



Australian Human Rights Commission

WILLING TO WORK

Willing to Work: National Inquiry into Employment Discrimination against Older Australians and Australians with Disability

SUBMISSIONS FORM

Send your submissions form:
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[Redacted]

Organisation or business name (if relevant): **NSW Nurses and Midwives' Association (NSWNMA)**

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FORM 3: Organisation or Government Agency Submission

(a) About NSW Nurses and Midwives' Association

NSW Nurses and Midwives Association (NSWNMA) is the registered union for all nurses, midwives, enrolled nurses and assistants in nursing/midwifery in NSW. NSWNMA represents the industrial interests of these categories of workers employed in NSW public, private, aged care and disability services sectors. NSWNMA also represents and provides for the professional, educational and industrial welfare of nurses and midwives in government and non-government forums at state, national and international levels. In 2015 NSWNMA has approximately 61,000 members and is affiliated to Unions NSW and ACTU. NSWNMA works in association with the Australian Nursing and Midwifery Federation (ANMF).

NSWNMA currently has 1814 members aged over 65 years and 4433 aged 60 to 64 years, both categories together represent 10% of our total membership. By far the largest age bracket for membership is in the 50 – 59 years age bracket, representing 13,571 members. Due to changing workforce demographics we anticipate that in time, a significant proportion of membership within our organisation will fall within the 50 plus age bracket. Therefore it is of primary importance that the NSWNMA adopts a forward thinking approach when representing our members in areas affecting older workers.

We are pleased to have the opportunity to make a submission to this important inquiry. Our submission focuses on age discrimination in the employment of nurses, midwives, enrolled nurses and assistants in nursing/midwifery who are working or seeking employment in NSW. The information presented is the result of responses received from an electronic survey sent to members aged 60 years of age and older in November 2015. The results and observations largely fall within the healthcare domain, however, we believe that many of the issues affecting our healthcare staff apply more generally within the workforce.

Do you have any case studies of the experience of older Australians working or looking for work?

The submission has been presented in the form of a case study of the unique perceptions of an homogenous group of nurses, midwives, enrolled nurses and assistants in nursing/midwifery, aged 60 years and over, many of whom have first-hand experience of the age discrimination in the workplace. Responses have not been compared between classifications, therefore, this group of health workers is referred to as nurse/midwife throughout the submission for brevity.

Responses have been grouped into themes and quantified to prioritise issues of concern. There is a wealth of information obtained from the survey which could be rigorously analysed in the future, if required. Additionally, 144 respondents have volunteered their contact details for confidential follow up discussion of their responses. NSWNMA would be pleased to facilitate future focus groups of these willing participants, should HREOC wish to take up this opportunity.

Details of the survey include:

- 331 responses were received
- 89.16% of respondents were female; 10.54% were male; and one respondent Indeterminate/intersex/unspecified.
- 15.15% of respondents were from culturally and linguistically diverse backgrounds, including 2 indigenous Australians
- 86.83% of respondents were registered Nurses/Midwives; 8.98% were enrolled nurses; and 4.9% were Assistants in Nursing/Midwifery
- 56.59% worked in Public hospitals; 17.68% in Aged Care; 14.15% in private hospitals; 9.97% in Community Services; and 1.16% in Disability Services
- 45.95% of respondents were working part-time; 37.84% were working full time; 11.11% were transitioning to retirement; 2.4% were seeking employment and 2.7% were not working and did not wish to do so. Even though the number of male respondents was low (n35), there were differences in participation rates between males and females. 66.67% of males worked full-time, compared to 33.89% of females. No male respondents were transitioning to retirement or looking for work.

Have you (or the person you are submitting on behalf of) experienced employment discrimination?

Overall, 31.56% of respondents (n101) had personally experienced discrimination on the basis of age in their employment, with higher percentages found in the male category (40%) compared to 30.61% of women. Additionally, 9.06% of respondents knew of someone who had been discriminated against.

