msav medical scientists association of victoria

ahp association of hospital pharmacists

vpa victorian psychologists association inc

No Pay No Way

Survey Report 2015

Executive Summary

During last quarter of 2015, the Union undertook to a survey of all of its members about the impacts and extent of unpaid work. Unpaid work is defined as that work done outside of rostered hours without overtime penalties applied. This survey follows on from the research undertaken in 2011-12, which formed part of the Public Sector Enterprise Bargaining, and in 2014.

Unpaid work is a very accurate measure of workload and work stress in any workplace. It is not, however the only measure.

The results show that workloads are continuing to increase adding to the already excessive workloads reported in the 2014 survey results. In the 2015 survey, the results indicate that nearly 80% of respondents are doing more than an hour extra unpaid work per fortnight, with over 50% of doing two or more hours of unpaid work. This result becomes more startling when consideration is given to the fact that over 30% of respondents doing unpaid work on a daily basis, with more than 40% of respondents doing unpaid work on a weekly basis.

With over 15% of members participating in the survey, the Union feels that a critical number of people have participated to give legitimacy to the results; and more importantly provide an accurate reflection of the state of the workplace for medical scientists, psychologists and hospital pharmacists, and other classifications covered by the Union.

It is alarming that our surveys indicate that for many health services the workplace culture is such that new staff feel pressured into doing unpaid work on their own initiative, rather than because they've been asked by their supervisor or management team. When asked about the reasons for doing unpaid work on their own initiative, more than 85% of respondents suggested being unable to complete tasks within ordinary hours; 71% indicated it was because of the department being understaffed; and 64% are doing unpaid work for patient care reasons. These figures are strongly suggestive of a growing culture which is 'normalising' unpaid work.

The findings from the survey also indicate that when people are doing unpaid work at the request of a supervisor or their management team, it is because the department is understaffed. And for more than 72% of respondents, requests to do unpaid work were agreed to because it was the only way to get all of their work completed. It is also worth noting that that when asked if there were sufficient staff to cover the workload when staff take annual leave or sick leave, 86% of respondents indicated there were not enough staff to cover such instances of leave; and more than 50% of respondents indicating they had been refused leave because of understaffing.

Sadly the results from the Survey will not necessarily surprise or shock anyone working in health. However the results from the 2015 Survey do show a stark reality for medical scientists, psychologists and hospital pharmacists – that workloads are continuing to significantly increase, staff levels are not meeting increases in demand and the amount of unpaid work is continuing to increase. More unpaid work is being performed than in 2011-12 and 2014.

One of the issues highlighted from the 2015 Survey is the rise of management's use of on-call and re-call to cover understaffing. This particular issue had not been highlighted in the 2014 or 2011 surveys and appears to have become a source of tension for respondents more recently in the past 12 months. This kind of approach to managing clinical services in public health appears to stem from the unwillingness of managers to ensure the appropriate mix of staff required; under-resourced and understaffed services resulting in there often not enough staff rostered to do the work; and continued successive cuts to healthcare by State and Federal governments.

This report provides an outline of the extent and impact of unpaid work and continues the research into this growing problem in the public healthcare system – unpaid work is structurally relied upon to keep vital services in public hospitals functioning.

There are a number of recommendations, which were also presented in the No Pay No Way Survey 2014 Report and remain relevant and of growing importance and urgency:

1. Privatisation of services within public hospitals like pathology and psychological services must end.
2. Dumbing down the scientific workforce with unqualified health assistants must end. There is growing evidence that replacing scientists with technicians and unqualified health assistants is the cause of adverse health outcomes.
3. That health services employ more medical scientists, psychologists and pharmacists as a matter of urgency to address excessive workloads and under-staffing.
4. Health services to implement workforce management strategies, including ensuring sufficient staffing to cover absences (planned and/or unplanned).

Introduction

The Union continues to hold serious concerns about the growth and extent of unpaid work; and the subsequent structural reliance and dependence on unpaid work to keep most critical hospital services operational. In 2011-12 the Union undertook research looking at the growth and extent of unpaid work as part of enterprise bargaining negotiations. This research was followed up in 2014 and again in 2015 and with the prevalence of unpaid work, it is essential the Union continues to investigate the further growth and extent of unpaid work.

The research for this report is based on a Survey of members working in the public and private sectors. Members were able to offer comments and opinions throughout the Survey and were given the opportunity to make unsolicited comments through an open-ended question at the end of the Survey.

