PART-TIME WORK FOR NURSES: A CASE STUDY

Janis Bailey and Joy Hocking
Edith Cowan University

This case study discusses changes made to the availability of part-time work for nurses in a large teaching hospital. The changes were made unilaterally by management following the introduction of a new career structure as part of the award restructuring process. Nurses returning from maternity leave were particularly affected by the changes. These changes required that Clinical Nurses work a minimum of 30 hours per week or regress to the base grade position of Registered Nurse. The study takes a radical humanist perspective, focusing on employee perceptions, and raises questions concerning management’s functionalist attitude to part-time work. Nurses with children prefer part-time work as a way of balancing career and family responsibilities and believe that part-time work of less than 30 hours per week should be available to them in the Clinical Nurse classification. The changes made by management were seen by many in the workforce as disadvantaging the career progression and/or earning power of individual Clinical Nurses and thus as an unnecessary organisational barrier to the combining of work and family responsibilities by employees in a highly feminised occupation.

INTRODUCTION

Late in 1991, a public sector teaching hospital in Perth, Western Australia introduced a policy restricting the availability of part-time work for Clinical Nurses. The effect of the hospital’s policy change was to set a minimum working week of four day shifts (or three ten-hour night shifts) for Clinical Nurses. Up until that time, the hospital’s policy with respect to part-time work was fairly flexible, and Clinical Nurses had worked as few as two days per week. The result was that Clinical Nurses seeking part-time work in 1991-1992 were told positions of less than four days (or three ten-hour night shifts) per week were not available. In order to work part-time, some of these nurses were compelled to regress to the base grade level of Registered Nurse.

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Management's stated reasons for the policy change revolved around economic and efficiency criteria. They claimed Clinical Nurses who work part-time are unable to fulfill the requirements of their job description. In the view of employees, however, management did not adequately consider the impact of their policies on individuals. A theoretical framework that provides an understanding of both perspectives, and underpins the analysis of case study data, is provided. The case study focuses on nurses' desire to have the opportunity to supply their labour on a part-time basis and on their perceptions of the change to part-time work policies.

We, therefore, commence with discussion of the theoretical framework, using the radical humanist paradigm which places people first and recognises the constraints that organisations can place on the individual's freedom and autonomy. We then briefly survey the incidence and growth of part-time work and research on part-time work and describe the award restructuring process for nurses which forms the background to this case study. The case study itself follows, with an outline of the methodology which included: semi-structured interviews with officials and members of the nurses' industrial union, the Australian Nursing Federation (ANF); an examination of union files relating to the issue; and a questionnaire sent to Registered and Clinical Nurses employed by the hospital, exploring the reactions of nurses to the policy change.

Finally, the study is analysed in terms of the theoretical framework, and the possible implications of management's actions are evaluated. It is important to note that the research was commissioned by the ANF in order to clarify its options for further action. Hence management's views were not sought directly since the research was carried out in the context of an industrial dispute. (The dispute still had not been resolved in June 1997.)

THEORETICAL PERSPECTIVE

The perspective adopted for the purposes of this study is the radical humanist paradigm. Radical humanism attempts to understand the way people construct their world. It also proposes that people can find ways to exercise control over their own construction of reality which enable them to express and develop their nature as human beings; this can be achieved in organisational terms through empowerment (Morgan 1993:21). However, if freedom and autonomy are curtailed, then this approach suggests that individuals will become alienated. Radical humanism is committed to the idea of the unique difference of each individual and is hostile to the notion that women and men can be measured according to the same standards; "difference" is thus open to a multiplicity of interpretations (Johnson 1994).
In complete contrast to the radical humanist view, management's world view reflects the functionalist paradigm. Typically, the functionalist paradigm has provided the foundation for most modern organisational theory and research, creating and elaborating a "language" for the management and control of organisations (Morgan 1993:15). Efficiency, effectiveness, and the quest for certainty are the goals espoused by management. The functionalist paradigm emphasises organisational goals and the quest to fit the person to the organisation, without necessarily accommodating employees' needs. In the case study, management's functionalist approach is clearly evident.