The bulk of respondents (87%) felt that age discrimination in employment was most prevalent in the over 55s age group. However, 12.82% perceived it started as early as 45 to 50 years of age.

Did you take any action in relation to the employment discrimination you experienced?

There were 112 responses to this question. Only 23% of respondents had taken any action in relation to the age discrimination they had experienced. The reasons why nurses/midwives took no action are listed under 'Barriers' below.

What are the impacts of employment discrimination on older Australians working or looking for work or gaining and keeping employment?

177 responses were received about the impacts of age discrimination on those who had been subjected to it at work or knew someone who had been. 17% stated that this behaviour had a profound negative effect on the feelings of self-worth and confidence, self esteem and how they were valued by their managers and other staff.

Age discrimination also had an effect on nurses' incomes, access to promotion, access to training and career development, particularly in relation to use of new technologies. In some cases, the victimisation they received had led them to resigning, retiring earlier than planned or changing employers.

Health was an area also acknowledged to suffer from what many likened to bullying related to their mature age. Aspects such as stress and psychological illness, hypertension, depression, insomnia and fatigue were cited as directly attributable to age discrimination. Bullying came from management or younger colleagues and was manifest by snide comments, being required to undergo medical assessment as a pathway to compulsory early retirement or being treated less favourably with shifts, leave and effectively being goaded into leaving their employment. A small number of nurses who sought work after separation from their workplace found it very difficult to get work, even though they felt fit to do so.

Age and physical limitations were often grouped together by respondents, who cited a culture in health workplaces where there was no systematic mechanism to accommodate nurses with minor disabilities such as arthritis, musculo-skeletal limitations or age related problems such as fatigue. Some respondents went so far as to say that, even when they requested consideration from management in relation to their health, such as part-time work or being moved to a less physically taxing area, this was either overlooked or actively discouraged.

Barriers

Do you think older Australians face barriers when they work or are in a job?

Many of the barriers faced by nurses/midwives in relation to age discrimination at work seem to relate to their lack of power to influence their situation. Of the 112 people who responded to this question, only 23 people had taken any action. Some had contacted NSWNMA or branch structures. Some had their case heard by the Industrial Relations Commission, had spoken to their line managers, written formal

letters of complaint to higher management, contacted HREOC, gone through their Employee Assistance Program or had dealt directly with the perpetrator. Some had simply decided to ignore the discrimination.

Reasons cited for not taking action were mixed but there was a constant theme that age discrimination was very subtle and hard to prove. Other respondents perceived no purpose in making a complaint for fear of making things worse for themselves, because complaints were futile, were not taken seriously and it was not worth the stress involved. Overall, there was a lack of any systematic recourse for nurses/midwives to take and they had to make the decision to act or not in the absence of support from their colleagues or management.

Are there any practices, attitudes or laws which discourage or prevent equal participation in employment of older Australians?

48.33% (n58) perceived that age discrimination had impacted on their participation in the workforce, in relation to the following:

Workplace Practices

180 nurses/midwives responded to this question. 16.7% had not experienced any difference in workplace practices because of their age. Their perception was one of being respected, valued and accommodated specifically because of their age. A further 16.7% felt that older staff needed to be able to carry the same workload and perform to the same standard as when they were younger and if that occurred, no negative impact was experienced. As long as ones performance was equal to those younger, discrimination should not and usually did not occur and was not condoned.

A further 26.6% of respondents believed that workplace practices did not accommodate the age changes they experienced. This was likened to '*subtle but relentless practices*' in the workplace. For example, some older workers needed more break time between shifts, less heavy work or the ability to start later because of health or medication impacts. Although they continued to perform in their roles, this took a toll on their health and wellbeing and impacted their family life due to fatigue and other factors.

