

National Consistency in Industrial Awards for Disaster Release for Australian Nurses: an Integrative Review of Enterprise Arrangements

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Abstract

This research explores the types of provisions made available to nurses within Australian public employment agreements to respond to disasters and alternate provisions made available to provide personal property protection and personal care during a disaster. An integrative literature review methodology is used to collect, evaluate, analyse and integrate sources of evidence to inform a discussion on the current enterprise arrangements for nurses with respect to disaster response. Nursing and midwifery public sector enterprise agreements were sourced from each of the

eight Australian jurisdictions. These were evaluated for the industrial provisions made available to nurses wanting to assist in responding to disasters. Only five of these agreements mentioned provisions for nurses to assist in disasters. Where these provisions exist, they vary in their consistency, terminology and the quantity of the entitlements, potentially leading to inequality and variability in the financial support frameworks for nurses involved in disaster events.

Abbreviations: DMAT – Disaster Medical Assistance Team; EBA – Enterprise Bargaining Agreements.

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Introduction

Disasters are a relatively common experience, with over 332 natural disasters recorded worldwide in 2011 alone, causing 30,773 deaths, 244.7 million victims and economic damages estimated at over US\$366.1 billion. [1] Healthcare delivery is one of the most fundamental components in the immediate response and subsequent recovery from a

disaster. Employed as they are in the largest profession in the health workforce, [2] nurses are often called upon to form an important part of the health recovery efforts of disaster response teams, by performing a number of roles in both clinical and non-clinical areas.

The role of nurses in Australian disasters has included the psychosocial support of victims and response personnel, multidisciplinary care coordination and frontline problem solving, and over and above clinical care delivery. [3,4] Nurses have been identified as willing to respond to a disaster either overseas, interstate or locally within their own community and workplace. Recent Australian research found that nurses were particularly willing to attend their workplace in a disaster if they had received formal education pertaining to disasters, had a family disaster plan, did not have children, and worked in an environment in which they perceived their colleagues, managers and organisation to be well prepared and supportive. [5,6] However, nurses who volunteer to be part of an overseas emergency response deployment team have been reported to be underprepared, particularly in relation to not holding a current passport, and inadequacies relating to vaccinations or health requirements. [7]

The willingness of nurses to assist in disasters is exemplified by their deployment with not-for-profit volunteer organisations such as St John's Ambulance Australia [3,4] and Australian Disaster Medical Assistance Teams (DMAT). [8,9] DMATs are considered an important component within the Australian Government's National Health Emergency Response arrangements, in the provision of health services in response to emergencies of national consequence. [10] Traditionally, DMATs consist of health professionals with varied backgrounds, drawn from various hospitals across the states and territories to form response teams for disaster-affected areas and to provide and maintain a health service. These teams must be self-sufficient and aim not to place a burden on the disaster-affected communities' infrastructure. Nurses who are part of the Defence Forces Reserves may also be deployed; however their release from employment is clearly outlined in legislation.

While the need, role and willingness of nurses to be part of disaster response teams has been established in the literature, [6,11,12] there is a paucity of literature that outlines the established industrial support frameworks or processes to remunerate nurses for their involvement in response and/or recovery efforts.

Aim and significance

Having a better understanding of the industrial support available nationally for nurses to seek remuneration to allow them to support their own community by responding to a disaster or to volunteer their skills to assist a disaster response team, may inform the health sector in providing clearer workforce support and disaster response team sustainability to assist in a disaster. As such, this project examined the available public sector nursing enterprise bargaining agreements (EBA) of each state and territory within Australia, to assess the provisions made available to nurses engaged in local, national and international disaster situations. This includes provisions made to nurses to remain at home to protect life or property from an impending disaster, and provision listed for nurses to respond to a disastrous event in a professional capacity. Throughout this paper, the term EBA refers to a jurisdiction's public nursing agreement with government regarding entitlements. In the different jurisdictions, this could refer to a 'collective', 'industrial' or 'business' agreement.

Method

Design

This project used principles adopted from integrative literature review methodology to collect, evaluate, analyse and integrate sources of evidence to inform this discussion on the EBA for nurses related to disasters. [13] EBA documents were collected by internet searching of relevant state and territory health department websites.

Data collection

Documents were sought that refer to the public sector industrial provisions for nurses who request to be absent from their place of employment for the purpose of defending their home, caring for family, or to work as part of a disaster assistance team.

While it is acknowledged that such industrial or workplace provisions may be mentioned in documents such as hospital or health service policies, procedures or directives, the focus for this research was on EBAs between state and territory governments and industrial organisations. EBAs are publically available and are the key documents in determining industrial matters rather than institutional policies, procedures or directives. Private sector agreements were excluded due to their lack of public availability identified by the data search methodology utilised in this research. Additionally, the documents reviewed were the current EBAs as listed in Table 1 reviewed in May 2013.

Through contacting nursing industrial groups from the different jurisdictions across Australia, a total of eight public sector EBAs were identified; one from each state and territory. These EBAs were reviewed to ensure that they met the design search of this integrative review.

