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Employment conditions of Australian primary health care nurses

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Employment conditions of Australian primary health care nurses

Abstract
Background: The primary health care (PHC) nursing workforce is growing to meet the demand for community based health services. To facilitate the recruitment and retention of nurses in PHC settings it is important that positive employment conditions exist.

Aim: To explore the employment characteristics ofAustralian PHC nurses, including employment patterns and remuneration considerations.

Methods: A descriptive survey of Australian PHC nurses was conducted during 2015 as part of a larger mixed methods study. This paper reports the survey findings relating to employment patterns, conditions and remuneration.

Findings: One thousand one hundred sixty six nurses responded to the survey, most respondents were employed in general practice and many were employed part-time. Rates of pay were significantly lower for those employed general practice compared to other PHC settings. Most respondents hadn't received a pay increase in the last 5 years. There were considerable differences in the allowances received between nurses employed in general practice and other PHC settings.

Conclusion: Whilst more nurses are moving into PHC, the remuneration and allowances differ between PHC settings and continue to lag behind the acute sector. To attract skilled younger nurses to meet future workforce requirements, there is an urgent need to review pay and conditions in PHC nursing. Equally, PHC nurses must develop skills to better negotiate their employment conditions and remuneration and industrial organisation must continue to support industrial advances in this area.

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Running head: PHC Employment conditions

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Abstract

Background

Primary health care (PHC) nursing is growing to meet the demand for community based services. To facilitate the recruitment and retention of nurses in PHC settings it is important that positive employment conditions exist.

Aim

To explore the employment characteristics of Australian PHC nurses, including employment patterns and remuneration considerations.

Methods

A descriptive survey of Australian PHC nurses was conducted during 2015 as part of a larger mixed methods study. This paper reports the survey findings relating to employment patterns, conditions and remuneration.

Findings

1166 nurses responded to the survey, most respondents were employed in general practice and many were employed part-time. Rates of pay were significantly lower for those employed general practice compared to other PHC settings. Most respondents hadn't received a pay increase in the last 5 years. There were considerable differences in the allowances received between nurses employed in general practice and other PHC settings.

Conclusion

Whilst more nurses are moving into PHC, the remuneration and allowances differ between PHC settings and continue to lag behind the acute sector. To attract skilled younger nurses to meet future workforce requirements, there is an urgent need to review pay and conditions in PHC nursing. Equally, PHC nurses must develop skills to better negotiate their employment conditions and remuneration and industrial organisation must continue to support industrial advances in this area.

Summary

Issue

The number of nurses employed in Australian PHC has grown significantly in the last decade. To meet increasing demand this workforce needs to recruit and retain skilled nurses.

What is already known

A key workforce issue which hinders the employment of nurses in PHC is the conditions under which they are employed.

What this paper adds

This paper provides evidence of the current workplace conditions of nurses employed in Australian PHC, emphasising areas where PHC nurses are behind their acute care colleagues.

INTRODUCTION

The increasing focus on the provision of health care services in primary health care (PHC) to address the rising chronic disease burden and aging population has resulted in considerable growth in the nursing workforce in these settings. Specific Commonwealth funded programs such as the Practice Nurse Incentive Program (PNIP) have provided incentives to employ nurses in some primary health care settings (Department of Human Services, 2016). One in eight nurses now identify themselves as working in PHC roles, including general practice, schools, correctional settings, community health centres and remote communities. Over 12,000 nurses specifically identify themselves as working in Australian general practices (Australian Institute of Health and Welfare, 2014). This is a significant increase from the estimated 2300 in 2003, and 9000 nurses employed in general practice in 2009 (Halcomb, Salamonson, Davidson, Kaur, & Young, 2014). PHC nurses have a variety of roles, depending on the setting in which they are employed. However, broadly they make a significant contribution to lifestyle risk factor reduction, support for self-management and chronic disease management within the community.

Unlike acute care nurses who are largely employed by State / Territory health services, nurses in PHC are employed by a range of different organisations including small businesses (e.g. general practices), corporate health chains, non-government organisations and charities. So whilst acute care nurses are covered by State / Territory employment conditions, for nurses in PHC, employment conditions and remuneration may vary considerably depending upon the employer (Australian Medicare Local Alliance, 2012; Australian Primary Health Care Nurse Association, 2016).