It will be argued with reference to the case study that many management approaches to part-time work neglect diversity and, therefore, need to be recast in terms of a new perspective which recognises the unique differences amongst individuals. A functionalist approach which focuses on a narrow definition of productivity and efficiency may have the unintended effect of alienating employees and reducing their commitment. In addition, given the high and growing incidence of part-time work, particularly in highly feminised occupations, and the literature on part-time work, commitment, productivity, and organisational strategies, a functionalist approach may well work against management's own interests.

PART-TIME WORK: INCIDENCE, GROWTH, AND EMPLOYEE DEMAND

The significance of this study arises partly from the high incidence of part-time work amongst women, particularly amongst women with children. Seventy five percent (75%) of part-time workers in Australia are women; 43% of women work part time, as compared to 11% of men (ABS 1996a). The highest rates of part-time employment are among married women, with an average rate of 47%, much higher than the average of 17% for males and unmarried females (ABS 1996a). Female part-time workers are much more likely to have dependent children than full-time workers: 57% of married women part-time workers have dependent children, as opposed to 34% of married full-timers. Forty-seven percent (47%) of lone female parents who work part-time have dependent children, as compared to 30% of lone female parents who work full-time (ABS 1996b). Women's likelihood of working part-time is inversely related to the age of the youngest dependent child in the family; 66% of married women workers with a child under five work part-time, as compared to 45% with a dependent child over 15 (ABS 1994). Part-time employment is growing more rapidly than full-time employment: during the decade 1985-1995, full-time employment in Australia increased by 15%, whereas part-time employment grew by 67% (ABS 1996a, 1994).
A further aspect of the significance of the study is the high feminisation of many health sector occupations, which means that part-time work is common in the sector. For instance, 92% of nurses are female so, not surprisingly, 41% of nurses work part-time, as opposed to 25% of employees generally (ABS 1990, 1996a).

Finally, in a study of this kind, the question arises as to whether employees are working part-time hours voluntarily. In general, Australian figures show that women working part-time do not want to work more hours; 84% of married women working part-time are satisfied with their hours of work, compared to 60% of men (ABS 1996a). This is borne out by research, including research on the nursing profession (e.g., Godfrey 1980; Pilkington and Wood 1986; Coates 1988). The availability of part-time work is, not surprisingly, related to the issue of whether women return to the profession after career breaks. A study of the crisis in the recruitment of nurses in Britain found that the availability of part-time work opportunities for women with children was the largest single factor likely to attract women back into the profession (Bentham and Haynes 1990). This overall support from nurses for shorter working hours as an option contradicts White (1992) who argues with respect to the profession in Canada that the shift to shorter working hours suggests a dissatisfaction with the profession rather than a positive choice by employees. To what extent the demand from employees for part-time work is affected by the domestic division of labour, and gender relations and ideology, is a broader question, of course, and has been extensively debated elsewhere; see for example Beechey and Perkins (1987).

PART-TIME EMPLOYEES: COMMITMENT, PRODUCTIVITY AND ORGANISATIONAL STRATEGIES

The case study raises questions regarding the issue of whether part-time workers are as committed and productive as full-time employees. Focus group interviews with workers, and interviews with union officials, highlighted this as one of the matters underlying the dispute, even though management documents make no explicit reference to it. In this occupation, as in others, popular debates about part-time work often revolve around the issues of commitment and productivity. On the one hand, part-time employees may be seen as "lacking commitment" and interested in doing the bare minimum of job requirements, anxious to return to the "real business" of their lives (Nollen et al 1978). On the other, part-timers may be described as being as committed and productive as full-timers, or even more so, because they approach the job with additional enthusiasm, commitment, and energy (Barnes and Harris 1996). The earlier socio-psychological literature on part-time work explores the issues of commitment and productivity, based on studies which compare part-time and full-time employees, producing mixed results (Nollen et al 1978; Miller and Terborg 1979; Rotchford and Roberts 1982; Pilkington and Wood 1986; Wakefield et al.
Overall, the outcome of such research appears to suggest that the orientation of part-time employees to their jobs may well be different to that of full-timers, but that their commitment to the job is not necessarily either stronger or weaker as a result.