Subtle workplace practices which favoured younger workers included opportunities for secondment, access to training and flexibility in rostering and case allocation were also cited. – '*the younger employees are given more opportunities*'. For some respondents, practices seemed to be related to the culture of the workplace, and for others it related to the beliefs and attitude of individual managers in relation to the value placed on older workers. Discrimination also related to cost. It was seen as cheaper to have younger less experienced workers because their hourly rate was less, and the perception that there was no use in training older workers because they would leave the workplace soon and it was not cost-effective.

The ways in which workplace practices were seen to be discriminatory included that older respondents were not given any accommodation for their age or health issues, whereas younger workers with family responsibilities had many accommodations such as paid maternity leave, flexible work arrangements and consideration of their circumstances. This occurred specifically in relation to shift loads, night duty options, the arrangement of shifts e.g forward rotation, the amount of heavy work assigned and the lack of flexibility available to them. There was also no acknowledgement of

their years of service or the load they had carried for many of their younger years – *'we have done our share', 'bars seem to be set higher with age'*.

11% felt that workplace practices did not demonstrate the value of older nurses/midwives and that their experience and expertise could be better utilised, particularly in areas such as mentoring of younger, inexperienced staff and being placed in more cognitive rather than physical roles.

Attitudes of the Employer

197 nurses/midwives responded to this question. As described in 'Workplace Practices', some attitudes of employers related to the culture at particular workplaces and at other times to the attitude of individual managers. For example, individuals experiencing discrimination in relation to age when there had been a change of manager or administration, where formerly there had been none.

21.8% of respondents had not experienced age discrimination in the workplace. Their personal contribution was valued, they had access to flexibility and consideration and were seen as worthy, experienced members of the workforce. An additional 8.1% believed that as long as they continued to work as they had done when younger, in terms of strength, workload, shift adaptability and being able to do all parts of the work to the same level, discrimination was not applied. Older nurse/midwives were acknowledged to have greater knowledge, maturity and people skills and this should mean that staff remains longer in the workforce if management allows this to happen.

The remainder, however, personally experienced or had seen someone else discriminated against because of their age. As a recurring theme, age discrimination was seen as subtle and difficult to prove. 6% of respondents had personally approached management for some consideration of their age-related needs and had been declined. Considerations included requests for flexibility in shifts, self rostering, acting as a mentor for part of their work cycle, going part-time or job sharing or being transferred or sharing less heavy work. The ways that age discrimination was experienced related to:

- Perceptions of not having their knowledge and experience valued and considered by management and in some cases co-workers (13.7%)
- Having expectations put on them to perform to the level of younger workers with regard to the use of technology, even though they had been overlooked for training in this area
- Being provided with less opportunities for career development such as training, secondment opportunities, being overlooked for 'acting-up' roles and being bypassed for new graduates because of an oversupply and limited places for them in the staffing arrangements (7.1%)
- Some respondents felt that there was a concerted effort by the employer to replace older workers with younger ones. This was perceived as an effort to get older workers to leave the workplace, effectively pushing them out (17.8%). At times, this took the form of ridicule, being treated unfairly, with no consideration of their circumstances or past contributions. The strategy was considered to be a form of 'bullying'.

- 6% of respondents thought the discrimination they experienced related to using younger, less experience and less costly workers to save money. An additional 1.5% thought aged discrimination could relate to employer perceptions of greater risk of workplace injury and ultimately cost and budgetary impact.

Suggested actions to overcome some of these forces, was to look at reviewing the models of care, rather than doing work the same way it had always been done. Strategies could include using the superior skills of older workers to mentor and support the young as a regular part of the time at work. Allocating extra staff where the work has high physical demands. Segmenting and sharing tasks so that older workers could rotate from high physical workload to areas that are less physically demanding and more supervision based. Arranging shifts so that older workers who have limitations with performing essential role elements, such as CPR at ground level, are paired with more physically able workers on any given shift. Such arrangements could be accommodated where the different roles in a resuscitation event were clearly defined with not all of the response team being required to do the physical part of resuscitation.