In 2010, a national Nurses Award which determines pay and conditions was introduced for nurses and midwives who are not covered under existing state based awards or workplace agreements (Fair Work Commission, 2010). The Award, whilst not specific to those working in PHC, sets minimum wages and comparable conditions to those employed in

acute care roles. In addition, a further development in the industrial arena has been the negotiation of enterprise agreements between industrial organisations and some larger employers of general practice nurses (GPNs). These agreements include putting in place classification structures and associated pay and conditions which reflect the diversity of roles of nurses working in these settings (Australian Nursing and Midwifery Federation, 2013). Despite the presence of these agreements the literature reports concerns amongst PHC nurses regarding employment conditions and remuneration (Halcomb & Ashley, in press). The Australian Primary Health Care Nurses Association (APNA) has undertaken surveys of pay and working conditions of GPNs since 2005. Past surveys have indicated that many nurses working in the PHC setting have traditionally been remunerated at lower rates of pay and with less optimal working conditions than their acute care colleagues (Australian Practice Nurses Association., 2010, 2014; Australian Primary Health Care Nurse Association, 2016). An important consideration in designing the 2015 expanded primary health care workforce survey was therefore to provide further information about how changes in the industrial arena, such as the introduction of the Nurses Award (Fair Work Commission, 2010) and the expansion of the PHC nurses role may have impacted over time on the employment characteristics of the current PHC nursing workforce.

AIM

The aim of this paper is to describe the employment characteristics of Australian PHC nurses, including employment patterns and remuneration considerations.

METHODS

Study Design

A mixed methods study consisting of a national survey and a series of interviews was undertaken to provide data relating to the PHC nursing workforce and to explore capacity building within PHC nursing. The large volume of data generated necessitated a number of publications to adequately explore each aspect fully. This paper reports the findings from the survey relating to the employment characteristics of nurses working in Australian PHC drawn from the national survey. Other aspects of the project, such as the validation of the job satisfaction items, satisfaction with aspects of the PHC role, the role of PHC nurses and the qualitative interviews, are reported elsewhere (AUTHORS OWN).

Sample

The difficulties in recruiting nurses working in PHC settings have been well documented due to the lack of national register (Halcomb et al., 2014). Whilst the limitations of convenience sampling are well recognised, the difficulties in accessing PHC nurses precluded more representative sampling strategies. Therefore, information about the survey, including a link to the online survey form, was widely disseminated through nursing and primary health care networks using a multi-faceted approach. Emails containing an invitation to participate as well as the electronic link to the survey were sent to members and networks of the APNA, the Australian Nursing and Midwifery Federation, the Australian College of Nursing and other key national nursing organisations and key stakeholder networks such as the Medicare Locals (primary health care organisations). Information about the survey was also distributed by direct email to individuals and in professional newsletters, as well as publicized through the use of social media outlets such as Twitter, Facebook and LinkedIn.

Survey tool

The survey tool was developed following critical evaluation of relevant published literature, mapping of existing survey instruments (Australian Divisions of General Practice Ltd, 2003; Australian Medicare Local Alliance, 2012; Australian Practice Nurses Association., 2014), and in consultation with key stakeholders. The tool collected demographic information about participants, their specific role and job focus, clinical activities, professional development and performance review, professional support, working conditions and salary, career intentions and levels satisfaction. A combination of Likert scales, dichotomous responses and open ended questions were used to maintain respondent interest and encourage survey completion. All responses were anonymous and confidential. The face validity of the survey was assessed prior to survey distribution by a group of 11 nurses including academic professionals, policy experts and individuals with experience in workforce surveys. Following input from this panel, some minor changes were made to the wording of some items to enhance their readability and ease of response.

Data collection

Promotional emails and information about the survey contained a link to a webpage hosted by Survey Monkey™. It was launched on the 30th of March 2015, with a time limit for completion of four weeks due to the deadline imposed by the funding body. To optimise response rates, reminder emails were sent to potential respondents two weeks prior to the closure.

Data analysis

Data was exported directly from Survey Monkey™ into SPSS Version 21 and analysed using descriptive statistics. An independent t-test was conducted to compare GPNs and other PHC nurses hourly rates of pay. Hierarchical multiple regression was used to assess

the ability of area of work (GP or Other PHC) to predict pay, after controlling for the influence of Number of Years Qualified, Registration Status, Postgraduate Qualification and Locality of Practice. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity. A series of chi-square tests were conducted to compare GPNs and other PHC nurses entitlements.