Evaluation of the EBAs' content

Within the eight EBAs, key sections relating to disaster relief were examined. This process used key word search terms within the documents such as 'disaster', 'emergency', 'bush-fire', 'flood', 'cyclone' and 'response' to identify key aspects of the EBAs pertaining to the project's aim. Key words relating to 'emergency department' and 'emergency duty' were not included because these did not relate to disaster assistance.

Ethical considerations

Approval from a Human Research Ethics Committee was not sought, as all documents reviewed in this research project are publically available, and this project did not involve the recruitment or participation of human participants.

Findings

Five out of the eight Australian state or territory Nursing Public Sector EBAs outline provisions for nurses that are either directly affected by an impending disaster in terms of protection of life or property, or nurses who have volunteered to respond to a disaster with a not-for-profit health organisation such as St John's Ambulance Australia or the Australian Red Cross. Where these provisions exist, they vary in their consistency, terminology and the quantity of the entitlements, potentially leading to inequality and variability in the financial support frameworks for nurses involved in disaster events.

Five of the eight EBAs meet the key word search inclusion criteria mentioned above; that is, they include some provisions for nurses during a disaster (see Table 1).

The details of the five EBAs that contained information pertaining to disasters are outlined in Table 2.

Of the five enterprise agreements reviewed, the following key elements were explored: the purpose of including information in the EBA; the maximum time period for which an employee may take leave during a disaster; whether this leave was paid or unpaid; and who approves the leave for an employee.

Within the five EBAs, reference was made to nurses defending their homes or family in the event of natural

disaster (n=3), and nurses volunteering with an emergency service organisation (n=4). One of the EBAs made reference to both situations. No reference was made to responding with the DMAT. Overall, staff entitlements varied across the EBAs. This variability in entitlements was related to both the entitled time available to assist, and remuneration during this period. Similarly, the authorised person to approve this type of leave varied, from the individual hospital's CEO (n=3) to the nurse's employer (n=2).

Discussion

Consistency

There are inconsistencies across the five EBA documents in the terminology used to define nurses' entitlements during a disaster. For example, some EBAs used terms such as 'urgent pressing necessity' or 'emergency' to describe a disaster or emergency event. There was also variability in the level of detail within the EBAs, with some agreements providing short dot-point information, while others provided detailed paragraphs of information and processes relating to entitlements.

With the move towards a national Australian regulatory body aimed at providing a nationally consistent approach to the regulation of health professionals, including nurses and midwives, the industrial bodies should also seek opportunities to standardise aspects of the EBA, where

Table 1: Agreements reviewed

| STATE/ TERRITORY | MEETS CRITERIA | EBA TITLE |
|-----------------------------|----------------|---|
| Australia Capital Territory | Yes | ACT Public Sector Nursing and Midwifery Enterprise Agreement 2011 -2013 |
| New South Wales | Yes | Public Health System Nurses and Midwives (State) Award 2011 |
| Northern Territory | No | Northern Territory Public Sector Nurses and Midwives' 2011 -2014 Enterprise Agreement |
| Queensland | No | Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012 |
| South Australia | Yes | Nurses/Midwives (South Australian Public Sector) Enterprise Bargaining Agreement 2010 |
| Tasmania | No | Nurse and Midwives Heads of Agreement 2010 |
| Victoria | Yes | Nurses And Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2012-2016 |
| Western Australia | Yes | Registered Nurses, Midwives and Enrolled Mental Health Nurses Australian Nursing Federation-WA Health Industrial Agreement 2010 |

Table 2: Findings from enterprise arrangements

| STATE/ TERRITORY | PURPOSE | MAXIMUM DURATION | PAID LEAVE | AUTHORITY TO APPROVE | NOTES |
|-------------------------------------|--|---|-------------------------------------|--|---|
| Australian Capital Territory | An employee who is a member of a relevant emergency service, including: <ul style="list-style-type: none"> • a State or Territory Emergency Service; • a fire-fighting service; • a search and rescue unit; or • other volunteer service performing similar functions is eligible for community service leave for voluntary emergency management | 4 days | Yes, at ordinary hourly rate of pay | Chief Executive | Leave is non-cumulative Leave to fulfil an obligation in the event of a civil emergency The Agencies will continue to provide training for their employees in areas including, but not limited to: <ul style="list-style-type: none"> • incident management and response • disaster prevention, management and response |
| | Affected by a disaster that has destroyed or significantly damaged the employee's usual place of residence or its contents | 3 days | Yes | Not mentioned | |
| | Work or employment that the Chief Executive considers is in the interests of the defence or public safety of the Commonwealth or the Territories | 2 years | No | Chief Executive | |
| New South Wales | In a case of pressing necessity (eg, where an employee is unable to attend work because of adverse weather conditions that either prevent attendance or threaten life or property) | 1-6 working days, depending on years of service | Yes | Chief Executive or authorised delegate may grant FACS leave to an employee | The facility must have a contingency plan to backfill nurses in the event that some are called out as part of a disaster team |
| South Australia | Protection of the employee's family/property directly affected by flood or bushfire | Not mentioned | Yes | Not mentioned | A matter that must be attended to by the employee that cannot be reasonably attended to by the employee outside the employees ordinary hours of work |
| Western Australia | For an active volunteer member of: <ul style="list-style-type: none"> • State Emergency Service • St John's Ambulance Australia • Volunteer Fire and Rescue Service • Bush Fire Brigades, • Volunteer Marine Rescue Services Groups or • FESA Units | Not mentioned | Yes | Granted by the employer | Subject to operational requirements |
| Victoria | Each Employer will develop a policy that facilitates an Employee who is a member of a voluntary emergency relief organisation including, but not limited to: <ul style="list-style-type: none"> • the Country Fire Authority • Red Cross • State Emergency Service and • St John's Ambulance to be released from normal duty without loss of pay | Not mentioned | Yes | Granted by the employer | Provided that such leave can be facilitated without unreasonably affecting the operations of the Employer Also includes required qualification and requalification training |