The more recent literature on part-time work has expanded its scope to a broader approach which locates the part-time worker within an organisational context and studies work context factors as well as individual behaviour and responses. The earlier literature emphasises a "deficit" model for part-time employees, whereas the recent literature takes a holistic approach. In this newer tradition, Feldman (1990) provides a theoretical framework for studying the nature and consequences of part-time work, and Feldman and Doerpinghaus (1992) report research on part-time work which explores the diversity and context-dependency of part-timers' attitudes and the need for management strategies which maximise the input of part-time employees into the workplace. In addition, recent research on careers suggests that women's career patterns differ from men's (Buscherhof and Seymour 1990; Gardner 1992; and Kemp 1994) and that nursing is a highly mobile profession, with changes in family responsibilities being a significant factor affecting mobility (Hiscott 1994). Gardner (1992:158), in her study of career commitment over the first year of employment, emphasises the diversity of career patterns. Although she does not specifically examine the issue of part-time work, her conclusions that "the reality of career stages and patterns" must be understood to appreciate the concept of career commitment and that nursing careers benefit from the valuing of diverse styles are of relevance. Work needs, self needs, and family needs interact to "create a career" for women, with these needs shifting in relative priority during the adult life cycle (Gardner 1992:159).

The issues raised in the literature were canvassed by the authors when surveying and interviewing ANF members and officials in the course of the case study. A number of women themselves raised in various ways the importance of flexible careers in such a highly feminised occupation and the need for management to recognise that there was no single "career trajectory," with individuals needing to create their career by weighing up the various demands on them at different times.

Recent studies have attempted to identify the positive benefits that part-timers bring to the workforce as well as possible drawbacks. Barnes and Harris (1996), in research evaluating job sharing in Australian universities, separate the costs for employers into two components: (1) setting up and administering a job sharing policy and (2) additional recruitment and selection costs. Respondents in their study estimate that the small productivity increase necessary to cover costs was easily attainable. Short (1993) in a series of case studies of three industries (health, education and retailing) in Western Australia (WA) concludes that part-timers can be of major benefit to employers. Short conducted structured interviews with 35 managers, nurses, and union officials in a large private sector hospital in Perth. The findings of Short's study are
somewhat ambiguous: management reported that part-time nurses were as productive as full-timers, but that there were disadvantages in employing part-timers; two out of eight managers reported "less commitment" from part-timers, and three reported problems with continuity of care (Short 1993:6). Our study differs from Short's in that it examines a public sector hospital, using a larger sample of nurses, and relates the issue of part-time work directly to career progression and job satisfaction.

AWARD RESTRUCTURING: NEW CAREER STRUCTURES FOR NURSES

Nurses in Western Australia were covered at the time of the dispute by the Nurses (ANF - WA Public Sector) Consolidated Award 1990, an award of the Australian Industrial Relations Commission (Print No. J6257), which was replaced in 1994 (Print No. L5005). Prior to the dispute examined in this case study, nurses in WA under this award had achieved major changes in their conditions of employment. Beginning in the early 1980s, the nursing profession had initiated an Australia-wide set of strategies to achieve professional status for the occupation, in particular to develop clinical career paths to complement existing administrative career paths (Bradley 1993). These strategies dovetailed with the award restructuring process of the late 1980s. A new classification structure was inserted into the WA award in 1988, with a new category of "Clinical Nurse Level 2" being inserted above that of "Registered Nurse Level 1," giving nurses career progression in the clinical area for the first time. When the new career structure was introduced, the parties to the award agreed that nurses should progress automatically from Registered Nurse to Clinical Nurse, provided they met the designated criteria. From January 1991, however, the Clinical Nurse positions became promotional, although management and the ANF continued to dispute the appropriate ratio of Clinical Nurse to Registered Nurse positions. It is argued below that this dispute was linked to the part-time dispute since, in effect, there was a significant over-supply of Clinical Nurses arising out of the open-ended progression of Registered Nurses between 1988 and 1991.