Ethical considerations

The study was approved by the University of ##### Health and Medical Research Ethics Committee (Approval Number HE15/074) and the Australian Government Statistical Clearing House (Approval Number 01725-05).

RESULTS

Participants

1166 PHC nurses provided both demographic and response data and so were included in the survey analysis. Nine hundred and fifty of these respondents (81.5%) worked in general practice and the remaining 216 (18.5%) worked in other PHC areas. A detailed description of the demographics of study respondents have been reported elsewhere (AUTHORS OWN) but are summarised here to provide context. Of note were findings that just over 80% (n=957) respondents were over 40 years of age, with 55.4% (n=644) of respondents aged over 50 years. More than 80% (n=966) had qualified as nurses over 10 years ago, and just over half (n=657; 57%) had worked in general practice or PHC for over 5 years. Most of the cohort (n=921; 79%) identified themselves as registered nurses, and just over half (n=536; 56%) reported practising in a major city or urban centre (Australian Institute of Health and Welfare, 1994)(Table 1).

Table 1. Demographics

	n	%
Age		
20-30 years	*83*	*7.1*
31-40 years	*122*	*10.5*
41-50 years	*313*	*26.9*
51-60 years	*499*	*42.9*
61+ years	*145*	*12.5*
Gender		
Female	*1120*	*96.4*
Registration Type		
Registered Nurse	*921*	*79.3*
Enrolled Nurse	*109*	*9.4*
Midwife	*107*	*9.2*
Nurse Practitioner	*25*	*2.2*
Country of Nursing/Midwife Qualification		
Australia	*1019*	*88.1*
UK	*73*	*6.3*
New Zealand	*26*	*2.2*
Africa	*10*	*0.9*
Asia	*9*	*0.8*
USA	*5*	*0.4*
Other	*15*	*1.3*
Years since completed Nurse/Midwife Qualification		
<5 years	*101*	*8.7*
6 to 10 years	*95*	*8.2*
11 to 20 years	*158*	*13.6*
>20 years	*808*	*69.5*
Years Worked as Qualified Nurse/Midwife		
<5 years	*102*	*8.9*
6 to 10 years	*126*	*11.0*
>11 years	*919*	*80.1*
Years Worked as Nurse in General Practice/Primary Health Care		
<5 years	*490*	*42.7*
6 to 10 years	*298*	*26.0*
>11 years	*359*	*31.3*
Practice Location by Rurality		
Major City/ Capital City	*536*	*56.4*
Regional / Rural Australia	*360*	*37.9*
Remote Australia	*53*	*5.6*

Practice Location by State		
Victoria	*383*	*33.4*
NSW	*332*	*29.0*
Queensland	*194*	*16.9*
South Australia	*96*	*8.4*
Western Australia	*66*	*5.8*
Australian Capital Territory	*39*	*3.4*
Tasmania	*22*	*1.9*
Northern Territory	*8*	*0.7*
Multiple States/Territories	*6*	*0.5*

Employment Characteristics

Most respondents worked in general practice (n=950; 81.8%) as either their primary (n=888; 76.4%) or secondary (n=62; 6.5%) place of employment (Table 2). A small number of respondents worked in an acute hospital (n=86; 7.4%) as either their primary (n=34; 2.9%) or secondary (n=52; 4.5%) place of employment. The remainder of respondents worked solely in PHC settings.

Table 2. Practice Setting

	Primary		Secondary		Total	
	n	%	*n*	%	*n*	%
General practice	*888*	*76.4*	*62*	*6.5*	*950*	*81.8*
Acute Hospital	*34*	*2.9*	*52*	*4.5*	*86*	*7.4*
Aboriginal health / medical service	*30*	*2.6*	*1*	*0.1*	*31*	*2.7*
Community health associated with acute health services	*29*	*2.5*	*14*	*1.2*	*43*	*3.7*
Community health not associated with acute health services	*19*	*1.6*	*16*	*1.4*	*35*	*3.0*
Medicare Local / Primary Health Network	*17*	*1.5*	*15*	*1.3*	*32*	*2.8*
Specialist medical rooms	*12*	*1.0*	*14*	*1.2*	*26*	*2.2*
Aged care facility	*10*	*0.9*	*16*	*1.4*	*26*	*2.2*
Maternal and Child health service	*9*	*0.8*	*4*	*0.3*	*13*	*1.1*
Refugee health	*9*	*0.8*	*1*	*0.1*	*10*	*1.0*
Management	*9*	*0.8*	*3*	*0.3*	*12*	*1.0*
University / TAFE clinic	*7*	*0.6*	*8*	*0.7*	*15*	*1.3*
School / Pre-School	*7*	*0.6*	*3*	*0.3*	*10*	*0.9*
Non-Government Organisation	*6*	*0.5*	*8*	*0.7*	*14*	*1.2*
Nursing / Midwifery Education	*4*	*0.3*	*7*	*0.6*	*11*	*0.9*
Consultant / Contractor (self-employed)	*3*	*0.3*	*10*	*0.9*	*13*	*1.1*
Other	26	*2.4*	26	*2.3*	52	*4.7*