the jurisdictional context supports this. Disaster response provisions should be part of this standardisation effort. As nurses from different parts of Australia are deployed as part of emergency response teams, the discrepancies and inequities in the way that the legislation has responded to releasing them from their workplaces will be identified.

This standardisation across EBAs may provide greater clarity for health service managers when approving entitlements, and support nurses wishing to defend their property or respond to assist in a disaster.

No health service focus

At present, the emphasis in the EBA is on nurses either defending their property or family, or volunteering with a non-health-related organisation such as the State Emergency Services or Rural Fire Service. No reference is made to response through DMAT. Commonly, nurses respond to calls for assistance for overseas deployment with the Australian government through the DMAT, and entitlements surrounding this engagement need to be clear and transparent. Overall, EBAs should include a focus on supporting nurses volunteering or responding as a part of health-related disaster response organisations such as St John Ambulance Australia or the Australian Red Cross, because this is where nurses are asked to assist. Having a clear industrial stance on this issue may also help nurses to make their decision regarding whether to volunteer.

Equity across jurisdictions

Historically, an Australian health response comprises members from a number of organisations sending health-care workers from various jurisdictions. [14] Variability in EBAs may cause inequity among responding nurses, as nurses from neighbouring jurisdictions may be working next to each other, while their EBAs and subsequent entitlements may differ. For example, regarding time allowed for deployment with a voluntary organisation, a number of EBAs outline no maximum time period in the agreement, whereas others mention no similar entitlements. The variability of these entitlements may lead to a situation in which nurses from particular states or territories are being remunerated while those from other states are not. This inequity could reduce the sustainability of a health response if nurses from states or territories with no remuneration provisions have to return to their normal workplaces to ensure their income levels are protected. Since disaster response is often approached at the national level, the entitlements for nurses during disasters should also be equal, to ensure equity and sustainability in the health response to a disaster.

Authority to approve disaster leave requests

The EBAs reviewed outline the need for entitlements to be approved by differing levels of health service management, such as the employees' Chief Executive Officer, or simply the 'employer'. Most agreements stated that the approval to be released from work during a disaster is based on 'operational needs', but no further decision-making support process or systems are provided. Further, the EBAs provide no guidance to health service managers on how to evaluate the health needs of the disaster-affected jurisdictions over the needs of their own service. There is a paucity of research outlining or evaluating the decision-making process or the experiences of health service managers when considering health workforce management in a disaster. On exploring this issue further, no literature was identified that outlines any required training or development for health service managers in relation to disaster management. As such, health service managers may be required to make workforce decisions without the support of formal preparation and without any formal process or policy to support their decision-making. State and/or territory level health workforce managers should undertake health workforce planning and response approvals within a supported nationwide framework. This will ensure that the national nursing workforce is effectively utilised to support health infrastructure during a disaster.

Limitations

This review was undertaken in May 2013. The agreements reviewed within this discussion may have changed since this review date. Private sector agreements were excluded due to their lack of public availability identified by the data search methodology utilised in this research. It is also acknowledged that state and/or territory governments who are responsible for the public sector EBAs may have additional policies or procedures relating to provision for nurses in relation to disasters including AUSMAT arrangements that have not been included with the EBA and therefore in this research.

Conclusion

There is no national approach by nursing industrial organisations to standardise provisions related to an emergency event or disaster. This is despite the fact that disasters require a substantial and sustainable health response made up by a range of healthcare professionals including nurses.

Those EBAs that do contain provisions are notable in the variability of their definitions of disasters and the termin-

ology used to define the entitlements for nurses willing to respond to disasters. This variability may lead to inequity among nurses who are willing to respond to disasters, with those from some states or territories being financially supported while others are not, even when they are undertaking the same role and responsibilities. Such inequity affects the sustainability of disaster response efforts. The health service management workforce planning and approval for nurses willing to respond to disasters is also variable and not supported by any detailed process, policy or formal training programs. As such, there is a clear requirement to implement a national approach within all agreements across Australia that clearly defines what constitutes a disaster, what terminology is used to describe nurses' entitlements in responding, and how to promote nurses responding by volunteering with health-based organisations.

Competing Interests

The authors declare that they have no competing interests.

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