Industrial tribunals are loathe to arbitrate on matters relating to part-time work, the issue being seen as essentially one of managerial prerogative (Romeyn 1992). However, the industrial agenda of recent years in Australia, in particular the processes of award restructuring and enterprise bargaining, has stimulated unions and management in a number of industries to negotiate on matters of hours and conditions for part-timers, including the vexed questions of training and career paths; see, for example, Alexander and Frank (1990) on the banking industry, Junor et al. (1993) on the finance industry, and Probert (1995) on the hotel and retail industries. Surprisingly, part-time work was not explicitly addressed in award restructuring discussions on the WA Nurses' Award, whose part-time work clause contains only the standard provision that employees
working part-time will receive pro rata wages and conditions. The ANF relied on existing custom and practice within the industry to negotiate part-time work for its members—until the actions by management described in this paper. However, such an ad hoc approach to part-time work enabled a functionalist approach to take precedence over the accommodation of diversity when the possibility arose of integrating part-timers into career paths.

THE CASE STUDY

The Dispute

In 1991, the hospital advertised Clinical Nurse positions in the Coronary Care Unit (CCU) with a minimum working week of four day shifts, or three ten-hour night shifts. Prior to the change, Clinical Nurses had been able to work two or three days per week. The policy was made hospital-wide shortly after and was then adopted by other teaching hospitals, by agreement of the various Directors of Nursing, later that year. The policy change did not affect Clinical Nurses already working part-time nor did it affect Registered Nurses, but it began to affect full-time Clinical Nurses seeking reduced hours. Early in 1992, after a number of Clinical Nurses returning from maternity leave had complained about the restricted availability of part-time work, the ANF sought a conference in the Australian Industrial Relations Commission. Management's view of the dispute and its rationale for the change were then set out in a document which will be referred to as "Clinical Nurse Background Notes." This document indicates that there were "difficulties with shorter shifts in relation to role expectations;" that is, both performance appraisals and anecdotal evidence were available to show that part-time clinical nurses were not meeting job criteria such as "participation in unit meetings, quality assurance, research and involvement in performance appraisal [of self and others]." Management's rationale for the policy change was said to be: "based on the complex needs of patients in CCU, the wider responsibilities of the role as described by the Clinical Nurse Working Party, the support required by Level 1 Nurses, and the importance of continuity in communication." ("Clinical Nurse Background Notes" prepared by Director of Nursing, February 1992 in Australian Nursing Federation, WA Branch 1994)

Management justified its policy change by using extracts of 18 performance appraisal forms of part-time Clinical Nurses. The full Performance Appraisal Form consists of more than 80 separate criteria under eight general headings. Sixteen of those 80 criteria were identified as not being met by at least one nurse. Of these 16 criteria, three nurses failed to meet three or more criteria.

Two main comments can be made about the use of the performance appraisal process to justify management's rationale for change and the subsequent impact on nurses' career aspirations. Firstly, according to the ANF, management's choice of performance appraisal forms was not representative. Included were a
disproportionate number of nurses with the most "extreme" types of working patterns (e.g., non-consecutive days and weekend-only work); for example, about half the sample of 18 worked only two shifts per week, weekends, or non-consecutive days. Educational programs and meetings about professional issues are rarely if ever conducted at such "unsociable" times. In addition, there was no control factor: for instance, the extent to which full-time nurses may have failed to fulfil performance criteria as compared to part-time nurses. Secondly, the ANF and its members argued that management did not explore alternative strategies for dealing with employees' perceived performance problems and the general issue of integration of part-timers into the organisational structure.

To the ANF and the employees, this dispute was linked to the award restructuring process, albeit indirectly. Prior to the part-time work dispute, management was concerned about the "over supply" of Clinical Nurses that arose from the recently-introduced career structure. Automatic progression from Registered Nurse to Clinical Nurse, as originally envisaged by the career structure, would have meant a growth over time in Clinical Nurse numbers. Actual Clinical Nurses numbers ranged between 67% and 14% in hospitals state-wide. Recommended levels, according to a special Working Party whose recommendations were subsequently rejected by ANF members, were 22% in teaching hospitals generally and 30% in specialist areas such as intensive care and neonatal units. Many hospitals, therefore, already exceeded the ratio proposed by the Working Party. One metropolitan non-teaching hospital, according to the report, estimated, based on Working Party recommendations and at current attrition rates, that it would not have a vacant Clinical Nurse position until the year 2018 (Health Department of WA 1992a and 1992b). Natural attrition was to reduce Clinical Nurse numbers over time.