Most respondents (n=915; 80%) were permanent or fixed term employees (Table 3), with a smaller group being employed on a casual basis (n=201; 17.5%). Given the differences between the small business environment of general practice, compared to other PHC employers, data were dichotomised for analysis. This analysis demonstrated that after permanent employment more nurses employed in general practice were employed on a casual basis (n=188; 19.8%), whilst more nurses from other PHC employers were employed on fixed term or temporary contracts (n=20; 10.7%). The largest group of GPNs (n=586, 61.7%) were employed on a part time basis, whilst the nurses employed in other PHC settings were spread across full and part time employment. Half of PHC nurses were employed on a full time basis (n=98, 50.0%) in contrast to just over one in five GPNs (n=211, 22.2%).

Table 3. Employment Characteristics

	General Practice		Other PHC	
	n	%	*n*	%
Employment Type				
Permanent	*701*	*73.8*	157	*80.1*
Fixed term or temporary contract	*37*	*3.9*	20	*10.2*
Self-employed contractor	*20*	*2.1*	2	*1.0*
Casual	*188*	*19.8*	13	*6.6*
Other	*2*	*0.2*	4	*2.0*
Employment Status				
Full time	*211*	*22.2*	98	*50.0*
Part time	*586*	*61.7*	86	*43.9*
Casual	*148*	*15.6*	11	*5.6*
Other	*2*	*0.2*	1	*0.5*
Employment Terms				
Nurses Award	*324*	*38.5*	91	*60.7*
Individual contract	*358*	*42.6*	29	*19.3*
Collective agreement	*51*	*6.1*	17	*11.3*
Other	*34*	*4.0*	2	*1.3*
Unsure	*74*	*8.8*	11	*7.3*

Whilst 37% (n=413) respondents reportedly worked 35 hours or more per week in their primary job (Table 4), 18% of respondents reported working 23 hours or more in a secondary nursing role (n=59; 18.0%).

Table 4. Average Hours worked per week in Primary & Secondary Employment

Weekly work hours	Primary		Secondary		Total	
	n	%	*n*	%	*n*	%
10 hours or less	*33*	*2.9*	*176*	*53.5*	*58*	*5.0*
11 to 16 hours	*114*	*10.2*	*80*	*24.3*	*74*	*6.4*
17 to 22 hours	*124*	*11.1*	*14*	*4.3*	*93*	*8.1*
23 to 28 hours	*216*	*19.3*	*15*	*4.6*	*172*	*14.9*
29 to 34 hours	*219*	*19.6*	*12*	*3.6*	*234*	*20.3*
35 to 40 hours	*287*	*25.6*	*15*	*4.6*	*307*	*26.6*
More than 40 hours	*126*	*11.3*	*17*	*5.2*	*215*	*18.6*

Remuneration Considerations

Rates of hourly pay were higher for those working in other PHC settings compared to those employed in general practice (Figure 1). The mean rate of hourly pay for those employed in other PHC settings was $41.16/hour (SD=9.09) compared to the average hourly rate of pay for those employed in general practice of $34.47/hour (SD=7.65)(t=8.59, df=918, p<0.001).

Number of years qualified, registration status, postgraduate qualification and locality of practice were entered at Step 1 explaining 13.6% of variance in pay. After area of work was added at Step 2 the total variance explained by the model as a whole was 18.1% (F (5, 899) = 41.03, p<0.001). Area of work explains 4.6% of the variance in pay when the effects of years qualified, registration status, postgraduate qualifications and locality of practice are statistically controlled for (p= 0.000). In the final model, four of the variables were statistically significant in their contribution to variance in pay. The highest predictor was area of work (beta=0.219, p<0.001), followed by registration status (beta=0.199, p<0.001), years qualified (beta=0.156, p<0.001), and postgraduate qualification (beta=-

0.146, p<0.001). Locality of practice did not make a unique contribution to the final model (p=0.633).