Attitudes of Other Workers

There were 185 responses to this question. Almost half of respondents (47%, n87) had not experienced negative attitudes in relation to their age from co-workers and a further 5 workers said age discrimination was variable and very workplace specific. This is in contrast to only 21.8% of respondents who had not experienced age discrimination from their employer. The phenomenon, therefore, seems to be more closely embedded in management attitudes and practices, rather than those of co-workers.

4 respondents maintained that older workers need confidence in their own abilities and those needed to stand up to the bullying that was often evident in relation to older workers in some workplaces. An additional 5 nurses/midwives suggested that the attitudes of workers and management should be based on observation and acknowledgement of skills and abilities, not on bias. A small number of comments about the effectiveness of legislation and policy on age discrimination was that even if it was in place, it had little impact on curbing negative practices on co-workers and the employer.

8.6% of respondents felt that negative attitudes of co-workers related to a top-down bias within their organisation which involved a basic lack of respect for older workers.

30.2% believed their co-workers negative attitudes were based on lack of respect and a biased view that an older body equates to an older mind, bypassing the intrinsic value of the knowledge and experience brought to the workplace by older workers – *‘Some workers see wrinkled skin as a reason to think there must be a wrinkled brain!’*

Workplace Laws

138 nurses/midwives responded to this question. 12.3% did not know about any workplace laws relating to age discrimination in employment. Only a small number of respondents were able to cite anti-discrimination legislation, equal employment opportunity requirements, Ministry of Health policy and only 10 respondents

mentioned workers compensation legislation at all, despite it being one of the main legislative areas of discrimination. This is clearly an issue that requires improvement and one on which HREOC can take action.

Overall, respondents hoped that any laws available should be designed to prevent age discrimination in employment. Continuing from previous comments, 13% believed that because discrimination was so subtle and difficult to prove, enforcement of any protective laws would be difficult or impossible to enforce.

7.2% of respondents cited workers compensation and superannuation legislation as being unfair and unjust. With government at federal and state levels wanting and requiring workers to work longer and restricting access to the pension to older ages over time, it is unreasonable that workers compensation is withheld from workers in NSW who have reached retiring age (currently 65 years) plus one year. Effectively, all workers still employed over that age group have no financial support should they be injured, even though there is no legislated retirement age, only pensionable age. This is blatant discrimination as it is not based on ability to do the job but purely on age *'if a person is able to work and wants to work they should be entitled to the insurances and superannuation as per the younger staff'*. Some respondents suggested that workers compensation coverage, rather than being withheld, should be increased. This would not be a huge budgetary impost given the relatively small numbers remaining in the workforce over NSW retirement age.

In double disadvantage, workers also have no access to disability income insurance over age 65 or 66 years, either through private insurance or that association with superannuation. Fortunately, financial members of unions such as NSWNMA are covered by their membership fees for journey claims up to around 70 years of age.

Respondents suggested that even though legislation which had potential to prevent age discrimination was in place it was ineffectual. *'Bullying and discrimination (in other areas) is illegal but that doesn't stop them happening'*. 13.4% of nurses/midwives thought that legislation and policy was workplace dependent i.e. even where it exists it is up to the employer and individual workplaces to implement it. Accountability and enforcement mechanisms were seen as ineffectual (*'a joke'*) or non-existent. There was no requirement to publish data on the employment rates of older workers and no transparency in merit selection job interviews which could point to age discriminatory practices.

Individual respondents suggested that existing laws need to be tested and that they are designed more as a support for the employer than the worker. Most thought there should also be greater legal accountability for interviewers and managers who do not give promotions despite equal merit in relation to current knowledge and skills e.g making interview and referee comments available to interviewees.

A single comment related to the particular legal discrimination of 457 visa holders over 50 years, who have no access to workplace flexibility in hours of employment. They must follow the terms of their visa and then leave the country.

