



# **Retention and re-entry of women workers to the human services industry**

June 2005

**Final Report to the Department of Human Services  
(Victoria)**

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Department of Human Services Victoria

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# 1 Executive summary

This research project involved a desktop audit on behalf of the Department of Human Services to identify:

1. barriers to the retention and re-entry of women to the human services sector, including structural and attitudinal barriers/impediments
2. strategies and initiatives that are likely to encourage women to remain in the paid workforce including training modalities that enable workers to maintain and enhance their skills
3. national and international strategies and initiatives that are likely to encourage women to *re-enter* the paid workforce including training modalities that enable workers to maintain and enhance skill levels.

A wide range of resources was elicited through a desktop audit and utilising the University of Melbourne Library Catalogue, other electronic research databases and the CS&H ITB library.

## Retention and re-entry defined

Early on in the research, it became apparent that retention and re-entry needed to be considered separately as in this industry, at least for many women, they are not causally linked.

Retention is defined as continuous employment in the same job and/or with the same employer. For the purposes of this discussion, we do not consider working with contiguous employers as part of this definition, because the impact of a worker leaving one employer for another has substantially the same effect as were the worker to be withdrawing from the workforce.

Re-entry is defined as a woman returning to work with the same employer after a lengthy absence.

However, many women will re-enter the workforce after a prolonged absence, or will enter the community services and health industry for the first time when they change from another industry. Further, some consideration is given to the issue of recruitment, particularly in relation to young people and attracting mature-age people to this industry.

## Analytic framework

The following framework has been utilised in the analysis of findings: drivers, triggers and attitudes. The framework is intended to provide new insight to the issues of retention and re-entry.

Since the end of the Second World War there have been a number of widespread social, economic and personal forces at work which have fundamentally changed the role of women in the workforce. They are relatively constant and operate regardless of the personal circumstances of individual women or employers and constitute the dominant drivers for women's participation in the workforce:

- economic
- education
- identity
- meaning and purpose
- social expectation.

Notwithstanding these drivers, women do have more forced breaks from the workforce. A break may be forced, planned or opportunistic, and it may be sudden or gradual. The withdrawal may result in the person permanently leaving the employer, or it may be a break while maintaining a link to the employer e.g., taking a maternity

leave entitlement, or leave without pay, or annual leave, or long service leave, or a temporary withdrawal from a casual pool.

While various events may trigger an individual's withdrawal from the workforce for a period of time, other events can trigger re-entry to the workforce after a lengthy absence. Many of the strategies suggested to retain women in the workforce will also positively impact on them staying with a particular employer.

The decision to leave a particular position, or the workforce, may be influenced by a number of factors:

- life stage
- personal issues
- career considerations
- economic independence.

Having made the decision to withdraw from the workforce, it is not always sufficient for the issues to be resolved as there is a certain inertia that must be overcome before any action occurs to re-enter the workforce. We have called these trigger events to re-entry:

- Life stage event
- Career event
- Life event
- Economic event

Having made the decision to return to the workforce, or seeking to resist the pressure to withdraw from the workforce, there are a number of structural and management initiatives which can act as 'enablers' to retention and re-entry.

- Training opportunities
- Work arrangements
- Economic conditions
- Personal networks
- Legislative provisions.

### **Summary of findings**

There are a range of factors affecting retention and re-entry. Once the main barriers to retention and re-entry were identified early on, further exploration of the literature tended to corroborate the earlier findings.

The findings have been examined in terms of the analytic framework described above. A number of case studies are presented that include successful strategies adopted by a range of industries, as well as different sectors of the health industry. These strategies attempt to address issues raised by the barriers to retention and re-entry.

It is anticipated that this report will reach a broad audience both within the department and outside it. For many readers there will be familiar information but we hope we have put our discussion and findings in a framework that may generate new insights for the reader. The table of contents is arranged to guide different readers through the report irrespective of familiarity with the industry or the topic.

## 2 Recommendations

It is recommended that managers need to be assisted through access to professional development to understand:

- the drivers of women's participation in the workforce
- the triggers that cause women to leave the workforce
- the triggers and barriers to re-entry
- the costs of replacement and benefits of retention and opportunities for re-entry.

It is recommended that managers be provided with assistance to:

- have strategies in place that can respond to triggers and reduce the likelihood of leaving and promote retention and re-entry
- implement flexible workplace arrangements.

It is recommended that HR policies, processes and/or procedures need to:

- establish work structures that take into consideration the drivers of attrition and retention affecting employment
- develop recruitment strategies that take into account events likely to trigger women re-entering the workforce
- recognise the possibilities that people are seeking to make a career change and take advantage of opportunities for cross-industry recruitment
- implement recruitment strategies for attracting young and mature-age women to this industry

It is recommended that professional development initiatives be made available to the community services and health workforce to:

- help workers who are affected by the Federal changes in industrial relations to understand and participate in negotiating and bargaining processes in order to assist them with negotiating their individual workplace agreements.

Refer to more detailed strategies outlined in Potential Strategies in Section 11, page 36.

### 3 Project scope

Under contract to the Department of Human Services (Victoria), the consultants were asked to conduct desktop research and report on:

- barriers to the retention and re-entry of women to the human services sector, including structural and attitudinal barriers/impediments
- strategies and initiatives that are likely to encourage women to *remain* in the paid workforce including training modalities that enable workers to maintain and enhance skill levels
- national and international strategies and initiatives that are likely to encourage women to *re-enter* the paid workforce including training modalities that enable workers to maintain and enhance skill levels.

### 4 Project methodology

This desktop based project was conducted over a specified four week period. The literature search component included use of:

- the Google Search Engine.
- the University of Melbourne Library Catalogue.
- electronic research databases:
  - ProQuest
  - Expanded Academic ASAP
  - Emerald
- the Community Services & Health Industry Training Board, Victoria, Inc., Private Library

All of the literature searches were aligned to the health and community services sector, nationally and internationally, but also included some consideration of other industry sectors.

Strategic literature materials were selected from the bibliography and summarised specifically to highlight key barriers and strategies relevant to the objectives of the report.

Group processes involving the project staff were adopted to determine the analytic framework and key strategic approaches that could contribute to the retention and recruitment of women in the health and community services sector in Victoria

## 5 Background – Structure of employment in the CS&H industry

### Understanding the CS&H industry

The community services and health workforce accounts for 10% of the total work force in Victoria (182,012)<sup>1</sup> and has jobs wherever there are people, providing a broad range of services to the populace. At some stage during their lives, everyone will come into contact with a service provided by this industry. There are 119 qualifications included in three training packages: community services (53), health (49) and health technicians (17). The Health Training Package is currently under review and there will be changes made to the current health qualifications framework that will be ready for implementation in 2006.

### Understanding the CS&H workforce

To make sense of the industry workforce qualifications, we have divided them into five sectors:

- acute care/health sciences (Health and Health Technicians Training Package qualifications)
  - general health services delivery (24 qualifications)
  - ambulance (7 qualifications)
  - dental technology and dental prosthetics (2 qualifications)
- children's services (Community Services Training Package qualifications)
  - (5 qualifications)
- community health (Health Training Package qualifications)
  - dental assisting (4 qualifications)
  - complementary and alternative health care (12 qualifications)
- community services (Community Services Training Package qualifications)
  - community services work – generalist (7 qualifications)
  - management (3 qualifications)
  - community services work – specialist:
    - child protection (3 qualifications)
    - community work (3 qualifications)
    - employment services (3 qualifications)
    - social housing (3 qualifications)
    - youth work and juvenile justice (4 qualifications)
  - community services work – other specialist qualifications:
    - alcohol and other drugs (2 qualifications)
    - telephone counselling (2 qualifications)
    - mental health work – non-clinical (1 qualification)
    - community services advocacy (1 qualification)
    - community mediation (1 qualification)
    - community services (information, advice and referral) (1 qualification)
    - marriage celebrancy (1 qualification)
    - lifestyle and leisure (2 qualifications)
    - case management (1 qualification)
    - financial counselling (1 qualification)

<sup>1</sup> OTFE Data, *Industry ANZSIC 4 digit*, Australian Bureau of Statistics (this is considered to be a conservative figure with other sources placing the workforce numbers higher at over 200,000)

- residential/aged care (Community Services Training Package qualifications)
  - aged care and disability work (9 qualifications)

There are well over 200 occupational titles in the community services sector, alone.

Some sectors, in particular children's services and community services, employ a majority of women. Some occupations, such as dental technology and ambulance paramedics, employ a majority of men.

### **Women in the workforce**

Overall, women account for approximately 70 per cent of the workforce, often from culturally and linguistically diverse groups, who are predominantly mature age workers, a high proportion of whom are reaching retirement. These characteristics are amongst the range of factors that impact on retention and re-entry.

### **Gender and age**

Nationally, 72% of the health workforce in 2001-02 were women and this proportion was higher than in any other industry.<sup>2</sup> Again, nationally, approximately one third of the total female workforce was aged 25 years and over in 1983-84; this proportion increased by 15% to 48.33% in 2003-04.

Mature age is harder to define, however the Australian Bureau of Statistics in an article on the subject of mature age employment, indicated that approximately 47% of women 45-64 years of age, nationally, were participating in the labour force in 2003-04 compared with approximately 30% in 1983-84 and in 2003-04 their rates were approximately 70% for both cohorts.<sup>3, 4</sup> This confirms that people are more likely to enter/return to this industry workforce from the 35-44 year age cohort than the younger cohorts. Further research studies would be necessary to examine where new entrants come from,<sup>5</sup> plus the impact of life cycle stage on participation of women in the workforce and absences from the workforce.