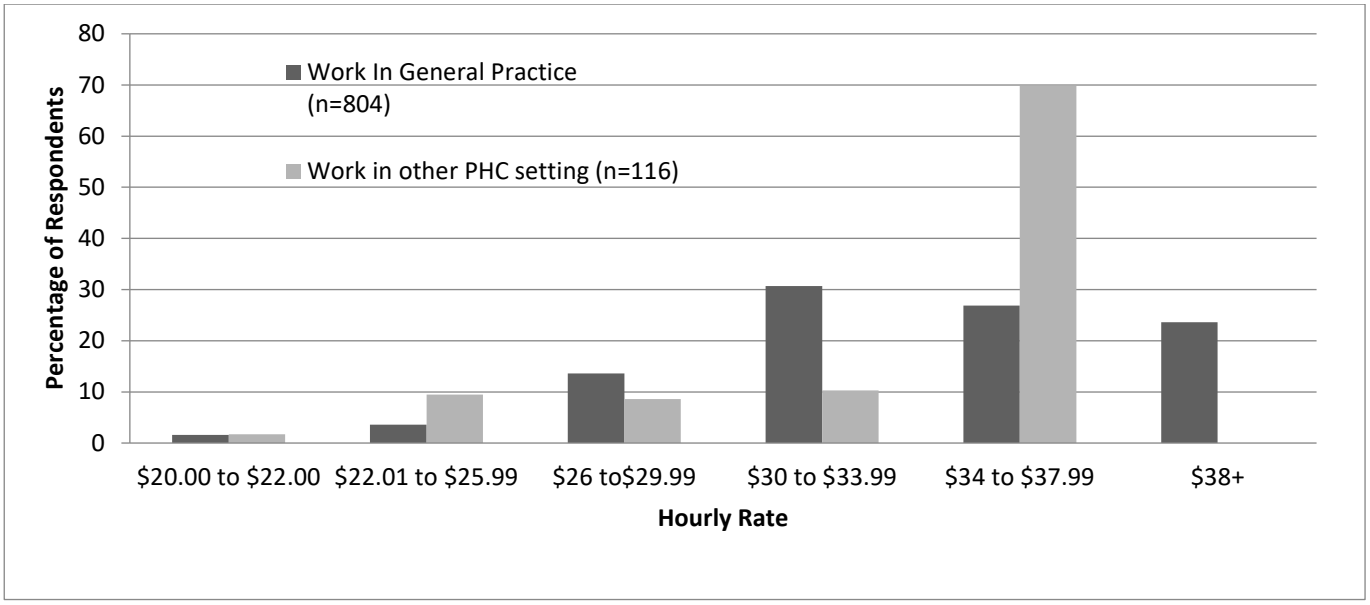

Figure 1. Comparison of Hourly Pay Rate

Table 4 shows that just over half of the GPNs (n=496; 58.9%) and the other PHC respondents (n=76; 51%) had not received an increase in pay within the previous five years. However, 42% (n=345) of GPNs and 23.6% (n=35) of other PHC respondents reported never having asked for a pay increase either personally or via their Industrial organisation.

Of those who did actively seek increased remuneration, most did receive an increase in salary. Such increases were, however, modest, with increases in GPN salaries mainly between 50 cents and $3 per hour. Nurses in other PHC settings achieved a mean hourly increase of $3.22, whilst the GPN respondents achieved a mean increase of only $2.47/hour.