Several comments also related to employment law and nurses/midwives work terms and conditions of employment. Some respondents felt that working part-time or casually, to accommodate the needs of an ageing body and related impacts, was a disadvantage in itself. Firstly, because their ability to earn comparable wages was reduced; and secondly, because casual workers were vulnerable to being cut from

shifts or given less work at the whim of the employer, particularly when age discrimination was in play – another example of lack of accountability.

Do you think employment discrimination has an impact on gaining and keeping employment for older nurses/midwives?

There were 326 responses to this question. 59.82% (n195) of respondents agreed that this was an issue, even when they personally had not been discriminated against. 85 respondents were not sure whether there was an impact on gaining and keeping employment.

What are the incentives and disincentives in employing older Australians?

Incentives

278 nurses/midwives responded to this question. There are two aspects to this question. One relates to incentives provided by the workplace and two, the personal motivation individual nurses/midwives have to stay.

42% (n278) felt there were no incentives in the workplace to encourage older workers to stay working in later life. 4% were not sure. For those who had not experienced discrimination, the main incentives identified were feeling valued in their role (15.1%), accommodation by their employer (10.4%) and recognition of the needs of older workers. Incentives included transition to retirement arrangements, flexibility in shift allocation, reducing hours worked or being able to take on part-time or casual work.

20.1% cited financial reasons as the main incentive, particularly those who had not accumulated sufficient superannuation because of career breaks for child rearing. A significant number of nurses/midwives (n42) remained in the workforce because they wanted to continue to contribute their skills, knowledge and experience. Some cited that they were just not ready to retire.

A question was posed about flexible work arrangement as a strategy for nurses/midwives to remaining in the workforce or re-entry the workforce. There were 323 responses to this question. 82.35% of respondents agreed that this was a significant incentive. 277 respondents suggested their preference for specific types of flexibility including:

- Part time work (66.6%)
- The option to train/mentor junior or inexperienced staff (56.32%)
- Preferred rostering systems (54.15%)
- A less physically demanding job role (53.43%)
- Additional leave (31.41%)
- Career breaks (16.61%)
- Work from home (14.8%)

Disincentives

There were 256 responses to this question. 8.6% of respondents did not believe there were any disincentives in the workplace that would prevent them from continuing to work past retirement age.

Physical workload was seen by 14.5% of respondents to be a high priority disincentive with a further 9% attributing this to physical difficulties which make it harder to work for older nurses/midwives. This aspect was compounded by the lack of flexibility in relation to shift times, length, ability to take short leave breaks to reduce hours worked and not being accommodated in taking single day holidays to achieve this end.

Shift work generally and working night duty were seen as major disincentives (13.7%). Some respondents cited short time-spans between shifts as a hurdle as they felt they needed more recovery time than when they were younger. The way shifts were rotated also seen a problem for the same reason, 'forward rotation' (day, evening, night) was perceived as less damaging.

A consistent theme throughout the case study, is the lack of value of older workers experience, exposure to bullying and harassment and lack of acknowledgement of years of past performance that is not only a disincentive to working but affects an individual's confidence and feelings of self-worth. 22.6% of respondents believed that this was an issue for them and it ultimately impacted on their patients/residents.

Also consistent with previous responses, issues such as being overlooked in education and training, particularly technology negatively impacts on older workers clinical advancement and ability to do their job.

Respondents felt there were significant disincentives in being denied access to workers compensation and disability income insurance as this left them financially vulnerable. Other consequences related to ongoing registration. Should a nurse/midwife be injured or be out of work for an extended period, this can affect their registration with AHPRA. If 'recency of practice' requirements cannot be met, this effectively means that the nurse/midwife cannot work as such and must retrain and work under supervision.

Are there examples of good practice in employing and retaining older Australians?