The implications of the so-called "percentages dispute" for the career path in the profession were enormous. In theory, the restructured award provided enhanced career opportunities for employees; in practice, organisational requirements placed limits on those opportunities. Full-time nurses faced a reduction in career opportunities; however, part-time employees were to be doubly disadvantaged by the interaction of the two management agendas. The interaction of the part-time issue with the award restructuring issue meant that a Clinical Nurse applying to work part-time for less than thirty hours per week had to regress to a Registered Nurse position at a lower salary, where she would stay until she was prepared to work full-time. The question then becomes: what are the outcomes for employees of this policy change, and what is the employees' response?
QUESTIONNAIRE: EMPLOYEE RESPONSES TO POLICY CHANGE

Methodology

A questionnaire was designed to survey nurses (Registered and Clinical) concerning their hours of work and the relationship between promotion and availability of part-time work. The questionnaire was piloted and then distributed in August 1993. All ANF members working as Registered or Clinical Nurses at the hospital were sent the questionnaire by post with a covering letter on ANF letterhead signed by the ANF's Secretary, explaining the purpose of the survey. Respondents were required to complete it anonymously and return it to the ANF. A reminder letter was sent six weeks after the original questionnaire. Three hundred and sixty-five (365) nurses were sent the questionnaire, with a response rate of 75%; that is, 273 questionnaires were returned. Ten were not usable. The sampled population was approximately 50% of the population of nurses working for the hospital (that is, union density was about 50%). The questionnaire contained 36 questions and sought demographic data (age, sex, dependants, qualifications etc.) as well as information about the effect that restricted part-time work opportunities had had, or might have in the future, on each individual. It also sought nurses' opinions on management's assertion that the position could only be performed successfully by those working at least four days (thirty hours) per week. The majority of the questions were closed. Some open-ended responses, however, were sought, and respondents were invited to add further comments if desired. The questionnaire was designed to collect data from all nurses about their reactions to the policy change, with a particular focus on those Clinical Nurses directly affected, that is those who had been refused part-time work of three days or less.

Results

Table 1 shows that the respondents were divided equally between Clinical Nurses and Registered Nurses; 54% of Registered Nurses and 44% of Clinical Nurses worked part-time, although, as expected, the number of Clinical Nurses working three days or less per week was quite low.

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered Nurses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>61</td>
<td>23</td>
</tr>
<tr>
<td>Part time (4 days)</td>
<td>33</td>
<td>13</td>
</tr>
<tr>
<td>Part time (3 days or less)</td>
<td>37</td>
<td>14</td>
</tr>
<tr>
<td><strong>Clinical Nurses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>73</td>
<td>28</td>
</tr>
<tr>
<td>Part time (4 days)</td>
<td>40</td>
<td>15</td>
</tr>
<tr>
<td>Part time (3 days or less)</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>263</td>
<td></td>
</tr>
</tbody>
</table>
Overall, 49% of nurses worked part-time, and of these, nearly half worked three days or less per week. The presence of Clinical Nurses working three days or less was due to the fact that management had not required Clinical Nurses already working less than four days per week to adjust their hours; the policy was confined to those seeking a change to their hours. Clinical Nurses form 50% of the respondents, which was confirmed by the ANF to represent the workforce at the hospital; this can be compared to the Health Department's Clinical Nurse Working Party identification of 22-30% as an "appropriate" ratio.

Overwhelmingly, the respondents were female (242 or 92%). A high percentage (32%) of the respondents were engaged in a higher nursing degree or diploma, with part-timers and full-timers equally likely to be engaged in further education. The presence or absence of children correlated with hours worked, as Table 2 shows:

Table 2: Family Responsibilities of Respondents (n = 263)

<table>
<thead>
<tr>
<th>Percentage Having Dependent Children</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>15</td>
</tr>
<tr>
<td>Part-time</td>
<td>52</td>
</tr>
<tr>
<td>Clinical Nurses</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>28</td>
</tr>
<tr>
<td>Part-time</td>
<td>62</td>
</tr>
<tr>
<td>All Full-Time Nurses</td>
<td>22</td>
</tr>
<tr>
<td>All Part-Time Nurses</td>
<td>57</td>
</tr>
</tbody>
</table>

Overall, nurses working part-time were much more likely to have dependent children than those working full-time. Another way of expressing the same data is that 71% of nurses with children chose part-time work, but only 35% of those without children elected to work part-time. The number of children also affected hours worked: of nurses with only one child, 64% worked part-time, whereas 74% of nurses with two or more children worked part-time.

