay rates were not adequate for the skilled work and the additional care commitment expected.

The demand for nursing labour may encourage movement within the profession and the strategic use of casualisation rather than the negotiation of longer term flexible work patterns that benefit the employer and employee

Studies of work in Australia reveal part time work is highly feminised and there is a continuing prevalence of this pattern of employment for women (Whitehouse 2005, Watson et al 2003). This phenomenon was present for this nursing cohort, with most using part-time employment as a mechanism to integrate work and family. There are some distinctive features here, however. Nurses moved between different types of nursing work (from clinical to administrative roles and back again for example), and between shift schedules to preserve and protect family care and employment balance. Overall, there were 23 nurses interviewed for the study (in three couples, both partners were nurses) and for most, there had been significant and relatively frequent employment changes in the past decade. Significantly, these nurses often moved from permanent part-time positions to casual work to maintain their ability to rearrange work schedules as family schedules changed;

It was a big decision to give up my long service leave and holiday pay, sick leave and all that to go casual but at that time we knew something had to give because it wasn't working with the kids and me (Sarah, female Nurse part time, partner Richard in trade, three children)

She was about two and ... I went back to Box Hill casual. I decided that permanent part time wasn't really an option we felt because ... I didn't have the flexibility then. I'd be doing day shifts and afternoon shifts and it would have meant child care and we just found it really difficult to do it (Katherine female Nurse part time, partner Ian also works shift work, two children).

This use of casual employment to preserve work-family integration and flexibility may offer better opportunities for nurses than it does for other non-professionally employed women, but it does suggest that there are opportunities for enhancement in the structure of permanent part-time and full-time work within nursing. As Sarah's comment indicates, these women often chose to go casual with a sense of regret and clear recognition of the professional costs that were consequent on such decisions. Our findings suggest that nurses faced with work-family issues tended to move from permanent to casual work or to move jobs rather than examine the possibilities of mutually beneficial work schedules or professional advancement with their existing employer.

Many nurses continued to work reduced hours (some even moved to less hours) when their children attended school as pressures of managing family schedules grew more intense

Although the period of early childhood generated specific care needs, these did not necessarily lessen as children grew. For some families, the opposite was true.

It was easier [when children were younger] than it is at the moment (Jerry, partner of Amanda, nurse, two children).

There was recognition that school aged children continued to need support and 'down time'.

I wouldn't like him to be at either before school or after school care because there is not a lot of home time' (Eliza, female nurse, partner James, one child).

[We want to] fit round school (Brian, male nurse, partner Helen also a nurse, two children).

A particular issue was the management of school holidays; some of these nurses stayed casual or kept reduced hours across the year in order to manage the holiday period.

They did want me to increase my hours but I said "no" mainly because it's so difficult in school holidays (Susie, female nurse, partner Craig is self-employed, two children).

In a number of these families, the amount of part time work undertaken when children were very young was reduced as children moved into school. Although children were more independent when they were older, family schedules became more complex; extra curricular activities were highly prized in all these families as was 'family time'. Extra hours and weekend work became more difficult to fit into the family schedule.

When they were little and I would be at work... it was a bit hard, I was working five days ... As the boys got older, they got more into sport (Cheryl, female nurse, partner David, two children).

We were getting a bit grrh (sic) so we made the decision for me to go casual' (Sarah, female nurse, partner Richard working long hours, three children).

With school aged kids ... I don't think I would even try nightshift (Steph, female nurse, partner Paul, one child).

There was some evidence that women made decisions about paid work with their responsibilities as mothers in particular in mind; as Laura said "I suppose because I'm the Mum ... I've seen it as my job" (Laura, female nurse, partner

Greg also a nurse, two children). In the three couples where both partners were nurses, only one couple had used the parity of employment as an opportunity to share the role of primary carer. But the complexity of family schedules and activities for these families seemed to be a key driver for reduced hours as children aged, rather than views about maternal care; children's schedules became increasingly intense (all children here over eight had at least two extra scheduled activities) and because of the flexibility of nursing work, it was the nurses who reorganised work to fit with family schedules. Reductions in hours, as outlined above, were often made when pay rates were not perceived to offset the familial cost of absences from home. This suggests that the work-family strategies nursing families use balancing care for children change over the family life course, with different forms of flexibility and support. On-site childcare assists when children are young, but on-going access to flexible schedules is important across all years of children's schooling.

Limiting career progression and development was often seen as a necessary sacrifice for the management of work-family responsibilities; many nurses indicated more senior NUM or charge roles were not available part-time or required significant overtime and therefore could not easily be integrated into family needs

Despite its flexibility, nursing was identified as work that encouraged and often demanded additional contribution from staff and these nurses took pride in and accepted in the additional responsibility.