(b) Good practice

There were 331 respondents to the question about 'own workplace' and 254 for 'other workplaces'. Responses were divided into two sections good practice in their own workplace and in other workplaces that they had heard about. 43.5% of the sample (n144) was unaware of any good practice policies or initiatives in their own organisation and only 23% of respondents knew of any in other workplaces. A further 41.69% (n138) did not know.

In respondent's own workplace, only 49 nurses/midwives (14.8%) were aware of any good practice policies or initiatives. Some of these were general initiatives, which advantaged older nurses, however, none were mentioned that related specifically to the ageing workforce. The most frequently cited good practice initiatives seemed to arise in workplaces which supported flexibility and valued their staff, no matter what their age. These workplaces were recognised as 'family friendly'. Examples of good practice included:

- Preferred rostering

- Being able to change work attendance e.g changing to part-time or casual work, job sharing opportunities, reduced work hours by agreement
- Programs which support experienced staff mentoring more junior or inexperienced staff and students
- Management support for workload reduction through adequate staffing and replacement initiatives and nurse/patient ratios.

Very specific initiatives mentioned also included:

- Awards systems, such as Employee of the Quarter, and milestone years of service. This has potential to promote value for staff achievements and recognition of past service, as workers age
- A policy of advertising vacant positions internally first. This could allow staff to change to less demanding roles if they became available, or to part-time if this was offered. It may also reduce the bias assigned to older workers and the lack of accountability in interviews as their work history would be known.
- Support for transitioning to retirement schemes
- Anti-bullying policies
- Mentoring programs
- Health and fitness initiatives, peer support and welfare support officers
- Subsidised parking, free breakfast for night shift staff
- Opportunities for secondment to different areas including rostering office, bed Manager after hours and a human resources rotation over a period of 12 months
- Flexible work practices policy for specific Local Health Districts within NSW
- Promotion of non-discriminatory practices through Ministry of Health brochures. It was noted however, that these are seldom circulated in individual workplaces
- In-house seminars on keeping older workers in the workplace
- Return to work support personnel assigned to Nurses/midwives returning to work after work and non-work related injuries
- Development of an over 70s education package. This initiative has not been evaluated but subjectively had not resulted in good outcomes.

Solutions

What action should be taken to address employment discrimination against older Australians?

There were 227 responses to this question.

- 1) Promotion of the value of a mature workforce within organisations and in the wider community.** 22% of respondents felt the bias shown against older nurses/midwives was part of a wider societal construct where wisdom, knowledge, experience, commitment and work ethic are overlooked in favour of the young. This resulted in feelings of worthlessness and lack of confidence. This impacted on their enjoyment of work and some believed it also impacted on patient/resident care. This culture was also seen as organisation specific, or related to the values or attitudes of individual employers or managers and therefore, less able to be influenced by legislation or policy. This could be done by public and internal campaigns by

government, employer and employee organisations and aging advocacy groups. *'Rather than referring to the 'burden' of baby boomers, turn the tables to the 'valuing' of the baby boomers.*