Part-time workers were asked why they requested this option. The most frequently cited reason was "family responsibilities," as indicated in Table 3. A large number also requested part-time work for further study; this is not surprising given the large proportion of nurses undertaking further education.
Table 3: Reasons for Seeking Part-Time Work (n=129)

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Responsibilities</td>
<td>55</td>
</tr>
<tr>
<td>Study Commitments</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
</tr>
</tbody>
</table>

Note: Percentages do not sum to 100 as some respondents gave more than one reason.

The purpose of the questionnaire was to identify how many nurses in the period 1991-1992 had been directly affected by the policy change; that is, how many of those who had applied for part-time work at the Clinical Nurse level had chosen to regress to Registered Nurse level and how many had chosen to remain at Clinical Nurse level working more hours than they wished. Nineteen nurses directly affected responded to the questionnaire. Of these, 14 regressed to Registered Nurse level in order to work part-time, and five remained at Clinical Nurse level, working more hours than ideally they would have liked. Their reasons for seeking part-time work are shown in Table 4.

Table 4: Clinical Nurses Regressing to Registered Nurse Level: Reasons for Seeking Part-time Work (n = 14)

<table>
<thead>
<tr>
<th>Reason</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study commitments</td>
<td>10</td>
<td>71</td>
</tr>
<tr>
<td>Family responsibilities</td>
<td>8</td>
<td>51</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>21</td>
</tr>
</tbody>
</table>

Note: Percentages do not sum to 100 as some respondents gave more than one reason.

Given the high number of nurses studying for higher qualifications part-time, it is not surprising that "study commitments" was the major reason given. Of the nurses who chose to regress to Registered Nurse status (that is, 14 of the 19 in the sample directly affected by the policy change), "study commitments" outweighed "family responsibilities" as a reason; six of the 14, all of whom had no dependants, cited study commitments alone, four cited family responsibilities alone, and four cited both. Seven of the eight citing family responsibilities had children aged 7 or younger; one had no dependent children.

For the other five nurses who chose to remain at Clinical Nurse level, working more hours than they wished, four cited "further study" as the reason, with three of the four having no dependent children. One (with children) combined this reason with "family responsibilities." One of the five cited "family responsibilities" alone. Overall, nine of the 19 affected by the policy change had children and cited family responsibilities as at least part of the reason for...
seeking part-time work. Those 19 nurses do not necessarily represent all of those affected by the policy change, only those applying for reduced hours, as Clinical Nurses ceased to apply for positions of less than 30 hours per week once the policy became well known.

The 14 Clinical Nurses who regressed to Registered Nurse status in order to be granted part-time work were asked to identify the effects of the regression on them. Table 5 shows the results.

Table 5: Clinical Nurses Regressing to Registered Nurse Level: Effects of Regression (n = 14)

<table>
<thead>
<tr>
<th>Effect</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease in promotional opportunities</td>
<td>9</td>
<td>64</td>
</tr>
<tr>
<td>Decrease in job satisfaction</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>Financial problems</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>21</td>
</tr>
</tbody>
</table>

Note: Percentages do not sum to 100 as some respondents gave more than one reason.

Nurses who had been affected directly by the policy usually gave extra comments on the questionnaire as follows: "frustration at not being financially remunerated for experience and expertise;" "loss of self respect; not perceived as being as responsible or experienced;" and "loss of interest."

Both Registered and Clinical Nurses who had not been personally affected by the policy change were asked whether they might require part-time work at Clinical Nurse level at some time in the future. More than 50% of Registered Nurses and full-time Clinical Nurses indicated that they might desire part-time work as a Clinical Nurse in the future. Indeed, more than 70% of part-time Registered Nurses said that this was a possibility for them. More than 60% of those indicating that they might need part-time work as a Clinical Nurse envisaged that request would be wholly or partly for "family responsibility" reasons. At least potentially, then, the majority of workers were affected by the policy change in that they perceived their options were reduced as a result of management's decision, with many nurses referring to the burden of the "double day" while at the same time stressing their commitment to their work.