Table 5. Increases in Remuneration

	GPNs		Other PHC Nurses	
	n	%	*n*	%
Length of time since employer offered pay increase				
Less than 1 year	*197*	*23.4*	*30*	*20.1*
1 - 4 years	*299*	*35.5*	*46*	*30.9*
More than 5 years	*30*	*3.6*	*1*	*0.7*
I have never been offered an increase	*204*	*24.2*	*18*	*12.1*
Pay increases are fixed for my Award/Agreement	*113*	*13.4*	*54*	*36.2*
Length of time since asked employer for increase in pay				
Less than 1 year	*144*	*17.5*	*27*	*18.2*
1 - 4 years	*162*	*19.7*	*35*	*23.6*
5 years or more	*30*	*3.7*	-	-
I have never asked for an increase in pay	*345*	*42.0*	*35*	*23.6*
Pay increases are fixed for my Award/Agreement	*140*	*17.1*	*51*	*34.5*
Result from requesting increase in pay				
No change in salary or benefits	*117*	*34.9*	*18*	*30.0*
Yes increase in salary	*203*	*60.6*	*35*	*58.3*
Increase in benefits but not salary	*8*	*2.4*	*3*	*5.0*
Increase in benefits and salary	*7*	*2.1*	*4*	*6.7*
Increase in salary per hour				
Mean Hourly Increase	*$2.47*		*$3.22*	
Less than $0.50	*18*	*8.7*	*1*	*4.0*
$0.51 to $1.00	*51*	*24.8*	*5*	*20.0*
$1.01 to $2.00	*59*	*28.6*	*8*	*32.0*
$2.01 to $3.00	*36*	*17.5*	*6*	*24.0*
$3.01 to $4.00	*12*	*5.8*	*1*	*4.0*
$4.01 to $5.00	*15*	*7.3*	*2*	*8.0*
$5.01 to $6.00	*8*	*3.9*	-	-
$6.01 to $7.00	*1*	*0.5*	-	-
$7.01 or more	*6*	*2.9*	*2*	*8.0*

Entitlements & Allowances

Respondents were asked to indicate what entitlements, if any, they received as part of their employment (Table 5). Slightly fewer than half of the respondents in each group (GPN n=444; 46.7%; Other PHC n=101, 47.6%) reported receiving annual leave loading. GPNs also reported the following entitlements 30.3% a uniform allowance (n=288), 21.7% received overtime pay (n=206) and only 15% received study leave (n=143). Other PHC Nurses reported the following entitlements: 28.3% a shift allowance (n=60); 26.4% a uniform/laundry allowance (n=56); and 20.3% received a qualifications allowance (n=43).

There was a significantly greater proportion of GPNs compared to other PHC nurses receiving overtime (X^2=21.71, df= 1, p<0.001), weekend penalties (X^2= 5.10, df=1, p=0.024) and not receiving any entitlements (X^2=31.17 ,df=1, p<0.001). However, a significantly greater proportion of other PHC nurses were receiving study leave (X^2= 19.82, df=1, p<0.001), shift allowance (X^2=5.24, df=1, p=0.022), qualifications allowance (X^2=82.03, df=1, p<0.001), and higher grade duties for managing nursing/midwifery team (X^2=8.07, df=1, p=0.005).

Table 6. Entitlements Received

	GPNs		Other PHC Nurses		p-value
	n	%	n	%	
Annual leave loading	*444*	*46.7*	101	*47.6*	0.995
Uniform/laundry allowance	*288*	*30.3*	56	*26.4*	0.202
Overtime	*206*	*21.7*	17	*7.9*	<0.001*
Weekend penalties	*160*	*16.8*	23	*10.8*	0.024*
Study leave	*143*	*15.1*	60	*28.3*	<0.001*
Shift allowance	*66*	*6.9*	25	*11.8*	0.022*
Qualifications allowance	*31*	*3.3*	43	*20.3*	<0.001*
Higher grade duties for managing nursing team	*25*	*2.6*	14	*6.6*	0.005*
Don't know	*12*	*1.3*	6	*2.8*	-
No additional entitlements	*216*	*22.7*	13	*6.1*	<0.001*

*indicates statistical significance

DISCUSSION

This survey provides one of the largest datasets from nurses working in PHC settings and provides a valuable picture of the current status of the PHC workforce in Australia. The literature to date has reported pay and conditions as being an important factor constraining the PHC workforce in Australia (Halcomb et al., 2014; Halcomb & Ashley, in press). Understanding the employment conditions of this group is important to ensure both the recruitment and retention of skilled nurses in PHC employment.

Despite its strengths, this study has some limitations. Researching the PHC workforce in Australia has limitations due to the lack of a national register of PHC nurses and the isolated settings in which they work. However, the method used to recruit participants for this study were comparable with similar Australian studies undertaken over the last decade (Australian Medicare Local Alliance, 2012; Australian Practice Nurses Association., 2014; Halcomb et al., 2014). Even though the timeframes set by the funding body meant that the survey was only open for a four week period, a significantly higher response rate was achieved than previous surveys (Australian Medicare Local Alliance, 2012; Australian Practice Nurses Association., 2014; Halcomb et al., 2014). This was as a result of extensive national promotion of the survey through a range of nursing and PHC organisations and social media. Despite every effort to attract participation from across the PHC nursing workforce, it is not possible to confirm how representative the sample was. Additionally, the use of a self-report survey tool to collect data relies on the veracity of respondents to provide accurate information.