- 2) Implementation of mentoring or 'buddy' systems.** Some respondents thought that, as nurses/midwives age, they should be given opportunities to be trained in how to be a mentor and how to impart their knowledge in the workplace. Such education should begin at about 50 years of age to equip workers to transition to retirement by being able to rotate from highly physical to less physical workloads. Being a mentor would not only create a sense of worth in the older worker but provide a model that would support respect for older workers; knowledge and experience. Creation of more consultants would also align with this action.
- 3) Creating an organisation environment that is 'age friendly' and flexible.**
 - Expanding or developing policy options which promote flexibility for workers over 60 years of age in all sectors of the health workforce. For example, in New Zealand and USA, policies exist where there is no requirement for nurses/midwives over the age of 50 years (NZ) and 60 years (USA) to undertake night duty. This then becomes a voluntary shift for older workers and does not place them at risk of health impacts.
 - Development of internal systems in consultation with staff about rotation of older workers to areas which are less physically demanding e.g bed management, pre-admission areas.
 - Supporting older workers to reduce their hours, take up part-time or casual positions, career breaks or rotations to less demanding areas for part of their shift.
 - Providing opportunities of older workers who have been unable to find health care work to trial return to work, paid by government or the employer. This would give an organisation the chance to see the skills and abilities of the worker in action and would contribute to 'recency of practice' registration requirements.
 - Support for an 'open-door' policy, where management encourage workers, but particularly older workers to discuss their concerns so that solutions can be found.
- 4) Accountability for the employment of a certain percentage of mature workers (over 60 years).** This data could be published in organisational annual reports and used as a promotional tool to attract older workers with the experience, reliability and dependability to support the workplace.
- 5) Better staffing and nurse/patient ratios.** This would ensure that all staff, including older workers were not faced with workloads that were detrimental to their physical abilities and fatigue levels.
- 6) Effective and open communication within workplaces.** This particularly relates to good communication and consultation between management, staff and co-workers leading to meaningful dialogue about the pros and cons of working past retirement age. One suggestion made was for staff to evaluate their manager from time to time, in relation to their actions and attitudes to aged workers in their workplace.

- 7) **Transparency and accountability for decisions made about recruitment, retention and accommodation of an ageing workforce.** Methods for achieving this could be by requiring more accountability for considering age as one element of the merit selection process for recruitment, i.e. making referee checks and recruitment panel recommendations that include comments about why an older worker was not as suitable as a younger one. Also by providing clearer pathways for older people to be considered for positions.
- 8) **Researching the stumbling blocks to equal participation in individual workplaces.** Identification of organisation specific problems with the treatment of older workers would allow better targeting of initiatives to manage the problem.
- 9) **Evaluating the skills, knowledge and ability of the workforce at micro level.** For example, in departments, to ensure there is an appropriate skills mix of mature experienced staff and younger, more physically active but less experienced younger workers. Specific staff could volunteer to be 'champions' of their specific area of superior knowledge, expertise and experience – effectively becoming a resource 'go-to' worker for their ward, unit or facility.
- 10) **Stronger penalties for breaches of the anti-discrimination and Work Health and Safety legislation related to bias and bullying.**
- 11) **Revise superannuation and workers compensation legislation.** The disability income insurance related to superannuation traditionally ceases at age 70, which disadvantages those workers who are physically and mentally able to continue working past this time and want to continue to accrue benefits for their retirement. In NSW workers compensation ceases at retirement age plus one year (currently 66 years). Given the push to increase retirement beyond 65 years over time, it is expected that benefits will be aligned. This could be achieved now, with little financial impost given the small numbers of workers involved. Additionally, for those under 66 years, legislation and policies need to be changed so that nurses with a non-compensable injury have the same rights and access to a supported return to work as employees with an accepted workers compensation claim.

What should be done to enhance workforce participation of older Australians?

There were 252 responses to this question. Review and quantification of the themes submitted in the survey showed that responses to this question were almost identical to the previous question. Results have not therefore been presented again.

What outcomes or recommendations would you like to see from this National Inquiry?

There were 222 responses to this question. Responses were consistent with the themes presented throughout the case study. Suggested strategies to address age discrimination have been included in many of the previous sections. Expected outcomes from the inquiry therefore are consistent with these themes which were put forward by respondents throughout the survey, including:

- 1) **Acknowledgement that age discrimination in the NSW health industry does exist and that it takes a great toll on those who are subject to it.**
- 2) **Development of mechanisms that are transparent which can lead to enforcement of employer responsibilities with regard to anti-discrimination legislation and policy.** Without accountability and legal responsibility to desist from age discrimination in employment, legislation and policy are 'toothless tigers'. As a recurring theme throughout the case study is the lack of accountability, transparency and enforcement of anti-discrimination initiatives which enable and reinforce the problem.
- 3) **Development of mechanisms which could be put into place to require workplaces to report on their management of the ageing workforce in regard to participation rates, fair and reasonable access to ongoing career development, and best practice initiatives that have been developed to retain this category of worker.** This could be achieved through reporting in annual reports, embedding accountability into the responsibilities of management, including as part of their key result areas of responsibility. At public sector level, this could be implemented in consultation with each state's ministry or department of health and embedded in accreditation requirements (EQUIP). For aged care, this could also be placed into accreditation requirements under the Australian Aged Care Quality Agency (former Aged care Standards and Accreditation Agency)
- 4) **Development of marketing campaigns at State and Federal levels, to promote the value, worth and cost effectiveness of older workers.** This requires acknowledgement that age discrimination relates to cultural values which are influenced by the broader society and applied according to the values and beliefs of individual workplaces and management. These values become a barrier to the equal participation and equal opportunity for older workers, ultimately forcing many out of the workforce, even if they would like to remain. This can have profound disadvantage where nurses/midwives ongoing registration can be affected. Responses to this survey suggest that age discrimination does not apply to all nurses and midwives but is workplace and individual specific. Strategies must therefore be developed to address local level issues as well as higher and broader level cultural and societal perceptions.
- 5) **Regulating for the option of flexible work arrangement in health workplaces.** 39% of respondents prioritised the introduction or expansion of flexible work arrangements such as reduced hours, flexible or preferred rostering, transition to retirement arrangements, fairness and choice in shift allocation, including shorter shift, adequate breaks between shifts and change to part-time or casual work options as individual circumstances dictate.
- 6) **Promotion and education in the remedy provided by industrial instruments to manage bullying and age discrimination in employment.** Creating an environment where nurses/midwives are valued (18.7%). Many respondents who had been discriminated against because of their age likened this to 'bullying'.

- 7) **Embedding in anti-discrimination legislation, that, as far as reasonably practicable, when fitness for work strategies are put in place, reasonable accommodation is provided for the ageing workforce.** This may result in less physically demanding roles for nurses and midwives through job sharing, rotation of work areas from most to least demanding. This could also include review of models of care to ensure appropriate skills mix but also to relieve some of the physical burden from older workers.
- 8) **Developing a federally funded program of education for nurse/midwives as they age.** This would provide them with additional skills and abilities to use their previous knowledge and experience in mentoring or less demanding roles. Such programs should be available from age 45 years, which is when age discrimination is perceived to commence. Education opportunities would better prepare ageing nurses/midwives with the ability to compete with their younger colleagues, particularly in areas of technology (9.9%).
- 9) **Liaison with state and federal departments of health re setting up mentoring arrangements.** Arrangements could harness the skills, knowledge and experience of older nurses, benefiting the workplace, while still allowing a respite from high physically-demanding workplaces (5.2%).
- 10) **Development of a monitoring body** which has the potential to ensure large-scale culture change through requiring accountability of individual workplaces to implement legislation and policy related to age discrimination at local level.

Additional strategies suggested were:

- 11) **Implementing retention incentive schemes (6%).** For example, financial incentives such as tax benefits. *'This may entice older workers who choose to work and pay tax, to be recognised for their choice not to cost the government a full pension and reward them with some concessions'*. Schemes such as accrual of additional special paid leave per year of service over 60 years, could be used to reduce hours of work while remaining as a full-time employee.
- 12) **Identifying less demanding roles that older workers could fill** such as ACFI documentation and claiming, NCP formulation and reviews, wound care and continence management – all of which require specialist skills.
- 13) **Provision of health initiatives through individual workplace strategies such as gym memberships, healthy eating programs, 'walk for work' initiatives.** This would benefit all workers but particularly ageing workers (2.8%)
- 14) **Encouraging employee and employer organisations at federal and state levels to develop consistent policy on the employment, retention and value of older workers.** This would have the effect of creating an industry standard to reduce age discrimination in employment and upon which standardised strategies could be developed and benchmarking could occur.