All nurses were asked if they supported the principle of part-time work of less than thirty hours per week for Clinical Nurses. Seventy-eight percent (78%) of nurses said "yes". Supporting comments included:

"Status should be based on job description not on hours worked."
"We should support all women, but especially those with children and/or studying—you can't fit a full-time job in as well and expect to have a decent life."

"I think it is important to keep nurses with such high levels of experience in nursing and encourage people to study outside of work and bring experiences back to the workplace."

"I resent losing my position as a CN—the pay cut is one thing but I lose seniority and I'm embarrassed sometimes—this certainly has made me question my loyalty to my place of work."

"People who have this expertise should be able to impart this knowledge to others without being used by the establishment at a cheaper pay scale just so the hospital can save money and once having gained that level should not have it taken away just because they become part-time. The career structure when upgraded did not state there would be a ceiling on level two positions."

"We decry (and ban) assumptions about individuals that are not based on logically causative factors (e.g., racism, sexism) but allow hospitals to conclude that individuals cannot perform a role due to the number of hours worked (arbitrarily), even though they allow others working the same hours to hold those positions! People should be judged on their merits alone."

It must be noted that other comments favoured the view put forward by management, in whole or in part, and reflect the functionalist perspective. For example:

"Four days a week is necessary to maintain high standard and fulfilment of job description. But there are definitely Clinical Nurses who can achieve this in 48 hours; depends on individual attributes."

Discussion

The study shows that there is a large demand for part-time work amongst nurses, a finding borne out by studies both in Australia and elsewhere (e.g., Godfrey 1980; Pilkington and Wood 1986; Coates 1988; Bentham and Haynes 1990; Hiscott 1994). The demand for part-time work nurses is shown in this case study to arise from both family responsibilities and study commitments. This modifies Short's finding, using a much smaller sample size, that more than 80% of nurses who worked part-time did so for family reasons (Short 1993).

With the demand for part-time work amongst the nurses established, a model is required which allows analysis of the work context of permanent part-time workers within a radical humanist framework. Romeyn (1992), in a study of
part-time work, categorises the barriers to integration of part-time workers into the mainstream workforce, into four groups:

- **Organisational** (human resource management practices, including performance appraisal and job design);
- **structural** (particularly the provision and delivery of training);
- **attitudinal**; and
- **institutional** (e.g., limitations in awards and agreements).

Romeyn's framework provides a useful tool for analysing the case study. From the nurses' perspective, there were four main contextual factors affecting the dispute, which correspond with Romeyn's four barriers listed above. Firstly, human resource management practices were used to support management's position rather than to explore the alternatives that might have been available. The results of the performance appraisal process were crucial to management's argument that the job of Clinical Nurse could not be done by an employee working less than thirty hours per week. Secondly, there were structural barriers in that part-timers were not able to fit their schedules around work organisation designed with full-time workers in mind as the norm; examples include the scheduling of meetings and educational programs. Thirdly, interviews with ANF officials and members indicated they perceived strong, although covert, attitudinal barriers amongst management relating to the lack of job commitment amongst part-timers. This is in line with some of Short's findings, although it must be noted that our case study did not investigate management attitudes directly, and thus does not provide confirmation of such a perception. Finally, our analysis showed that the relevant award did not provide sufficient recognition of the need for career paths for part-time employees and that the award restructuring process did not alter that situation.

In addition to allowing the barriers to part-time employees to be conceptualised, Romeyn's model emphasises the challenge that part-time work provides to organisational strategy. Rather than adopting a functionalist approach and concluding that part-time employees cannot "cope," cannot fulfil their duties, and are a source of inefficiency, the model invites application of a radical humanist perspective, positing that the organisation can respond to the challenges of integrating part-timers "through the application of good management and industrial relations practices" which address the various barriers described (Romeyn 1992:73).

Overall, then, the case study analysed using Romeyn's framework shows evidence of management erecting a number of organisational barriers to nurses' career progression. With respect to the outcomes of the performance appraisal process, management's selective use of a limited number of performance appraisal forms and anecdotal evidence from supervisors support the view that they take a functionalist view of the workplace, placing the organisation first and limiting access to part-time work of less than 30 hours per week to nurses at the
base grade level. It could be argued that management did not sufficiently analyse whether some part-time employees' poor performance could be caused by what Deming terms "system variance" (Carson et al. 1991:146), that is, the inability of the organisation to integrate part-timers, rather than poor individual performance per se.