The Union regularly advertised and promoted the Survey to encourage the highest possible response rate with more than 15 per cent of the total membership participating in the Survey. The Survey did not require all questions be answered and there are instances where members skipped questions. The Union will continue to conduct the same Survey in 2016 and 2017 to continue gauging the nature and extent of unpaid work over time, and by extension, record trends in workloads.

This report provides an outline of the extent and impact of unpaid work and continues the research into this growing problem in the public healthcare system – unpaid work is structurally relied upon to keep vital services in public hospitals functioning.

Demographics

The Union's Survey asked respondents to identify a number of demographic-related details to capture the mix of the Union's membership in terms of age, gender and discipline; the nature of employment (full-time, part-time or sessional) and the sector of employment (public, private or both). This information helps the Union develop a picture of the membership overall.

The vast majority of respondents were female (77.2%). Respondents were predominantly from the 30 to 39 (24.6%), 40 to 49 (30.5%) and 50 to 59 (28%) age ranges, noting that there is a relatively even split across these age ranges. As could be expected, respondents in the 60 to 69 age range increase in number from 7% from 2014 to 10% for the 2015 Survey.

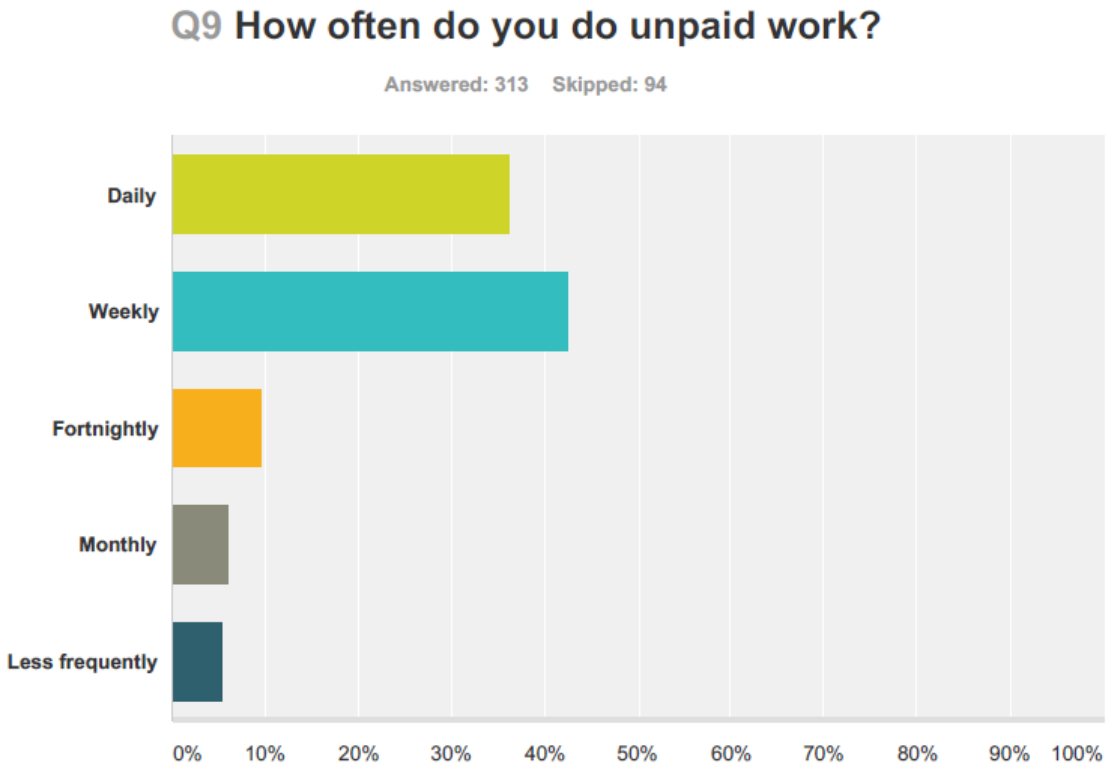
More than half of respondents worked full-time (55.5%) with the majority of respondents identifying as working in the public sector (75.7%). Of those that responded, 5.9% identified that they worked some time in both the public and private sectors.