### **Mature age participation rates**

Labour force participation amongst mature age people has increased over the last ten years, mostly due to the increase in mature age female participation.<sup>6</sup> However, Australia's participation rate at 48.6 per cent is lower than in comparable countries such as New Zealand (62.9 per cent), the United Kingdom (54 per cent) and the United States (60.2 per cent).<sup>7</sup> This suggests that there is potential to increase mature age worker participation in Australia, particularly in the health industry to help overcome skill shortages.

The HRSC report points out that the majority of women under 60 would prefer to be working, with signs that baby boomers plan to continue working at least part-time after

<sup>2</sup> Community Services and Health Industry Skills Council report, May 2005, pp. 38

<sup>3</sup> Australian Bureau of Statistics, Australia Now, Year Book Australia, Labour Article - Mature age workers <http://www.abs.gov.au/ausstats/abs@.nsf/0/d4cd96e96875500dca256f7200833041?OpenDocument> (table 6.32)

<sup>4</sup> It is interesting to note that there were similar increases in participation rates in women in the 24-34 and 35-44 age cohorts in 2003-04 and in 1983-84, there was an increase of approximately 5% in the 35-44 age cohort compared with the 24-34 cohort.

<sup>5</sup> Are they changing jobs, or are they people re-entering the workforce after a period of absence?

<sup>6</sup> Op.cit. HRSC (quoting Department of Employment and Workplace Relations, Submission No. 72, p. 4)

<sup>7</sup> Ibid (quoting Mr Scott Matheson, Acting Group Manager, Employment Analysis and Evaluation Group, Department of Employment and Workplace Relations, Transcript of Evidence, 17 September 2003, p. 5; Department of Employment and Workplace Relations, Submission No. 72, p. 4)

the age of 65, dependent on their health status, income level, education level and gender.<sup>8</sup>

### **Life stage**

Women's participation in the labour force and the number of hours worked appear to be linked to the age of the youngest child, and with the predicted fall in fertility rates this constraint will ease.<sup>9</sup> Policies such as the provision of paid maternity leave, parental leave and high quality, subsidised childcare across a range of working hours are likely to be increasingly seen as economic imperatives (as opposed to social benefits) if shortages of labour develop.<sup>10</sup> Conversely the Federal Government, concerned about the falling birth rate, offered what became known as 'the baby bonus' prior to the last election to encourage women of child-rearing years to give birth. Policies such as this will have an impact on the participation rates of women in the workforce.

The HRSC report examines other variables that have an impact on the participation rates of women in employment such as their role in caring for elderly parents and other family members. As Associate Professor Austen points out, elder care can last much longer than childcare and can involve more people than childcare.<sup>11</sup> The availability of leave provisions and working time arrangements that accommodate the caring roles that both men and women have in this regard, as well as the availability of high quality elder-care facilities, will be directly important to women's future labour supply.<sup>12</sup>

For many women, the 'empty nest' syndrome when major change occurs due to children starting school, or the placement of a parent who has been in their care, is a time when they may join the workforce. When considering what they can do, they may reflect on the contact they have had with our industry and see it as a possible option and extension of an already familiar role.

### **Hours of work**

We cannot talk about women in the workforce without mentioning hours of work and employment status. Part-time participation is a particular feature of Australian women's involvement in the workforce. According to a recent House of Representatives Standing Committee (HRSC) report, the rate of part-time work for women in Australia for the age group 25-39 years of age is about double that in Canada (quoting Associate Professor Siobhan Austen, Co-Director, Women's Economic Policy Analysis Unit, Curtin Business School, Transcript of Evidence, 6 April 2004, pp. 2, 7).

Professor Austen commented that Australian women have shown a willingness to accept the flexible jobs that are increasingly part of the economy, to enable them to fulfil their roles as carers.<sup>13</sup> The House of Representatives Standing Committee report

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<sup>8</sup> Op.cit. (quoting Professor Helen Bartlett, Director, Australasian Centre on Ageing, University of Queensland, Transcript of Evidence, 6 February 2004, p. 36)

<sup>9</sup> Op.cit. HRSC (citing Associate Professor Siobhan Austen, Co-Director, Women's Economic Policy Analysis Unit, Curtin University of Technology, Submission No. 8, p. 30)

<sup>10</sup> Ibid, pp. 31

<sup>11</sup> Ibid, P. 31

<sup>12</sup> Ibid, pp 31

<sup>13</sup> House of Representatives Standing Committee on Employment, Workplace Relations and Workplace Participation, <http://www.aph.gov.au/house/committee/ewrwp/paidwork/chapter2.htm#mat>

indicates that while there has been a rise in casual employment rates for women nationally, it is not as great (3%) as it is for men (12%). The trend to casualisation for the total workforce appears to be strongest in full-time casual employment that has increased by 9% compared with part-time casual employment that has decreased by almost 8%.<sup>14</sup> Therefore, it would appear that the rise in participation of women in this workforce is more likely to be in a job where they have tenure, or as pointed out by the House of Representatives Standing Committee research, on a full-time casual basis.<sup>15</sup>

For those working on a casual basis, the lack of tenure creates challenges, but also opportunities, particularly when trying to negotiate re-entry to the workforce following an absence. However, it can affect retention as we have defined it,<sup>16</sup> as it is easier for both the employee and the employer to end the arrangement. It may partly explain the tendency in the health industry for higher part-time participation rates of women as a way of re-entry to the workforce.

## Young people

Traditionally, apart from a few occupations such as childcare and dental assisting, it has been hard to attract young people into the industry. Part of this 'failure' has been the reticence of employers unsure of the capabilities of young people to cope with the work demands, particularly when involving direct care of clients. Since the inception of Vocational Education Training in schools programs allowing participation by secondary school students there has been both a shift in industry perceptions, and to some extent, interest among young people of this industry as one providing rewarding employment opportunities.

However, a major disincentive in a rapidly changing employment market with increasing opportunities for young people, is the level of remuneration offered to workers in the industry compared with other industries. The opportunities to pursue various career pathways offered via training packages has further stimulated interest in this industry from some young people and mature-age entrants, changing careers.

## Comparison of the CS&H industry with other industries

A range of industry and service sectors recognise the need to improve the participation rate of young people, older workers, women and people with disabilities within Australian workplaces in order to address the workplace skills shortages already evident and that will increase into the future. The health and community services workforce sector is no exception and strategies need to be adopted in a timely way to ensure the provision of an adequate workforce capable of delivering high quality health and community services.

Although this report specifically focuses on the retention and re-entry of women in the health and community services sector these issues are explored in relation to other industries and some consideration is given to recruitment.

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<sup>14</sup> Ibid, refer Table 2.1

<sup>15</sup> Full-time casual employment is likely to comprise two or more part-time jobs working for more than one employer. Recent legislative change has awarded casual workers eligibility for pro-rata maternity leave after a specified period of employment and based on the number of hours regularly worked per week.

<sup>16</sup> Retention is defined as continuous employment in the same job and/or with the same employer (See Executive Summary)

## 6 Analytic framework

We have used the following analytic framework: drivers, triggers and enablers,<sup>17</sup> to examine the findings. The framework is intended to provide new insight to the issues of retention, re-entry and to a lesser extent, recruitment.

### Drivers – common to both retention and re-entry

Since the end of the Second World War there have been a number of widespread social, economic and personal forces at work which have fundamentally changed the role of women in the workforce. They are relatively constant and operate regardless of the personal circumstances of individual women or employers and we have defined these as the dominant drivers for women's participation in the workforce:

- Economic
- Education
- Identity
- Meaning and purpose
- Social expectation

### Triggers to lack of retention

Notwithstanding these drivers, women do have more forced breaks from the workforce triggered by the following factors. A break may be forced, planned or opportunistic, and it may be sudden or gradual. The withdrawal may be permanent resulting in leaving the employer, or a break while maintaining a link to the employer whether by taking a maternity leave entitlement, or leave without pay, or annual leave, or long service leave, or a temporary withdrawal from a casual pool, to give just a few examples.

Various events may trigger an individual's decision to withdraw from the workforce for a period of time. The decision to leave a particular position, or the workforce, may be influenced by a number of factors:

- Life stage
- Personal issues
- Career considerations
- Economic independence

### Triggers to re-entry

Re-entry is defined as a woman returning to work after a lengthy absence. Having made the decision to withdraw from the workforce, it is not always sufficient for the issues to be resolved as there is a certain inertia that must be overcome before any action occurs to re-enter the workforce. While the trigger titles are similar to those for lack of retention, the actual triggers to women re-entering the workforce are different as they act like a catalyst to pushing women back into the workforce and we have called these trigger events:

- Life stage event
- Career event
- Life event
- Economic event

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<sup>17</sup> CS&H ITB, *Final Report of the Barriers to and Opportunities for Training Delivery to Small Business Project*, OTTE, 2003, Victoria, pp. 17-22

## **Enablers of retention and re-entry**

An enabler is defined as a strategy designed to retain women in the workforce, many enabler strategies will also positively impact on them staying with a particular employer. Having made the decision to return to the workforce, or seeking to resist the pressure to withdraw from the workforce, there are various personal, structural and management initiatives which can act as 'enablers' to retention and re-entry. The enablers are basically the same for retention and re-entry.

- Training and development opportunities
- Work arrangements and employment conditions
- Economic conditions
- Personal networks
- Legislative provisions

The impact of the analytic framework on the findings is explored in the following sections.