The results of the questionnaire show that unilateral changes to hours (in this case, a reduction in part-time work opportunities) may result in the totally unintended consequences of reduced job satisfaction and commitment (Deery and Mahony 1994). "Temporal flexibility" is increasingly being used in the context of work reorganisation to fulfil employer requirements in a purely functionalist sense without corresponding attention being given to employee requirements (Lever Tracy 1988; Romeyn 1992). In addition, the lack of career opportunities for part-timers has been identified in other industries, even those which appear to have modified their awards to provide better access to career paths and training opportunities. Alexander and Frank's (1990) study of private sector banking in Australia supports Lever-Tracy's contention that in Australia part-time jobs have scarcely ever been integrated into career paths and supervisory positions are usually closed to them (Lever-Tracy 1988:223).

The irony for the nurses in this case study is that the professionalisation of nursing and the associated award restructuring process led, indirectly, to the reduction in part-time work opportunities. The newly created promotional position of Clinical Nurse cannot now be accessed by employees wishing to work less than thirty hours per week because it has been identified as essentially a "full-time" job. These employees include those with family responsibilities. This is despite the rhetoric of equal opportunity which, ironically, prevails to a larger extent in the public sector than elsewhere. Nurses commented in both interviews and questionnaires on what they perceived to be the inequities of the policy change and its conflict with stated government policy on equal employment opportunity. In addition to those with family responsibilities, however, a large number of nurses are now engaged in study for tertiary degrees, an inevitable outcome of the increasing professionalisation of the occupation and a further reason for nurses to seek part-time work.

Not only employees are affected by a policy change such as this. "Ghetto-izing" part-time work has implications for management as well:

[S]egregation of part-time workers is a barrier to the realisation of the full productive potential of the labour force, and . . . the dismantling of this barrier would be a powerful way of enhancing productivity. . . . The longer-term well-being of an enterprise and its human resources requires a more strategic and considered view of the sources of productivity. The maintenance of dual labour markets may prove to be less productive in the long term if valuable skills, knowledge, and
The major issue here is one of perspective. Notwithstanding research which supports part-time work and its associated human benefits, the case study shows that management remains entrenched in a functionalist view, seeing labour purely as a cost and taking a narrow employer-centred view of productivity rather than a broader view acknowledging the effect of increased job satisfaction and commitment, and reduced role conflict, on employees. The report of the Industry Task Force on Leadership and Management Skills (the Karpin Report) (1995:248) argues the case for capitalising on the talents of diversity: "Enterprises need to gear work and family policies and human resource strategies to better reflect existing and future workforce composition."

The challenge for the nursing profession is to retain committed and expert employees, and enlarge the diversity of its workforce at all levels. "Diversity" in this profession includes the employment of more women with family responsibilities. Based on the views expressed by nurses during the research, it was found that the limitations placed by management on part-time work for Clinical Nurses have, in the eyes of a number of employees, disadvantaged their career progression. It must be emphasised that this case study, in accordance with its radical humanist perspective, examines the subjective responses of employees; in no sense, of course, does it pretend to "objectively" evaluate the contentions that the job can or cannot be done part-time.

CONCLUSION

This study has taken a radical humanist approach, which places people first, to critically examine the issue of part-time work in a large public sector hospital in Western Australia. The aim of the study was to provide some understanding of the social reality as experienced by Clinical Nurses and of how management has failed to accommodate the "difference" of part-time workers. The research examined the impact of the changed availability of part-time work for nurses and the context of that change. In a sense, this study, by focusing on a single issue related to the implementation of a new nursing career structure at one workplace, complements Fox's work at the level of the industrial relations institutions (Fox 1990, 1993).

It is not easy to develop forms of workplace flexibility that balance employee preferences and management views regarding efficiency and productivity. The results of the questionnaire show that management has seriously underestimated the importance to nurses of part-time work of less than thirty hours per week. Management's functionalist paradigm and the strategies that flow from that paradigm thus have the potential to cause dissatisfaction in a workforce whose
commitment is an essential part of the culture of quality that management is seeking to create.

REFERENCES