Workloads and Unpaid Work

Over the past 5 years the Union has seen an increased reporting of significant increases in workloads and the unpreparedness of supervisors and senior management to properly respond to this significant issue. One of the driving forces behind this research has been to consider the growth and reliance on unpaid work to keep vital clinical services within public healthcare operational.

The Union is of the belief that the increasing workloads and instances of unpaid work relate strongly to the regular cuts to workforces across all health services, combined with a 'natural' growth in service size, scope and patient numbers. And based on the 2015 Survey, respondents are continuing to report of excessive workloads and insufficient staff to handle workloads.

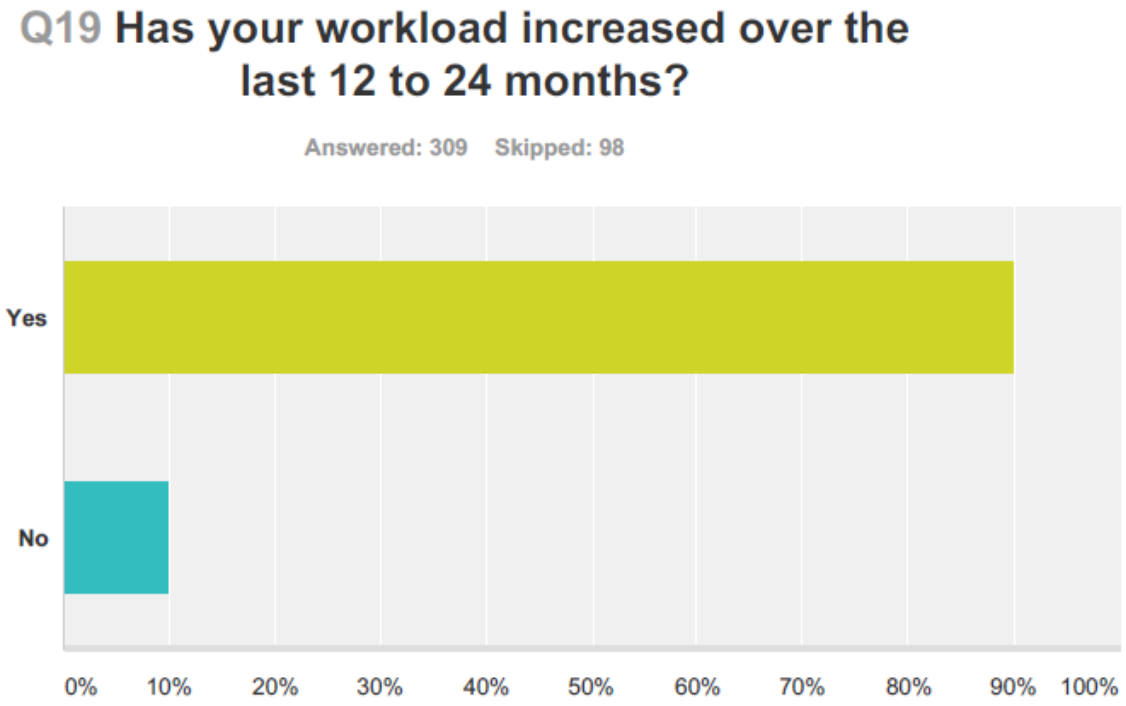
Almost 80% of respondents indicated that they are doing unpaid work on a weekly basis, with nearly 90% of respondents indicating there had been an increase in workloads in the previous 12 to 24 months.



The research conducted by the Union through its survey shows an alarming rise in workloads while staff numbers fail to keep pace with growing demands. The Union's research also points to a growing and much more alarming problem of the reliance on unpaid work keeping vital health services operational, especially services like mental health, pharmacy and pathology.

What Members Say:

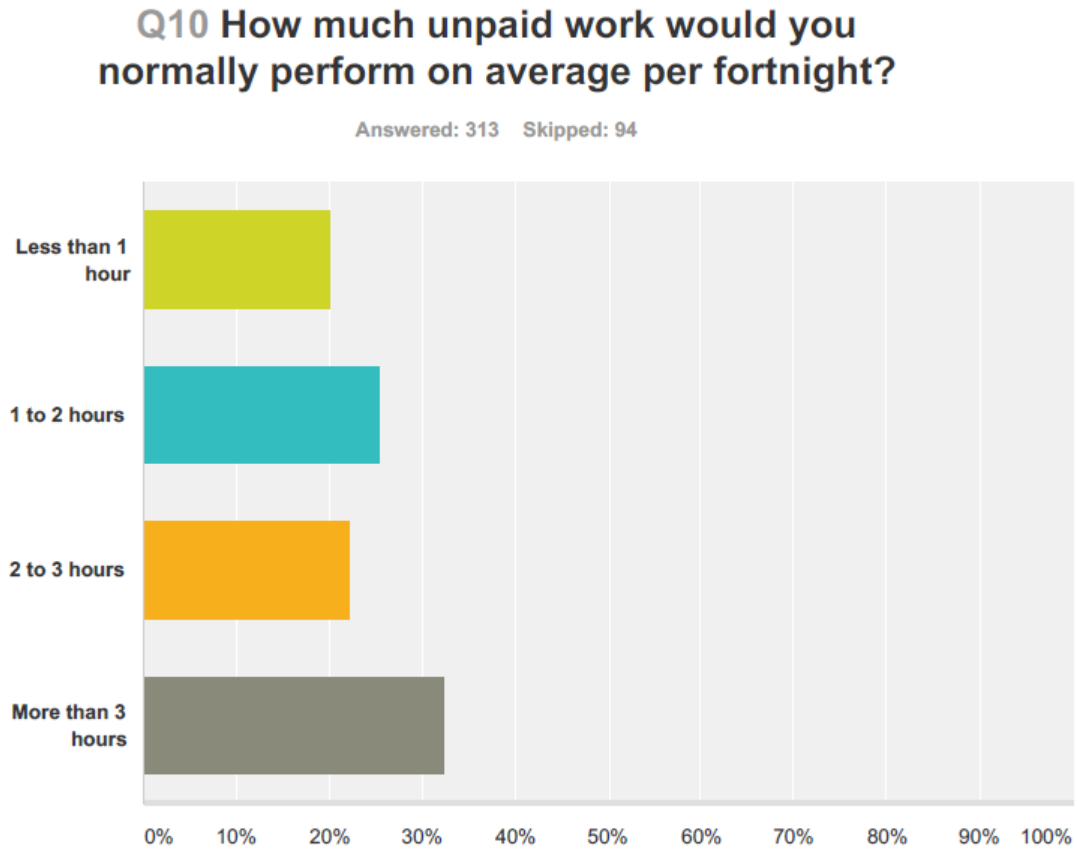
"A strong culture exists of staff being expected to work unpaid time, through breaks and staying back after a shift finishes. If a staff member refuses unpaid work then they are "frowned" upon and seen as, including being accused of, by management as "not pulling their weight or not being a team player."



While this comes as little surprise in a sector with growing demand, however, when it is considered in the context of more than 80% of respondents to the survey indicating that they regularly performed unpaid work, it does raise alarm bells about the extent of unpaid work and the reliance of it to meet growing workloads.

What Members Say:

"Mistakes are being made because when staff are sick or absent there is too much work for one person to cover. Then these people go off with stress. It's a vicious cycle."



According to respondents the workload increases are due to a combination of factors. Respondents cited that the biggest contributors to workload increases were increases in demand for services, increases in patient numbers and the expansion of services offered. It is also worth highlighting that staff not being replaced when they left was another significant contributing factor for workload increases. This particular factor, the Union believes is under-reported given that for many workplaces the 'new' workplace culture is to work harder and longer when there aren't sufficient staff available.

There is no doubt that for most respondents to the survey the level of unpaid work equates directly to workload with 85% of respondents giving 'being unable to complete tasks within ordinary hours' as the main reason for performing unpaid work.

What Members Say:

"The increase in workload is behind most of our stretched staffing levels particularly on inpatient needs"

"Overtime is never paid. We are expected to take time in lieu. Unfortunately there is not enough staff to allow this."

"The pressure seems to come from higher level management, both to increase workloads (see more clients/patients) and to cut costs (e.g. delays in replacing staff who go on maternity leave)."

"Management do not appreciate any unpaid overtime worked"

"Never asked to work extra hours; just expected to complete all work within hours, but this is not possible."

"I think it is just expected by management who continually claim budgets as the cause. If I do not do it there are adverse implications for my patients, lower standard of work and longer wait times."

"Limited staff rostered on at site, staff numbers rostered per day has decreased over the years and if a staff member calls in sick they are not replaced. As workload has increased it is expected that skeleton staff still provide the same service as in the past."