## 7 Women in the workforce: factors pertaining to retention

Drivers are the factors that determine decisions to do with the participation of women in the workforce and are hard to change.

### Drivers of women's participation in the workforce

We have defined the 'drivers' as the forces with an impact on retention and re-entry in the Community Services and Health industry workforce, as well as other industry workforces, that tend to be more constant and harder to change. We have identified six drivers:

- economic
- education
- identity
- meaning and purpose
- social expectation.

Each of these drivers as they apply to women in the workforce will be expanded on below.

#### Economic

Economic drivers have been reinforced by government policy regulating access to pensions, benefits and superannuation, as well as increased access to childcare. In addition, women are seeking greater economic independence.

The level of household income and expenditure plays an important part in decision making about women's participation in the workforce and foremost amongst their considerations is whether their income is adequate to meet their needs. The prevailing economic structure strongly favours dual income families, although many more women are living independently in single and are more likely to be in the workforce. Many low income households today are dependent on a dual income to meet the rising cost of housing stock and the rising costs of living.

Despite the community services and health industry having notoriously low rates of pay, other factors come into the decision for women to work in this industry<sup>18</sup> including the possibility of obtaining work that the individual is not trained for. Many women commence in the industry in a traineeship, accepting the even lower rates of pay while they get trained on the job

Therefore, economic factors are strong forces encouraging women to remain in the workforce, or to re-enter it.

An increasing number of women live in single parent households with dependent children for whom they are financially responsible. Some women will be prepared to live on a Supporting Parent's Benefit, with or without supplementary payment from an ex-partner/spouse if they consider it to provide an adequate household income. However, many women will choose to work full or part-time for economic and/or other reasons.

- Alternatively, people may choose not to work if they gain access to independent forms of income. They may do this through a range of avenues:

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<sup>18</sup> See the section following later that discusses meaning and purpose.

- reaching retirement age and being eligible to access superannuation
- becoming eligible for a benefit such as the Supporting Parent's benefit
- becoming eligible for a pension such as the Old Age Pension, Disability Pension

Or they may be fortunate enough to come into an inheritance or win a lottery.

### **Education**

Access to training is via various avenues whether this is through language and literacy training at a neighbourhood house, or a Commonwealth traineeship for the existing workforce, or tertiary studies, or higher education. Women who have participated in education and gained qualifications have made a significant investment towards gaining a vocational outcome.

Furthermore, women have equal access to educational opportunities and participate in higher education post graduate studies at an equal rate to men.

### **Identity**

Women are more likely to build a personal identity that has work outside the home as a central focus. We spend many hours at work and for the majority of people in the workforce, substantially, this defines who they are. Just think about when meeting new people, one of the first questions asked is: "What do you do?" and we filter the response to tell us something about the person. Many people who work in this industry, say they feel proud of what they do, making a difference in someone's life by helping them to manage. Identity is closely linked to meaning and purpose.

### **Meaning and purpose**

The good will of the workforce epitomises this industry, as does the high commitment of workers. Women in the community services and health industry enter it not for cash rewards but because the work is meaningful and fulfils their ambition of wanting to 'help' people.

Increasingly, there is a trend towards both males and females seeking work with meaning and purpose and that is not all consuming.

### **Social expectation**

There is a common expectation in these times that women will be in the workforce whether they live in couple households, or couple households with dependent children. In fact, it can be a necessity in order to generate the income required to meet the needs for household expenditure.

### **Discussion**

These drivers interplay with another; for instance, education applies to the need to make timely use of the knowledge and skills gained through learning by putting them into action before they are considered outmoded is reinforced by the social expectation that women, whether married, de-facto or single, will be in the workforce. The life stage trigger of having dependent children will be mediated by economic drivers associated with the strength of the need for two incomes to get ahead, purchase a house and meet the increased cost of living expenses associated with supporting children. The access to alternative sources of income such as Superannuation, or high-yielding investments, or a lottery win or an inheritance, or Centrelink benefits and pensions may not be as strong as the personal identity derived from satisfying work, contact with work colleagues and the belief the woman has that she is making a difference.

## 8 Women in the Workforce: Triggers affecting retention in the workforce

### Triggers

Triggers are the things that impact on our capacity to work and on our lives and they may either weaken or in some cases, strengthen drivers. We have identified four triggers that have an impact on retention: life stage, career crisis, life crisis and economic independence:

#### **Life stage**

Women are most likely to leave the workforce during their child-bearing years while they have dependent children. Some will return at the end of their maternity leave entitlement dependent on certain factors that will be described in the section on enablers. Mature-age women are more likely to leave the workforce if they suddenly become responsible for the care of an elderly parent or an ill spouse. The absence this entails may be lengthy. The other reason mature-age women may leave the workforce is having reached 55 years of age they are able to access their superannuation.

#### **Career considerations**

Many of the occupations in this industry have limited career path opportunities and hence women may leave the workforce due to a lack of advancement. Partners who are offered advancement by transferring interstate or overseas may have an impact on their female partners in this workforce requiring them to relocate. The other compelling reason for women to leave is how management deals with a critical incident. If a woman feels blamed, unsupported, and unappreciated she is likely to look for other employment. Project-based and short-term contracts are not uncommon in this and other industries, but they do not provide ongoing job security as employees are made redundant at the end of the project or contract. Therefore, women with an alternative career opportunity and who can obtain a secure job, better conditions or remuneration, are more likely to leave an employer who is not offering this level of security.

#### **Life crisis**

Life crises are brought on by personal issues such as a mental breakdown, debilitating health issue, or onset of a disability through injury or chronic degeneration necessitating an employment absence for a period while receiving treatment, or permanent resignation from the workforce.

#### **Economic independence**

Economic independence can be won through having qualifications in skills that are in high demand where there is short supply, in other words, the worker is in a seller's market. The other ways in which economic independence is achieved is through dependent children becoming independent and therefore, less household income is required. Or through access to an independent income such as superannuation, investments, a lottery win or an inheritance.

More women are economically independent and living in single person households on single incomes, or as a single person with dependent children.

#### **Discussion**

Triggers may have a positive or negative influence either weakening or strengthening the force of the drivers. For instance, the drive to work is weakened by life stage influences: dependent children, dependent elders or being over 55 years of age. Similarly, a career crisis such as lack of opportunity for advancement, particularly

when linked with a strong attachment to work identity can influence a woman to change jobs, change career, or obtain further qualifications in order to improve her situation thus strengthening relevant drivers: educational, economic, identity, meaning and purpose. Adversely, lack of opportunity and the level of remuneration may weaken these drivers but strengthen the access to alternative sources of income driver when Social Security benefits are seen as a viable and equivalent alternative and are accessible to the woman.

## Issues identified in the literature

This section presents a broad picture of retention of women in the workforce based on the findings from the literature. The section concludes with some case studies and examples of how these issues have been addressed in industries both here and overseas.

### Gender role factors

Structural changes in family behaviour patterns, life stage and legislative reforms appear to be the key change factors that impact on retention in the industry workforce. Feminist action has achieved greater support from male partners and increased awareness on the part of males, both having led to higher participation by women in the workforce. The main factors are:

- social expectation that women will participate in the workforce (driver)
- the domestic economic structure strongly favours dual-income families (driver)
- lawyers pushing for legal reform to prevent gender discrimination and promote equal opportunity (driver)
- working women are leaving it later to have children and staying out of the workforce for shorter periods (trigger)
- women wanting greater economic independence (trigger)
- more women are living independently, with or without dependent children, than has been the case in the past (trigger)
- men are participating more in home, child care and family life (enabler).

The following changes to women in the workforce were identified by Barnett<sup>19</sup> in the USA, but are just as relevant to Australia as 'drivers' of retention:

- more women than men now receive bachelors and masters degrees, and the number of women completing doctorate programs is approaching the same number as men (driver)
- 40% of wives in dual earning couples receive equal or greater salaries than their husbands do (driver)
- single mothers function as the financial mainstay in the family (Note that children may be affected if outdated practises concerning women in the workforce are perpetuated) (driver)
- women's child-bearing and child rearing years are confined to a smaller proportion of their life, and women have more activities outside of the home (trigger)
- most men and women have embraced women's expanded roles (enabler).

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<sup>19</sup> Barnett, Rosalind, 2004, "Preface: Women and Work: Where are we, where did we come from, and where are we going?" *Journal of Social Issues*, 60: 667-674

Rudrappa<sup>20</sup> identifies the top barriers to advancement as:

- women's obligation to family
- negative perception of commitment to family
- perceptions of women's capabilities
- stereotyping of women
- perception of unwillingness to relocate

Note the predominance of gender perception reasons and the opportunity for intervention (triggers):

- the top reasons for leaving the workforce, from highest to lowest percentage of respondents, are:
  - personal/family obligations
  - excessive work hours
  - personal choice to stay home as wife/mother
  - inadequate salary compensation
  - forced choice to stay at home as wife/mother

Note the predominance of life stage reasons for leaving (triggers):

- women's perceptions are:
  - that they do not have the same opportunities as male co-workers
  - it would take at least six years to be better positioned in the company
  - the work culture reflected corporate headquarters, not the local culture
  - that they receive support from men and women
  - that it was important for them to have a career
- men who accept global assignments usually have company support to relocate 'the family,' however, many companies are not equipped to perform the same for women employees (driver)
- most women do not use use networks, even if their company sponsors a women's network.