Remuneration in PHC, in particular general practice, has previously been previously recognised as a negative aspect of employment (Halcomb et al., 2014; Halcomb & Ashley, in press). Although poor, the average rate of pay of GPNs has steadily increased over the last decade from $23.11 per hour in 2004 (Australian Practice Nurses Association., 2014), to $29.76 in 2010 (Australian Practice Nurses Association., 2010), to

the current $34.47. This increase in hourly rate is comparable to the Wage Price Index, which measures changes over time in the price of labour services (Australian Bureau of Statistics, 2016). However, the mean rate of GPN pay in this study was significantly lower than the mean pay rate of respondents employed in other PHC settings. Additionally, the GPN mean rates of pay rates compare unfavourably with the average pay of registered nurses in all Australian settings which is reported as being $38.14/hour (NMBA, 2015). Poor rates of pay amongst PHC nurses is not isolated in Australia and has been reported internationally (Delobelle et al., 2011). Despite this, adequate remuneration has been identified as one of the most important factors contributing to job satisfaction (Betkus & MacLeod, 2004; Cameron, Armstrong-Stassen, Bergeron, & Out, 2004; Campbell, Fowles, & Weber, 2004; Delobelle et al., 2011; Junious et al., 2004; Storey, Cheater, Ford, & Leese, 2009). Storey et al. (2009) even concluded that enhancing remuneration was an effective strategy for encouraging retention of staff. The continued poor remuneration of PHC nurses requires urgent attention to ensure that sufficient workforce remains to meet the growing demand for PHC nursing services.

A significant number of nurses in this study had not had a pay rise in more than two years. Even amongst those who had asked for one, over 30% had been unsuccessful in negotiating increased wages with their employer. There is a history of collective bargaining agreements between nursing unions and state or federal governments who fund acute health services. Much of this activity is conducted by unions rather than individual members. Therefore, PHC nurses likely lack the skills and confidence to negotiate their own individual employment conditions and remuneration. This may be particularly true with employers such as individual general practitioners who are also their peers and fellow health professional (McInnes, Peters, Bonney, & Halcomb, 2016). This highlights the need to equip nurses with the skills and confidence to negotiate with employers and to promote the value of their nursing experience.

A further concern was the significant differences in allowances received between GPNs and other PHC nurses. Additionally, the availability of allowances appears to compare unfavourably with the broader nursing workforce. For example, only around 15% of respondents reported receiving any paid leave to attend professional development activities. However, nurses in the NSW and Victorian public sector are entitled to 4-5 days for professional development per year (ANMF, 2016).

Whilst the increasing size of the GPN workforce provides evidence that careers in PHC settings are gaining in popularity, this survey provides evidence for the ongoing concerns about the remuneration and entitlements received by nurses in this sector. Despite over a decade of data which has recorded the discrepancy between the remuneration of acute and primary nurses (Halcomb et al., 2014), the gap has not significantly narrowed. If Australia is to sustain a viable skilled PHC nursing workforce to meet future community needs, it is vital that steps are taken to ensure that the employment conditions of these nurses are comparable to their acute care colleagues. Without supportive employment conditions, attracting and retaining nurses to work in PHC will be extremely challenging – particularly amongst younger nurses struggling with personal financial and family commitments (Chenoweth, Jeon, Merlyn, & Brodaty, 2010). By better understanding the GPN workforce and finding ways to provide equitable employment conditions across sectors, the nursing profession will be better able to promote primary health care as an exciting career choice for future nurses.

CONCLUSIONS AND RELEVANCE TO CLINICAL PRACTICE

Much has been written about various aspects of the growth of the nursing workforce in Australian primary care over the last decade. Whilst significant progress has been made in increasing the size of the workforce and developing the nursing role, this study demonstrates the need to continue work to actively influence the employment characteristics of Australian PHC nurses, including their employment patterns and

remuneration considerations. Strengthening remuneration and conditions is likely important in ensuring that skilled nurses continue to be attracted to and are retained within the PHC setting.

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CONFLICT OF INTEREST

There are no conflicts of interest.

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