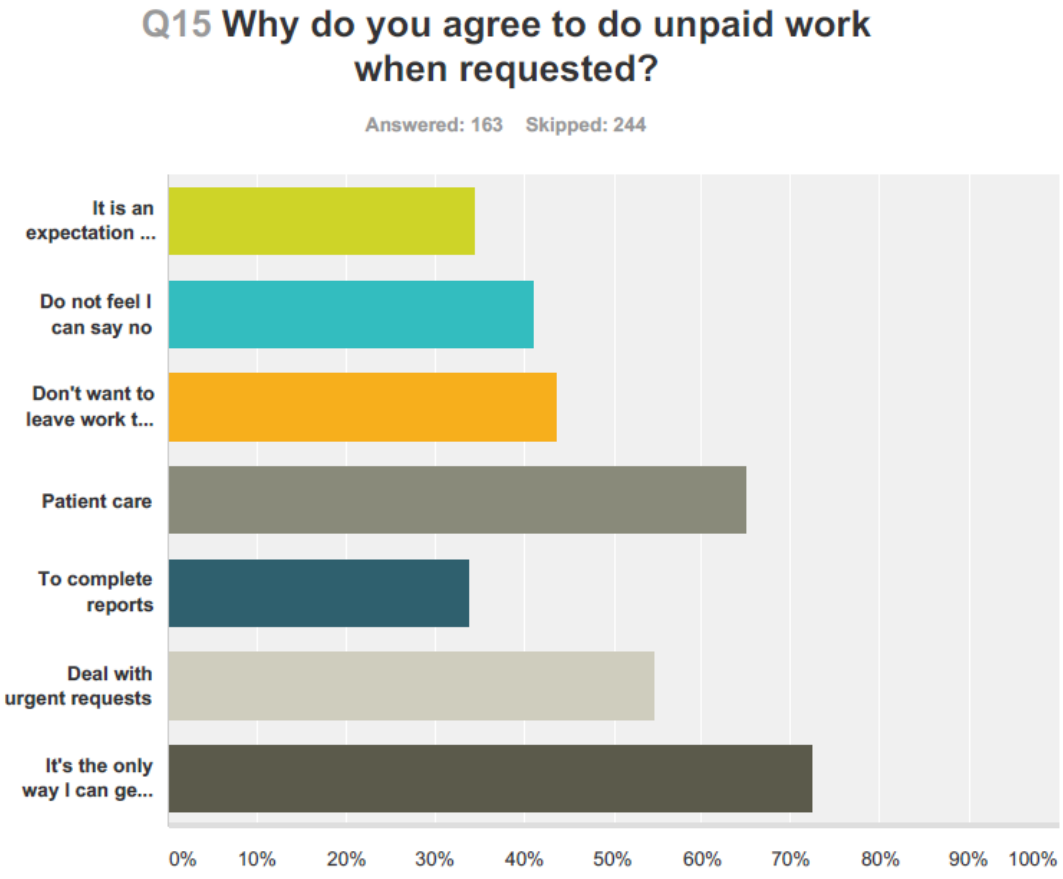
"Increased patient complexity, increased non-clinical responsibilities"

"Additional paperwork requirements with no reduction in other duties"

Staff Levels and Management of Health Services

In conducting this survey, respondents were asked about staff levels within their workplaces. The Union is the increasingly concerned about the reliance on unpaid work to fill gaps in the level of staffing.