Rudrappa concludes that as more women enter the workforce it is crucial that work cultures change to accommodate their needs, reflecting a different way of doing business, with all individuals valued for what they bring to an organisation.<sup>21</sup>

### **Attitudes to women in the workforce**

Despite the above changes, Barnett argues that women in the workforce today still face remnants of the belief that women are suited for the home and men for the workplace.<sup>22</sup> However, she argues that the view that the sexes are so vastly different in terms of needs (e.g. nurturing and achievement), values and abilities is flawed. Despite their flaws, these myths have become internalised and shape the expectations and behaviour of the genders. Women may feel guilty about anything that appears to contravene the notion that their families are the priority (e.g. working late, career advancement).

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<sup>20</sup> Rudrappa, Sharmila, 2005, "Women in a Global Workforce" in [http://www.dell.com/downloads/global/corporate/press/20050419\\_ut\\_whitepaper.pdf](http://www.dell.com/downloads/global/corporate/press/20050419_ut_whitepaper.pdf): The University of Texas at Austin, USA

<sup>21</sup> Ibid.

<sup>22</sup> Barnett, Rosalind. 2004. "Preface: Women and Work: Where are we, where did we come from, and where are we going?" *Journal of Social Issues* 60:667-674

Men may avoid taking time-off because it could be interpreted as a lack of commitment to the employer and an infringement of the breadwinner role. Alternatively, belief systems about work and what constitutes a reasonable day's work can be rigidly adhered to: start at nine, finish at five and those who hold such beliefs are less likely to be tolerant of flexible working arrangements. Recent trends, according to Barnett<sup>23</sup>, indicate that there are signs that these deep-seated beliefs are being eroded.

Notwithstanding the attitudinal and social changes, Barnett suggests that women still face obstacles in the workforce because a new gender myth has evolved:

- having demonstrated that they have the ability and motivation to achieve in work, there is a belief that women have lower status jobs because they choose them
- women who have attained high status do not want power and drop out.

It is Barnett's perspective that, "As long as these myths continue to thrive and be re-invented, women will be penalised in the workplace and men will be penalised in the home". The way forward, she suggests, is to realise that both men and women have nurturing and achieving capabilities and ambitions. Further, that a greater appreciation of this realisation will cause traditional barriers to women in the workforce to fall.

### **Social change**

Changing trends pertaining to women in the workforce may be explained by post-war developments in the western world. In more recent times, social change has been occurring at a rapid rate. For instance, it is no longer possible to predict that it will always be women who get custody of children following a marital breakdown. Whether a woman is the sole parent may influence her capacity to return to work dependent on her attitudes and access to childcare. It is not always as possible these days to rely on grandparents to provide or supplement commercial childcare. Present day retirees tend to be better off compared to their parents and many retirees are not prepared to spend their days providing childcare to their grandchildren. They are more likely to be travelling: north in the winter, or round Australia, or overseas.

### **Gender inequality**

Rudrappa argues that to get to the heart of gender inequality it is necessary to understand what compels women to work and the reasons why they leave the workforce.<sup>24</sup> To this end, she reports on the findings of a study aligned to recruitment, retention and re-entry of women managers in multinational companies from around the world.<sup>25</sup>

These are:

- life stages, such as children and aging parents, were prime reasons for women leaving the workforce. Respondents conveyed that this was a key obstacle to their retention in the workforce (trigger)
- the top reasons, from highest to lowest percentage of respondents, why women accepted a position they were recruited for are the following drivers:
  - good compensation and packages
  - strong company market position
  - challenging work

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<sup>23</sup> Ibid.

<sup>24</sup> Op.cit.

<sup>25</sup> The findings of the study were presented in a Global Summit on Women in the Workforce, March 8 & 9, 2005

- opportunities for advancement
- identification with company values
- the top reasons, all of them enablers, from highest to lowest percentage of respondents, pertaining to retention factors for women are:
  - supportive managers
  - supportive networks outside the workplace to assist with home obligations
  - flexible working hours, part-time, job-share or the ability to work from home
  - commitment to diversity and culture
  - challenging assignments
- supportive managers were more crucial than mentors because they could arrange flexible hours, part-time or job share options (enabler)
- also, factors such as appreciation, dedication, commitment and inequity have a bearing on retention (enabler).

### **Management practices**

Other retention factors Rudrappa<sup>26</sup> identified included access to influential decision makers, clearly defined requirements for advancement, clearly defined career paths, skills training, performance reviews and feedback, job rotation. Note that these are all functions within the portfolio of supportive managers and human resource managers that act as enablers to retention. In Australia, maternity leave and the legislative precedent set by giving casual and part-time staff access to it must support retention in the long-term with people re-turning to the same employer at the end of their maternity leave.

As already noted, a recurring theme in the literature to do with retention of women in the workforce is the need for managers to be supportive. Contemporary HR practices, particularly in corporate cultures, focus on key performance indicators. This can give rise to stressful working conditions, particularly when the KPIs are linked to productivity at the expense of quality considerations. For women, the pressure can be doubled when they have dead lines to meet in the home such as getting a meal on the table; or clean, freshly ironed clothes ready for family members; or providing care to a frail parent and so on. HR practices need to take into account the pressures on individual employees, providing flexibility in working conditions for all employees, but moreso if organisations want to retain women in their workforce.

Similarly, corporate cultures that are task-orientated, or promote an air of impersonal managers and executives are at risk of high turnover. The majority of organisations, particularly in the private sector, are dominated by men. Managers need to understand the costs to the organisation of high turnover and the benefits to the organisation of retention. HR departments need to undertake research to determine the dollar costs of high turnover and the dollar savings of retention, in order to provide this information to managers. HR training needs to teach managers about the importance of retaining female employees and strategies to increase retention of women in the workforce.

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<sup>26</sup> Op.cit.

In contrast to the common corporate culture dominated by outcome-focused males, 'The Body Shop International', a highly successful private sector corporation, is staffed by an unusually high proportion of women and has been found to offer an alternative to traditional bureaucratic impersonality.

### **Networking**

Networking is an important aspect to retention and one that is not always taken into consideration. Networking can provide support and is useful to women for career development as it allows learning from others. Some organisations purposively establish networks for female employees to encourage peer support mechanisms such as mentors, and/or buddies for new-comers. Role modelling is another effective use of networks that may contribute to retention of women in the workforce who may stay working with a particular employer because of their esteem for a senior work colleague.

The literature identifies that women use collegial networks differently to men. Zucher identifies three forms of trust: character-based, process-based and institution-based.<sup>27</sup> Males are more likely to rely on formal or institution-based trust, e.g. a qualification issued by a university, than a shared background. Whereas women are more likely to rely on process-based reasons as in character-based reasons, or positive past experience.

Management Theory explores the different ways that male and female nascent entrepreneurs use strong ties: men's strong ties tend to be with other men whereas women use both men and women. Both males and females use networks for information just as aggressively. In the future, when more women are CEOs, lawyers, accountants, engineering specialists, etc, they will be used as sources of information for nascent entrepreneurs.<sup>28</sup>

There is a need to educate managers about HR policies and procedures pertaining to networks and their beneficial effects with the purpose of encouraging managers to build networking strategies into their management practices.

### **Mature-age workers**

Gordon and Whelan consider how organisations could specifically respond to the recruitment or retention of professional women in mid-life, noting that these women bring with them maturity, significant professional experience and a desire for new challenges. The authors also note that the unrecognised differences between midlife women, early career women and midlife men is a key reason for a lack of organisational resources to facilitate an effective midcareer transition for women.<sup>29</sup>

There are many reasons for differences between midlife males and females and early career women and they pertain to the individual as much as the nuclear family. For instance, women are tending to marry later and the median age of having a first child has risen steadily in Australia over the ten year period 1987-97, from under 28 in 1987 to over 29 in 1997. According to the 1996 Census, the age profile of women with dependents living in couple families peaks between the 35-39 and 45-49 age range

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<sup>27</sup> Curran, Sarah R. and Abigail C. Saguy, 1998, Paper presented to the Cultural and Inequality Workshop, Princeton University, [www.bridgew.edu/soas/jiws/June01/Curran.pdf](http://www.bridgew.edu/soas/jiws/June01/Curran.pdf) citing Zucher

<sup>28</sup> From Management Theory, Note 1, [www.abdoh.net/note%201.htm](http://www.abdoh.net/note%201.htm)

<sup>29</sup> Gordon, Judith, and Whelan, Karen. 1998. "Successful professional women in midlife: How organisations can more effectively understand and respond to the challenges." *The Academy of Management Executive* 12:8-29

(18%) after which it begins to fall.<sup>30</sup> Concomitantly, the age at which women divorce has risen. Health reasons account for differences in midlife. For instance, men are more likely to suicide than women; more men die by suicide than in car accidents and the rate of suicide of men aged 25-44 has risen.<sup>31</sup>

### **Why women leave the workforce?**

The Centre for Work-Life Policy (New York) has recently released a research report, *The Hidden Brain Drain: Off Ramps and On-Ramps in Women's Careers*, which is arguably the first comprehensive study of why women leave the work force.<sup>32</sup> A summary of the findings of the research is found in Harvard Business Review.<sup>33</sup> The research data plots women's career paths and suggests actions that organisations can take to ensure the talents of women are retained in organisations.

A common phenomena was found to be 'off-ramping' – the situation where women voluntarily leave their career for a period of time – that is usually triggered by family responsibilities. Women lose an average of 18% of their earning power when they 'off-ramp' for about 2 years.

One particularly important finding of the survey was that only 5% of women were interested in returning to the company they had left. The implication, according to the authors, is that at the moment they left their careers women 'felt ill-used – or at least under-utilised and unappreciated – by their employers'. In their view, there is a need for employers to take time to explore the reasons for 'off-ramping', consider other options besides total severance and make efforts to 'leave the door open.'