I think looking after patients is very valuable (Cheryl, female nurse, partner David, two children).

Most nurses don't switch off ... I enjoy the work, I enjoy the responsibility, but I don't enjoy the hours... you have a lot of unpaid overtime (Eliza, female nurse, partner James, one child).

There are times when I think I'd be better off working at Coles ... because at least then I don't have to worry when I come home (Diana, female nurse, partner Alex in a demanding job, two children).

So there is a degree of flexibility but at the same time no one feels good about asking to go early because you know it places a lot of strain on people and because the area I work in they're some of the sickest people in the hospital there's an extra pressure because they're critically ill anyway. So we all take that role very seriously (Jocelyn, female nurse, partner Grant, three children).

There was also significant commitment to training and development with almost half the cohort interviewed having undertaken specific training courses to augment or develop their skills.

I still like to keep my midwifery skills up, because I do enjoy it. If I did it full time I wouldn't be there, but just doing it casually it's good, because it is rewarding (Mary, female nurse, partner Matt, two children).

However, this commitment and strong professional identity was not fully reflected in work patterns as over one third of the nurses currently working part-time or casually suggested they had made a trade between career opportunities and seniority for flexibility to manage family responsibilities.

I don't feel as if I've reached my potential... I can't take a higher position because it would mean that I have to work more hours, so I'm stuck (Claire, female nurse, partner Todd, two children).

Eliza had taken a senior role which reduced weekend shifts, but also offered much less flexibility (female nurse, partner James, one child). There were several others who had waited until children were older before fully engaging with the professional opportunities nursing offered. As Martha said; 'once you go up the ladder, there's ... opportunities for development' (female nurse, partner Kevin, two children). Martha had recently taken a more senior role with an

explicit interest in 'career development' but it partly dependent on the willingness of her male partner to reduce his hours or work. Jocelyn had made a similar choice.

I'm the charge nurse so I look after two areas, the critical care areas of coronary care and after heart and lung surgeries so I would oversee the eight staff members on any shift but also I'm responsible for all the other staff members also that aren't there at any given time so just organising any issues but I share that with another person. So things have changed, we obviously discussed, I was asked to go for the job, I did, I got it, Jack was happy that I did but we've found that it has really put a much greater pressure on our life than we probably anticipated (Jocelyn, female nurse, partner Grant, three children).

She was keen to continue this work – 'I'm really enjoying it ... and I'm not going to give it up', but both partners indicated that it had created pressures for them as a family. This ambivalence was clear in Miranda's story too; she was in 'quite a specialised field' and expressed satisfaction with her skills and a desire to contribute (female nurse, partner Sebastian, three children). She had recently moved to an administrative job that offered free weekends, but was still partly yearning for an opportunity to fully engage with her work and utilise her capacities, to 'get stuck in'. Others had turned down or trialled and then stopped more senior roles and greater hours. Other studies of nursing in Australia have found that part time work and time out to the workforce impact on women's capacity to progress (Bullock & Morales 2004); male nurses are over-represented in more senior positions. A number of female nurses here also expressed the view that men progressed more easily; 'I see a lot of my male counterparts [advance]...and it bugs me' (Grace, female nurse, partner Drew in a demanding job, two children), but this was in the context of an unsatisfied desire to achieve more themselves in their profession. This study found the professional aspirations of some of these nurses were not realised because they felt the need to limit professional development for family.

5. Conclusion

This study found that nursing offers important opportunities for work and family integration and that nurses and partners valued this flexibility highly. Complex family schedules were significant drivers of employment patterns and nursing work schedules meant that care was negotiated between couples often resulting in greater paternal involvement. At the same time, the availability of nursing work and the variable work schedules meant that family pressures were often resolved by alteration in the nursing work schedule.

Nevertheless the nurses were keen for employment structures to provide for increased flexibility to manage family pressures across the life course including increased opportunities for self-rostering and shorter shifts. The importance of flexible work schedules was emphasised by the number of nurses who chose to move to casual employment to preserve and protect flexibility, even though they recognised the costs of such a strategy. The female nurses in this study were interested in maintaining connection to nursing and career development and progression in some cases, but felt that progression in nursing would inevitably result in more demands and less flexibility. Evaluations of pay rates when offset against the costs of childcare and other work-related costs were also relevant.

The strong professional commitment that was demonstrated by these nurses suggests that gender inequality in labour market earnings and limited options for flexibility and career progression are salient career and labour market barriers for nurses.

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