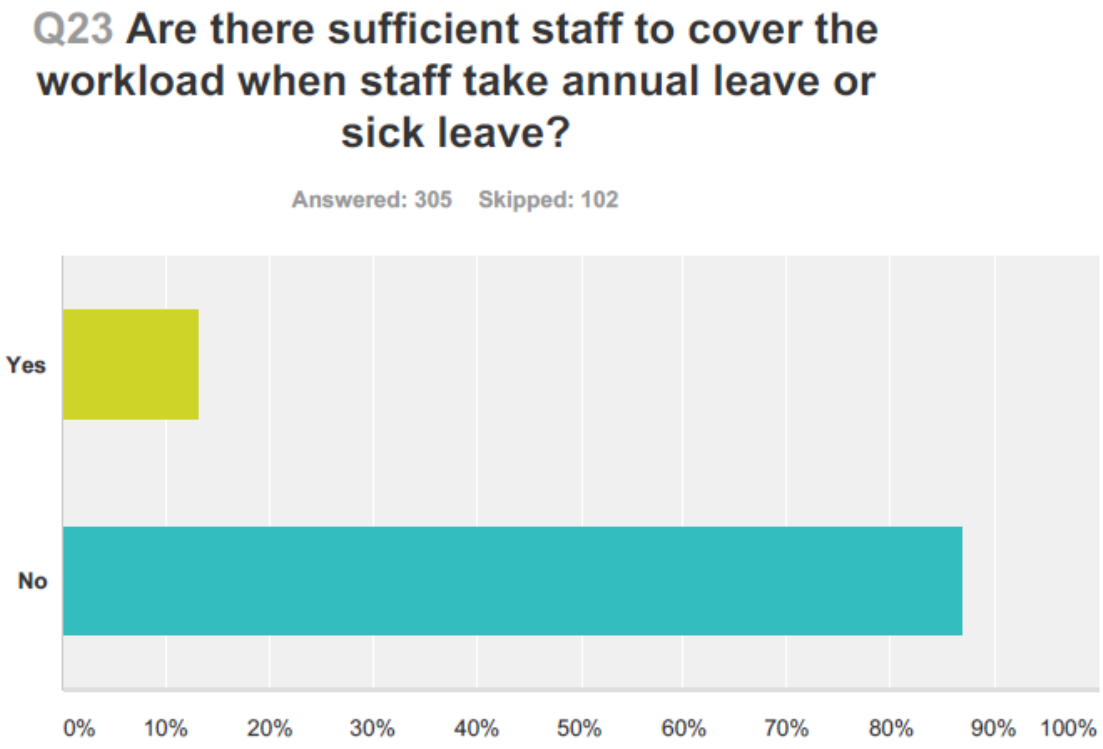
This has become quite evident as the Union asked respondents to indicate whether they were doing unpaid work at the request of a manager or on their own initiative with more than 80% of unpaid work performed in the past 12 months was done on a worker's own initiative. Respondents then indicated these decisions were made primarily due to being unable to complete tasks within ordinary hours and the department being understaffed. However, comments left by respondents indicate that such decisions revolved around expectations to complete work and to meet performance requirements for their departments. Respondents also indicated that they performed unpaid work at the request of management due to the department being understaffed and unexpected increases in workloads. This was further explored by asking respondents why they agree to do unpaid work with more than 70% of respondents indicating it was the only way for them to complete all their work.



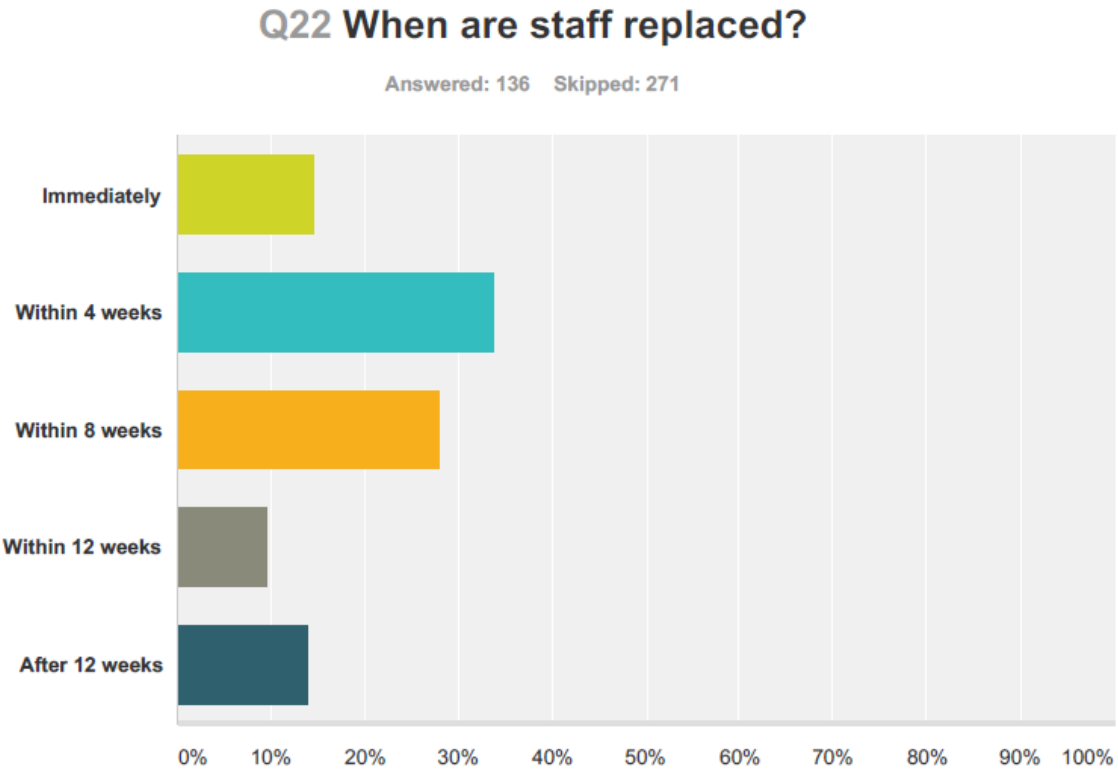
However it is quite revealing that when respondents were asked about doing overtime with the knowledge of their managers, more than 80% of respondents indicated that overtime was being worked on their own initiative and without the knowledge of management.