The report suggested that the vast majority of 'off-rampers' want to return to work but many find that this is more difficult than anticipated. To return to the workforce they need help from their employers through sponsored initiatives (i.e. 'on-ramps') including:

- retraining and retooling
- dealing with time constraints
- reduced job hours
- reduced workloads
- flexibility in the entire career
- removing the stigma of flexible work arrangements.

### **Summary of findings**

It is clear from this broad literature review that issues pertaining to women in the workforce contain recurring themes, including: women in changing 'home roles' demographics, flexibility of work hours, manager and management approaches, organisation culture and values, recognition and reward, access to challenging / rewarding work and life stage factors.

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<sup>30</sup> Women in the ACT: A social and demographic profile, 1999 Australian Capital Territory Government pp. 42  
[www.women.act.gov.au/documents/womenintheactsocialanddemographicprofile](http://www.women.act.gov.au/documents/womenintheactsocialanddemographicprofile)

<sup>31</sup> Suicide in Australia, a dying shame, *LifeForce*, Suicide Prevention Week (6 - 10 November 2000) Wesley Mission

<sup>32</sup> Hewlett, Sylvia, Luce, Carolyn, Shiller, Peggy, and Southwell, Sandra. 2005. "The hidden brain drain: off-ramps and on-ramps in women's careers." New York: Centre for Work-Life Policy, NY, USA (The report is available for purchase from [www.worklifepolicy.com](http://www.worklifepolicy.com))

<sup>33</sup> Ibid.

## Successful approaches to retention

There have been some successful approaches to encouraging women to practise long-term in the workforce. This section moves from the more theoretical view of women in the workforce, considered in the previous section, to presenting practical approaches adopted by a selection of professional sectors in their attempts to recruit and retain women in the workforce. The intention is to convey some of the practicalities involved to assist women to practise long-term in the workforce.

### **Doing business differently: The Body Shop**

Martin, Knopoff and Beckman analysed qualitative data from The Body Shop, in comparison with large organisations questioning whether the impersonality norm in many of the latter had to be a defining characteristic.<sup>34</sup> In effect, the authors considered the viability a management approach could bring that encouraged community building and personal well-being ('bounded emotionality and emotional labour'), and explored the difficulties and dangers of implementation in the coordination of employees' behaviour. According to the researchers, The Body Shop represents a positive innovative mixture of ideal traits in organisations – it de-emphasised impersonality; encouraged the open expression of emotion; acknowledged inseparability of private and work concerns, and retained some important traditional means of control (e.g. marketing).

Martin, Knopoff and Beckman found a number of obstacles to maintaining the innovative traits in the company including:

- the organisation's increasing size
- during organisational growth, the difficulty in recruiting and retaining a homogeneous group of employees
- lack of commitment to The Body Shop's management / organisational ethos from job applicants from traditional organisation structures
- most new applicants were men making it difficult to maintain the organisation's commitment to women in management
- the workforce originally recruited to the The Body Shop was ageing and entering life stages likely to cause employees to leave (e.g. children, aging parents)
- the ageing workforce did not align well with the organisation's long working hours and high performance expectations
- a highly competitive marketplace.

Despite the obstacles, the authors report that The Body Shop company retained two distinguishing features that helped it to maintain an innovative organisational approach. Firstly, they retained a relatively high proportion of women employees; and secondly, a relatively strong ideological commitment to doing business differently. The authors emphasise, however, that positive and negative effects of changes, from the viewpoints of both men and women, must be assessed before there is radical change for both sexes.

### **Accounting**

Ernst and Young determined the best retention strategies for their firm by using surveys, the results of which were validated at a Ernst and Young annual women's

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<sup>34</sup> Martin, Joanne, Knopoff, Kathleen, and Beckman, Christine. 1998. "An alternative to bureaucratic impersonality and emotional labour: Bounded emotionality at The Body Shop." *Administrative Science Quarterly* 43: 429-469

partner's meeting.<sup>35</sup> The company's initiatives included the development of a flexible work arrangements databank, external and internal networking, and the inception of an Office for Retention. Since its inception in the mid-1990s the outcome of the approach has seen a reversal of the downward trend of retention of women and the number of women company partners has more than tripled.<sup>36</sup>

### **Banking**

The UK banking and financial sector pioneered initiatives in the recruitment and retention of women in the workforce.<sup>37</sup> The initiatives have included: working from home (teleworking), management development programs regarding balancing their lives, awareness workshops for managers, job-share registers, flexible working conditions, development programs for junior and middle managers, part-time work, career break schemes, job sharing and assistance with child care.

### **Engineers and scientists**

The outcomes of a workshop conducted on behalf of the Canadian oil and gas sector,<sup>38</sup> augmented with information on employment equity research determined a set of best practices for the industry to retain and advance the careers of

women scientists and engineers. The key points are:

- commitment from the industry leaders
- management training
- organisational policy and programs
- balancing career and personal life
- career development and training

### **Hospitality**

An accommodation facility in California employing 500 employees went to extraordinary lengths to retain staff when renovation plans led to closing a portion of the complex.<sup>39</sup> The staff were given the opportunity to cross-train in light construction and painting jobs, then iron-works and tiling. The employees rotated between renovation work and hotel duties with a reported high morale and confidence.

### **Police**

Prussel and Lonsway discuss ways to recruit and retain female police officers in the USA in response to a relatively small number of serving women police officers and identified barriers.<sup>40</sup> Such barriers included the stereo-typing of policing (e.g. emphasis on use of force and military-like environment) which is generally not attractive to women, physical ability testing, live-in academy training separating trainees from

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<sup>35</sup> Sunoo, Brenda Paik. 1998. "Initiatives for women boost retention." *Workforce* 77: 97-99

<sup>36</sup> Op. cit. (Hewlett, Luce, Shiller and Southwell)

<sup>37</sup> Engdahl, Lora. 1990. "Part-time professional, full-time commitment." *Executive Financial Woman* 5:18 and Summers, Diane. 1998. "Ways to a working women's heart: management women at work." Pp. 16 in *Financial Times, UK*. London

<sup>38</sup> Emerson, Carolyn, Williams, F. Mary, and Sherk, Susan. 2000. "Best practices for the retention of women engineers and scientists in the oil and gas sector." in *National Conference for the Advancement of Women in Engineering, Science and Technology*. St. John's, NF, Canada

<sup>39</sup> Harris, Joanne. 2004. "Creativity, communication help employee retention." *Hotel & Motel Management* 219:4

<sup>40</sup> Pussel, Deborah, and Lonsway, Kimberley. 2001. "Recruiting women police officers." *Law and Order* 49: 91-96

family for extended periods and issues of discrimination and harrassment. The processes adopted to recruit women police officers include:

- a strategic marketing plan – identifying where to find potential recruits, how to reach them, who does it and cost factors
- updated position descriptions emphasising communication skills, partnership with the community, ability to de-escalate potentially violent situations and mediation skills
- recruiting teams of diverse individuals who are enthusiastic about increasing the number of women and are knowledgeable about the issues they face.

For example, to spread the word, the New York State Police invited local media to ride-along with a female police officer and spend a day at the training academy or attend awards ceremonies for female police officers. It is suggested that the resultant stories change community perceptions of policing and police officers. Career fairs have been conducted by female officers featuring discussion of issues that concern female applicants. The development of 'women-friendly' websites, with separate sections addressing concerns of female applicants, is a constructive way to harness the power of the Internet when women search for career opportunities on-line. The New York State Police introduced on-line applications ( operating 24 hours a day, seven days a week) with the result that 65% of all applications received were from the Internet. By their analysis, over half of the women at the academy (in 2000) were the result of the career fair and web site.

This section has presented a number of examples of sectors that have successful retention strategies in place. The strategies are women friendly and flexible. They present women with real choices. In the following section, the barriers and strategies to retention of women in the community services and health industry are explored.

## 9 Women in the health and community services sector – barriers and strategies to retention

The information concerning women in the Australian health and community services sector appears to be limited and fragmented. However, the following selection of papers and research reports, from Australia and overseas, provides significant cues for developing strategies for recruiting and retaining women in the health and community services sector.

It is important to note that the Australian Federal Government Productivity Commission is conducting a study into the pressures facing the health workforce (Australian Government, 2005)<sup>41</sup>. A draft report is due to be released in October 2005 with the final report anticipated to be available in February 2006. Specifically, the study will consider:

- factors affecting the supply of, and demand for, health professionals
- the current structure and distribution of the health workforce and its efficiency and effectiveness
- the efficacy of health workforce planning and its linkages to health services planning and the education sector
- work-force-related policy measures that would help to ensure efficient and effective delivery of quality health services in an environment of demographic change, technological advances and rising health costs; and
- the particular health workforce needs of people in rural, remote and outer metropolitan areas, and of Indigenous Australians

Workforce participation, including recruitment and retention, form part of the Commission's considerations.<sup>42</sup>

### Childcare worker attrition

A research study into staff attrition in the Victorian childcare workforce arose from industry concerns about the rate of attrition of qualified centre-based child care workers and whether the supply of qualified staff would meet the expected future demand for child care services (*I love my job, but...*, Community Services & Health Industry Training Board Victoria Inc., 1996). The study is of relevance because of the predominance of female child care workers in the industry.

### Reasons for attrition

The report differentiates between attrition and retention, with the former accounting for a permanent loss of a worker to the childcare workforce while turnover applies to a childcare centre losing one of their team members to another centre. Both losses are expensive to the industry employers in terms of advertising for replacements, induction, and the lag time before the employee becomes a fully productive team member. Four key factors were identified as contributors to the attrition of staff:

- general dissatisfaction with the management of the centre and the working conditions

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<sup>41</sup> See [www.pc.gov.au](http://www.pc.gov.au) for the Productivity Commission's current work program.

<sup>42</sup> *Ibid*, p. 53

- the extra effort required over and above their normal paid hours and conditions
- stress as indicated by a lack of preparation time away from children and a heavy administrative load
- low rates of pay and low status relative to the high level of responsibility inherent in the job

The same factors were considered to contribute to the rate of staff turnover.

### **Strategies for addressing attrition and turnover**

The recommendations to address the difficulties found in the child care sector included:

- ensuring that centre management has appropriate human resource management skills
- new staff induction procedures, staff appraisal systems and staff development programs
- recognition of non-contact time
- a proactive approach to informing the public about the work and level of responsibility of qualified staff
- professional association membership as a means of networking and keeping abreast of developments in the child care sector

### **Nurse retention**

#### **The issue**

An initiative at the Mercy Hospital for Women in Melbourne, Victoria has transformed the working environment for nurses, in particular a 'best practice' project was implemented to achieve a reduction in the risk of nurses leaving the hospital and the profession.<sup>43</sup> The project emanated from the results of a survey that found the nursing division was operating in a work environment of blame with a consequent affect on retention of nursing staff.

#### **How it was resolved**

Organisational culture changes were made in line with developing trust in management, improving communication and personally involving staff in the retention efforts. In essence, a bottom-up approach was adopted which allowed staff to be involved in decision making rather than strategies for retention developed and decreed by management. Senior hospital managers worked with nurses to develop the project which first involved team development and strategic planning. The team then developed critical success factors (e.g. reward and recognition, bullying advocate, roster practice, work practices) and implemented them. The outcomes included:

- a reduction in the risk of nurses leaving the profession from 41% in 2001 to 28% in 2002
- a reduction in the risk of nurses leaving the organisation from 40% in 2001 to 28% in 2002
- a reduction in the risk of nurses leaving the profession or the organisation from 52% in 2001 to 38% in 2002.

Three factors were identified as crucial to the successful outcome:

- the management investment in team development

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<sup>43</sup> Collette, Julianne. 2004. "Retention of Nursing Staff - a team-based approach." *Australian Health Review* 28:349-356

- the shared vision that emerged
- the capacity for innovation.

Collette identifies seven areas for improvement in future implementations:

- ensure ongoing coaching of the team members
- ensure systems and structures are in place to allow effective team work
- educate middle managers about their roles as teachers and coaches and as key staff to facilitate the flow of information
- leaders using a bottom-up approach to decision-making in the organisation for future projects
- continue to provide incentives and rewards that encourage teamwork and ongoing professional development
- develop a communication strategy for future projects to ensure information and project learnings are fed back into the organisation
- ensure there is time for the individual to reflect and review the project to facilitate learning.

The change in the organisational culture as a result of the project has also had a flow-on effect to bringing staff back to the workplace, to the point that it is unusual for the Hospital to have nursing vacancies.<sup>44</sup>

### **Occupational therapists**

In a preliminary study, Taylor and Lee investigated occupational therapists' usage of information and communication technology (ICT) and the association of its availability on recruitment and retention of rural therapists.<sup>45</sup>

#### **The issue**

Occupational therapists due to the nature of their work, mostly sole practitioners with some working in rural and remote areas, are often isolated and find it difficult to maintain contact with professional colleagues and keep up with professional knowledge. The issue is exacerbated by rural and remote therapists having less access to a personal computer.

#### **How it was resolved**

Taylor and Lee found that occupational therapists are using ICT in their current work settings, with a particular emphasis of using personal computers for e-mail and access to professional knowledge from the Internet and electronic databases. Rural and remote therapists with access to a personal computer and who used the technology were found to use it as a means of combatting the social and professional isolation inherent in their working environment. Almost 50% of rural respondents reported that ICT access and use impacted on their retention in rural and remote areas. The authors argue that access to ICT is important to occupational therapists regardless of geographical location. Moreover, that it may promote the retention of occupational therapists in rural and remote areas and metropolitan areas where issues of social and professional isolation are being experienced.

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<sup>44</sup> Anonymous. 2005. "Bottom-up' culture keeps nurses happy at work." *Australian Nursing Journal* 12:39

<sup>45</sup> Taylor, Richard, and Lee, Hoe. 2005. "Occupational therapists' perception of usage of information and communication technology (ICT) in Western Australia and the association of availability of ICT on recruitment and retention of therapists working in rural areas." *Australian Occupational Therapy Journal*: 51-56

### **Mental health nurses**

A comprehensive study in relation to the recruitment and retention of mental health nurses was conducted several years ago.<sup>46</sup> The study involved a comprehensive literature review, stakeholder consultations and focus groups. The investigation did not separately examine issues for rural and remote area mental health nursing, however, a number of the focus groups included mental health nurses from such areas. The findings of the literature review, stakeholder consultations and focus groups in terms of barriers to, and potential strategies for, recruitment and retention of mental health nurses, were found to be consistent. Five clear groups of issues were evident: awareness, education, workplace (including working conditions), regulation/accreditation, and re-entry.

#### **Issue**

– *Awareness*

The data refer to the negative public perception and stigma attached to working in the mental health nursing area.

#### **Strategies**

Improving awareness in school leavers; public awareness campaigns and developing a clearly articulated internal and external marketing strategy.

#### **Issue**

– *Education*

The data refer to the need for changes in university courses (some are perceived as outdated), confusing pathways for training, and the lack of professional development opportunities.

#### **Strategies**

Closer collaboration between academics and clinicians; a co-ordinated and integrated partnership approach to nurse education involving education institutions, service providers and policy makers; leadership training and scholarships and work/study programs.

#### **Issue**

– *Working conditions*

The data refer to lack of team work and professional support; lack of consistency in sound management practise; lack of flexibility in rostering; inequitable remuneration; need for family friendly workplaces; low acceptance of new ideas and methods; violence; lack of career paths and confusion of roles in multi-disciplinary teams.

#### **Strategies**

Strategies identified include leadership/management training; improve management with bottom up approach; implement workplace culture change; improve career structures; violence education and management programs; institute family friendly workplaces and improve succession planning.

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<sup>46</sup> Australian Health Workforce Advisory Committee. 2003. "Australian mental health nurse supply, recruitment and retention."

**Issue**

– *Registration/accreditation*

The data refers to the lack of consistency in nomenclature in describing nursing levels and lack of recognition of specialty areas.

**Strategies**

Implementing standard nomenclature; implementing a national registration system; recognising all specialties and introducing credentialling.

**Issue**

– *Re-entry*

After an absence from the workforce and depending on its length, a nurse may be required to prove her current competency for registration purposes. This can vary from supervised practice to being required to undertake a refresher course or a more lengthy program at the nurses' expense.

**Strategies**

Incentives such as flexible rostering; easy and affordable access to re-entry/refresher courses; programs to keep nurses on extended leave in touch with the workplace; free re-entry programs and formalised re-entry programs in order to meet re-registration requirements.

## 10 Factors affecting re-entry of women into the workforce

While the drivers remain the same as those identified in the section on retention, we have identified some different triggers and enablers. The community services and health industry faces serious skill shortages in the future unless it is able to attract people back to the workforce who have left it, or can entice women from other industries to change careers and join this industry.

### Triggers

Triggers are the things that impact on our capacity to work and on our lives and they may either weaken or in some cases, strengthen drivers. We have identified four triggers that have an impact on re-entry: life stage event, career event, personal event and/or economic event:

#### Life stage event

Women are most likely to re-enter the workforce when their youngest child begins school, or in some cases kindergarten. Mature-age women are more likely to re-enter the workforce if they have successfully placed their dependent parent in supported accommodation, or a nursing home.

Some people go through a mid-life crisis when they question what they have done, or why they are doing it. In terms of Erikson's stages of man, it is the seventh stage of generativity or stagnation.<sup>47</sup> A change in direction can result to give one's life more meaning. Mature-age workers can bring positive mentoring skills to the workplace and support younger co-workers, or in the case of children's services, provide guidance to the children in their care.

#### Career event

Re-entry of women to the workforce may be effected by the desire to maintain currency of competency and/or registration. The requirements of various registration boards for members to retain registration in order to practice may be a pressing reason for re-entering the workforce in order to avoid having to undergo the relevant board's requirements if registration expires, or it is perceived the absence from the workforce will have effected competency.

People may re-enter the workforce if they receive an appealing job offer. Friends who work in, or personal contact with community and health service workers through being a service recipient, may lead some women to consider a career in this industry. Particularly, if they perceive that they may have the relevant skills to work in this workforce.

#### Personal event

Women seeking a challenge may be attracted to a new opportunity and change careers. The relocation of a partner may precipitate a woman re-entering the workforce in order to compensate for lack of her familiar social networks and as a way of building new networks in a different location. Marital breakdown, or the death of a partner may

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<sup>47</sup> Dr. C. George Boeree, Erik Erikson, 1997, <http://www.ship.edu/~cgboeree/erikson.html>

be the catalyst to a woman re-entering the workforce. Similarly, if a woman has had a period of ill health and her health has improved she may consider it is time to get back to work.