What Members Say:

"Only critical shifts are now being backfilled due to real pressure to shed staff, meet budget or they will outsource pathology"



The Union's concerns about the management of health services was further compounded by respondents indicating that staff on extended leave are not replaced, and where staff are replaced it took between 4 and 8 weeks. The failure of management is also highlighted with more than 85% of respondents indicating that there is not sufficient staff to cover workloads when staff take annual leave or sick leave. And if unplanned absences occur, more than 90% of respondents indicated that management required staff to pick up the work of the absent staff member as extra work.



This approach to management is creating highly stressed and unhealthy workplaces where more than 50% of respondents indicated they were refused leave because of understaffing. In creating unhealthy workplaces with onerous workload expectations, staff are being injured at work causing more unplanned absences and further compounding the level of understaffing and unpaid work undertaken.

What Members Say:

"Budget savings, no increase in staff for last 7 years."

"Staff on leave are not replaced, leaving additional work to be done"

"There has been a push to eliminate overtime by hospital management except for urgent cases. Work carries over to the following day and staff feel for the patients and do the work otherwise the work carried over will just build up each day"

"Cuts to budget leading to reduction in EFT"

"Making staff take leave and not leaving enough staff to cover shifts"

"Part-time staff are continually covering extra shifts"

"People on other shifts may move around, no extra staff"

"Extra staff cannot be called as they are filling maternity/long service leave"

"There is no plan for staff cover. I receive calls at home on ADO, sick leave and annual leave days"

"Staff becoming tired and frustrated resulting in low moral"

"Many more non-clinical tasks of questionable value"

"New instrumentation that does not work as expected causing stress and anxiety; and leading to delays in getting work completed."

Implications for the Future

The research shows there are some very big implications for the future if Victoria wants to continue to have world-class healthcare.

It is becoming apparent that for many clinical services the new workplace culture is such that, new staff especially will face increasing pressure to perform unpaid work. It is apparent that with ever increasing workloads and diminishing resources, more and more staff are doing unpaid work outside of their rostered hours. And it is evident that health services are not investing in the necessary staff to cope with workloads; and planned or unplanned absences.

The research also points to a growing problem in the public healthcare system – unpaid work is structurally relied upon to keep vital clinical services functioning. The cuts to the workforce are being compounded by ever increasing workloads. And while the workloads are continuing to grow; and demand on the healthcare system grows, there is not a similar increase in the workforce. In order to ensure a world-class healthcare system it is essential to ensure there is professional workforce, not one made up of underqualified or inexperienced people, of sufficient size to meet the growing demand.

If this unsustainable model is allowed to continue it puts staff at greater risk of suffering serious workplace injuries or long periods of illness, further compounding workload and staffing issues.

The Union's response centres on ensuring there is an end to the structural dependence on unpaid work through the following recommendations:

1. Health services to adopt workforce management strategies, including ensuring sufficient staffing to cover service demands and absences (planned and/or unplanned).
2. That health services employ more medical scientists, psychologists and pharmacists as a matter of urgency to address excessive workloads and under-staffing.
3. Dumbing down the scientific workforce with unqualified health assistants must end. There is growing evidence that replacing scientists with technicians and unqualified health assistants is the cause of adverse health outcomes.
4. Privatisation of services within public hospitals like pathology and psychological services must end.