### **Economic event**

Re-entry to the workforce can be seen as a way of managing a reduction in family income, such as a benefits being cut, or a partner being made redundant or debilitated and unable to work. In recent times, there have been many stories of women whose partners are on the land and the farm has been affected by drought, re-entering the workforce to keep the family afloat.

Alternatively, increase in family expenditure such as the costs of a teenager, a rise in mortgage interest rates, meeting the shortfall of payments for a parent in supported accommodation/nursing home, can all force a woman back into the workforce.

For some women, the decision to re-enter the workforce will be based on the desire to maximise their earning potential while they are able.

## **Enablers**

Finally, enablers are those things that make it easier to re-enter the workforce. We have revisited the enablers that applied to retention, because in some instances they require modification to be applicable to re-entry. As stated earlier, enablers make something possible or speed up the process, although in one instance described below, it may act as a barrier.

### **Training opportunities**

Access to on-the-job training through New Apprenticeships may be a compelling inducement to re-entry for women who are eligible, as is the opportunity to have existing competency gained through the recognition of life experience and/or previous training, when equivalence of the qualification to that in the relevant training package cannot be proved.

Training opportunities such as being introduced to learning through a neighbourhood house (language and literacy course, or other accredited or short course) are frequent pathways for women who have been out of the workforce for extended periods, into this industry. Career advice may be an influence on a woman's decision whether this is received through informal channels such as friends, or the internet, or formally from CentreLink or a training provider.

### **Work arrangements**

Flexibility, particularly the ability to scale work hours up or down, meaningful work, and proximity to home can be effective enablers. One of the attractive aspects to women of working in this industry, apart from any intrinsic value the woman attaches to the type of work, is the amount of casual and part-time work available that can fit around her other commitments.

Portable Superannuation and entitlements are important to women who may be considering changing career and entering this industry.

### **Economic conditions**

While the level of wages awarded in the community services and health industry are unattractive, there are other considerations that may make it attractive. Part of the equation that women will take into consideration is whether the amount of remuneration is adequate to their needs.

### **Personal networks**

Access to quality childcare, or elder-care, a supportive family who share responsibilities in the home; or lack of access to a social network can all be enablers to re-entry.

Access to the Internet is probably important too, providing the ability to maintain networks, receiving professional development information and job opportunities, apart from maintaining social networks with work colleagues.

### **Legislative provisions**

In addition to legislative provisions acting as enablers (anti-discrimination, etc.) to re-entry, in the health industry many occupations are subject to registration boards that control the circumstances of re-entry after a prolonged absence.<sup>48</sup> Proof of the retention of professional competency in order to meet registration affects women seeking to re-enter several professional occupations in the workforce: medicine, nursing and pharmacy. Pending lapses of registration or competency with all that that implies, may precipitate a woman's re-entry in order to avoid having to undertake refresher courses or further examination and the associated costs.

### **Registration requirements**

Irrespective of the need for some occupations to be registered in order to practice to ensure competency and quality, registration requirements may act as a disincentive to women considering re-entering the workforce. Registration requirements are most likely to impact on occupations that are governed by a licensing body, or registration board such as those for medical practitioners, nurses, pharmacists and psychologists in the community services and health industry. These professional organisations establish standards governing those seeking registration, restoration and/or renewal of registration.<sup>49</sup>

In a climate of scarce nursing resources, it may be possible that more employers will meet the costs as well as provide some remuneration, but this claim has not been substantiated.

In relation to the medical profession, in some instances an informal process of performance appraisal or a formal process of performance review may be conducted by two or more persons and conditions, limitations or restrictions imposed on re-entry. Often, those conducting the performance review will be older males some of whom may hold strong opinions about women in the profession. Young women may find this appraisal daunting as to be a disincentive to re-entry.

Ways of assessing the maintenance of clinical and performance competence have been debated by the medical profession for some time.<sup>50, 51, 52, 53</sup>

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<sup>48</sup> Victorian Government Department of Human Services, Policy and Strategic Projects Division, October 2003, *Regulation of the Health Professions in Victoria: A discussion paper*, Melbourne, Victoria

<sup>49</sup> For instance, from the point of view of the Nurses Board of Victoria, a nurse who can prove he/she has had sufficient nursing experience in the preceding five years can practise as a nurse. However, a Division 1 nurse who is out of the workforce for 5-10 years, may only re-enter through a period of 240 hours of supervised practise; a Division 1 nurse who is absent from the workforce for over 10 years must undertake re-entry of 300 clinical and 100 theory hours. This is most frequently unpaid work with the individual seeking to return to work being responsible for meeting the costs of these programs and this may be a disincentive to some women.

<sup>50</sup> In some health care systems the requirement to be able to demonstrate competence ongoingly is leading to compulsory reaccreditation on a periodic basis, particularly for what are called high-risk skills. High-risk skills are required in situations which present infrequently to the general practitioner when there is a major risk for the patient for example dealing with cardiopulmonary resuscitation, a patient with convulsions or an aggressive/dangerous patient. There is a proposal to issue nationally consistent guidelines for registrants on clinical practice demonstration and other expectations that if passed could specify expectations regarding re-entry.

What does all this mean for the re-entry of women medicos who have been absent from the workforce for some time? Unless they have kept up their professional development and clinical practice skills, they may be required to undergo an informal performance review or a formal performance appraisal.

### **Mandatory and minimum qualifications**

While there are many occupations not effected by registration requirements, increasingly there are stipulated requirements either in legislation as with qualified childcare workers, or in policy as with disability workers. For women wanting to re-enter the workforce, dependent on the length of absence, the currency of the qualification may impose its own limitations.

From time to time, the CS&H ITB receives phone calls from women keen on re-entering the workforce who are being asked to prove their qualification is equivalent to the current training package qualification. Unless the woman is able to provide full details about the course she completed and the content of the modules, or can obtain this from the original training provider, there is little hope of getting a direct credit transfer. In this instance, in order to re-enter the workforce, the woman is likely to have to undergo a recognising competency assessment process at her own expense, or undertake further training, or complete both RCC and gap training. The financial burden of any of these options could be a real deterrent to re-entry.

### **Higher education changes**

Suzanne Hammond has identified that the reforms to higher education will disadvantage women and may discourage them from seeking university qualifications leading to future labour shortages in the health care and community services sectors. The current proposal to increase fees and change repayment arrangements will impact on women who spend periods of employment working part-time as they will face a 25 per cent increase in higher education fees.<sup>54</sup>

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<sup>51</sup> Wass, Val, Van der Vleuten, Carl, Shatzer, John and Roger Jones, *Assessment of Clinical Competence*, THE LANCET, Vol 357, March 24 2001

<sup>52</sup> Rethans, J-J, Norcini, J J, Baron-Malonado, M, Blackmore, D, Jolly, B C, LaDuca, T, Lew, S, Page, G G and L H Southgate, *The relationship between competence and performance: implications for assessing practice performance*, Papers from the 10<sup>th</sup> Cambridge Conference, Blackwell Science Ltd, MEDICAL EDUCATION, 2002; 36:901-902

<sup>53</sup> Sturmberg, JP, Atkinson, K and E A Farmer, *Standards and performance: attainment and maintenance of professional competencies*, AUSTRALIAN FAMILY PHYSICIAN, Vol.34, No.5, May 2005

<sup>54</sup> Hammond, Suzanne, *Higher ed proposals worse for women*, [http://cpsu-spsf.asn.au/latest\\_news/women/20030911\\_education.html](http://cpsu-spsf.asn.au/latest_news/women/20030911_education.html)

## 11 Discussion and potential strategies

A wide variety of factors affect women's retention and re-entry into the workforce apart from life stage imperatives, economic freedom to make life-style choices, and availability of alternative employment options. Much has been written about the work life balance and this is a thread through the literature with various strategies being established to ensure it.

### How to achieve a viable community services and health industry workforce in the future

If the community services and health industry is to ensure a viable skilled workforce for the future, it is imperative that it retains its mature aged workforce, but at the same time encourages both young people and mature age people as new entrants to the industry. DEWR predicts that by the year 2016, the 45 years and over cohort will supply 80 per cent of the growth in the labour force.<sup>55</sup> One of the benefits of the VET in Schools programs is that it introduces young people to the industry, a proportion of whom will go on to work in the industry. However, those that go to another industry may well return in the future when they perceive the work in this industry to be more rewarding.

In relation to retention or recruitment of mature aged workers, some attitudes may need to change. For instance, barriers to continued workforce participation include entrenched community attitudes and myths about mature age workers. In other instances, structural and financial disincentives may operate such as portability of Superannuation and employment benefits such as long service leave, annual and sick leave. Another issue is morale and the worker's sense that what they do is appreciated.

How the coming move to individual workplace agreements will translate into action is yet to be seen, but needs to be handled sensitively to ensure retention of existing workers subject to enterprise bargaining agreements in which they have had no chance to develop bargaining powers, and to encourage women to re-enter the workforce. Mature-age women will not necessarily possess the requisite bargaining power to negotiate their individual agreement.

One of the attributes of many people who work in the community services and health industry is a strong identification with the client base and this can be a strong motivator to retention, recruitment, and re-entry. The motivation becomes stronger if there is identification with the values of the employer and workers are appreciated and encouraged.

### Responses of other industries

Other industries have adopted various strategies to increase retention, establishing networking opportunities and in one instance, an Office for Retention (Ernst and Young) that has reversed the downward trend in retention and trebled the number of women company partners. In one instance in the hospitality industry, an accommodation facility effectively used cross-training in light construction work during renovations in order to retain staff, reportedly with high morale and confidence. The US police department implemented a strategic marketing plan to

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<sup>55</sup> Op. cit. HRSC report quoting Department of Employment and Workplace Relations, Submission No. 72, p. 6.

attract women recruits – identifying where to find potential recruits, how to reach them, who does it and cost factors. They also addressed cultural issues of the use of force and the military-like environment by valuing and focusing on the desirability of the ‘soft’ skills women bring such as communication, networking, partnership, ability to de-escalate potentially violent situations and mediation skills. The media was engaged in promoting the work women police are doing. Also, they effectively used women police officers at career fairs and developed ‘women-friendly’ websites to support on-line career applications.

A number of the strategies developed in other industries relate to what a reasonable employer would do to provide practical, common-sense solutions to retention, recruitment and re-entry of women.

## Potential strategies

We have grouped the strategies under various areas already identified in the triggers and enablers. Gordon and Whelan identified several of the strategies below. The most important strategies identified in the literature as having a positive impact on retention and re-entry of women includes the following:

### Supportive managers

- Manager development
  - strategies which ensure that managers know/receive training about their responsibilities
  - awareness development workshops for managers to increase their understanding about flexible management strategies and how these have been implemented successfully in order to help induce a change in the management and organisational culture and attitudes of executives
  - pro-active programs to develop women including opportunities to move women into top management
- What supportive managers do
  - investment in team development that is supported by appropriate systems and structures
  - encourage women to act entrepreneurially about their careers and organisations
  - encourage women to act as mentors to younger women
  - allocate rewards appropriately and equitably to keep women motivated
  - value the age and gender of midlife female professionals
  - build a culture that supports networking and leadership roles for women
  - explicitly value and affirm women who effectively and creatively juggle multiple roles
  - tactical managers track women on leave and encourage them to return at the end of their leave by identifying their needs and attempting to provide the flexibility they require
  - positively managing critical incidents by ensuring that when they occur they are used as an opportunity for staff to learn
  - address women’s midlife needs for balance and achievement

## HR policies and flexible management practices

- Documented HR policies that ensure:
  - Human resource policies, practices and reward systems relevant to the entire workforce including working from home; job sharing to reduce the workload; etc
  - Provision of management training
  - Understanding about and introduction of flexible management practices
  - Establishment of formal staff appraisal systems
  - Appropriately trained human resource management staff
- Flexible management practices
  - implementing an incentive and rewards system that fosters teamwork, commitment and motivation<sup>56</sup>
  - Flexible hours/days and the ability to work from home
  - adopting a bottom-up approach (e.g. management at the Mercy Hospital for Women in Melbourne actively involved workers in the development of solutions and strategies to increase retention).

## Work conditions

The literature identified work conditions as being influential to retention and re-entry of women to the workforce. We identified the following groups of strategies:

- Strategies with an HR focus:
  - flexible hours with the ability to scale up or down
  - de-stigmatisation round flexible working arrangements
  - career paths and career opportunities
  - succession planning programs to encourage younger women to gain management experience by 'acting-up'
- Strategies that focus on individual benefits
  - establishing workplace mentoring programs enabling more experienced staff to support less experienced staff (generativity)
  - providing opportunities for workers to use their skills in work that is interesting and stimulating
  - providing opportunities for workers to develop new skills
  - recognition of the worker and the work value such as workplace rewards and incentives

## Training and development

Access to training and development is essential to the maintenance of a productive, satisfied workforce. Smart organisations have HR policies linked to training to ensure

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<sup>56</sup> For example, ParaQuad has implemented an employee of the month award with the winner receiving a Certificate; several employers utilise the training awards to nominate staff and promote recognition of staff achievements in the organisation

that training is cost-efficient and cost-effective and forwards the business objectives. They understand the training system and the need to develop partnerships with training providers and group training companies. They understand the return on investment in training. We identified the following strategies and have grouped them accordingly:

- Planning for training
  - conducting training needs analyses against the required job competencies in order to identify any workers with skill and or knowledge gaps
  - development of an agency training plan that is linked to the HR and Business plans and that is also based round the skill/iknowledge gaps identified by the training plan
  - staff/performance appraisal systems linked to the agency training plan
  - anticipating workers' training needs based on changes in HR practices (e.g. changes imposed by the Federal Industrial Relations legislative changes)<sup>57</sup>
- Developing strategic partnerships
  - workplace trainer and assessors to support delivery of professional development and training in the workplace
  - building partnerships with registered training organisations who are prepared to deliver what the organisation needs, when it needs it and how it needs it
  - working with New Apprenticeship centres and group training companies to provide New Apprentices to encourage new entrants into the industry and Commonwealth traineeships for the existing workforce to increase retention
- Training and professional development initiatives
  - induction procedures for new and returning staff
  - using critical incidents as a learning catalyst
  - linking training and professional development to required underpinning knowledg of the relevant occupation's accredited qualification
  - access to professional development (e.g. achieving work life balance, time management, etc.)
  - providing formalised, free or affordable re-entry programs to people with qualifications that are in high demand and short supply (e.g. Division 1 nurses)
  - access to government initiatives<sup>58</sup> (e.g. Learnscope, Reframing the Future, DHS scholarships) or industry sponsored overseas work-study programs/ scholarships<sup>59</sup> (e.g. the Abena-Sanicare scholarship that

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<sup>57</sup> There will be a need to teach workers how to negotiate individual workplace agreement s

<sup>58</sup> <http://www.reframingthefuture.net/>

<sup>59</sup> [www.sanicare.com.au](http://www.sanicare.com.au)

provides two winners with a paid study tour to Denmark and Norway to gain first-hand experience and knowledge of the aged care service delivery).

### **Supportive networks**

Supportive networks enable women to remain in or re-enter the workforce. We identified the following strategies adopted by organisations and or managers:

- establishing work-based networks for women
- encouraging membership of professional associations to keep abreast of new developments in the sector (not available to all occupations)
- programs to ensure women on extended leave are kept in touch with the workforce and have access to professional development opportunities.

In addition, some employers have established:

- employer-based childcare facilities to support workers with children

### **Access to I T**

Information technology provides leverage both for women within the workforce and in particular, when women are out of the workforce to remain in touch and be advised of professional development opportunities:

- Within the workforce
  - utilisation of IT and the web for professional development
- Outside the workforce
  - utilisation of IT and the web to encourage networking, professional development and inter-connectedness, particularly in relation to isolated workers
  - development of industry on-line programs to ensure women on extended leave have access to professional development opportunities

### **Promoting and marketing the CS&H industry**

If there is to be a viable industry workforce in the future, there needs to be new ways of promoting the industry to make it grow. We identified the following:

- Marketing opportunities
  - a clearly articulated internal and external marketing strategy that proactively markets the work value of community services and health staff<sup>60</sup>
  - using workers as the public face to market opportunities and rewards of working in this industry, or for the employer when undertaking a recruitment drive
- Promoting the industry
  - recruiting women who have come into contact with the industry e.g. through a friend or as a recipient of a community/health service

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<sup>60</sup> E.g. targeting women who are considering a career change; making posters containing case studies of women who have entered the community services and health industry making it a successful career and approaching organisations such as Centrelink to display them

- putting case studies of women in this industry on career sites on the web
- improving awareness among school leavers about what the CS&H industry offers (mostly achieved through mentoring and supervision during work placements undertaken in the course of one of the VET in Schools programs).

## 12 Conclusion

For the industry to function as capable of providing high quality services in the future, it is essential that strategies to retain younger adult and mature age female workers, provide easy re-entry to women after a prolonged absence and attract women, both young and mature-aged, are implemented.

As highlighted previously, there are a number of drivers having an impact on a woman's need and/or desire to work. A number of triggers having an impact on retention and re-entry mediate these drivers. We have identified a range of enablers that effect retention and re-entry. Chief amongst these are: (i) supportive managers and management practices, (ii) work conditions, and (iii) family support; in the case of re-entry, there is an additional enabler, training.

The literature reinforces the notion that relationships with managers, management practices, flexible work arrangements enabling job-sharing, working from home and adjusting work hours, rewarding/meaningful work, relationships with work colleagues, adequate financial compensation and career opportunities are important incentives to work. In the absence of supportive personal networks, women need access to high quality commercial care providers for dependent children and/or frail, aged parents. In addition, attitudes to work overlay choice, in particular feelings of that what you do is appreciated.

We grouped identified strategies according to their type and fit. Firstly, there are those strategies that relate to managers and management practices; secondly, those that relate to work conditions; thirdly, those that relate to training and professional development; fourthly, those relating to supportive networks; and fifthly, access to information technology. There is an additional strategy relating to marketing and promoting of the industry and its work opportunities in order to ensure an ongoing supply of new workers.

Relevant to supportive managers and management practices are human resource practices; relevant to training is the identification of knowledge and skill gaps in workers, as is access by the existing workforce, and arrangements round re-entry of women.

Changes to VET training delivery from curriculum-based delivery to competency-based delivery have presented challenges to returning workers trying to prove equivalence in their qualifications. For professional workers such as medicos and nurses who are required to fulfil registration body requirements in order to practice, there can be substantial fees involved. Both these hurdles may be strong incentives to return to the workforce within prescribed time limits, or strong disincentives once those limits are past.

For professional women trained overseas such as some refugees, the hurdle is even greater due to lack of recognition of some overseas qualifications. The industrial arena is in flux post July 1, and is unknown what impact this will have on the community services and health industry workforce. What is apparent is that the majority of women in this industry have no bargaining power experience and for those in a seller's market it is an essential skill requiring development.

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