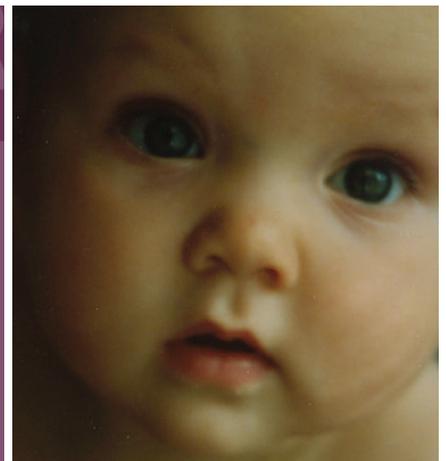


maternity, paternity and parental leave

survey report results 2008

The purpose of the survey was to determine nurses' and midwives' views on paid maternity, paternity and parental leave to inform our submission to the productivity commission



maternity, paternity and parental leave
survey report results 2008

australian nursing federation

maternity, paternity and parental leave survey report

Introduction

During June 2008 the Australian Nursing Federation (the ANF) conducted a maternity, paternity, parental leave survey via email to members and online via the ANF website (<http://www.anf.org.au>). The purpose of the survey was to determine nurses' and midwives' views on paid maternity, paternity, parental leave to inform our submission to the productivity commission.

Currently there are around 285,000 nurses in Australia making up 54% of the health workforce with 60% current ANF members. Nursing and midwifery continues to be a female dominated profession with women comprising 92% of employed nurses, approximately 5% of the female workforce in Australia. Decisions made in relation to maternity, paternity or parental leave have a direct impact upon nurses and on Australia's health, productivity and electoral outcomes.

It follows therefore that nurses' and midwives' attitudes to these issues are not only important in terms of their understanding of health and wellbeing but also because they represent a good cross section of the female community. The ANF has long argued for paid leave arrangements pursuing provisions for paid leave in workplace agreements under enterprise bargaining and supporting a national scheme of paid maternity leave in response to HREOC's Paid Maternity Leave inquiry held in 2002.

Other than for nurses and midwives employed in public sector health facilities there is no certainty of access to provisions for paid maternity, paternity and adoption leave. The majority of public sector provisions for nurses provide 14 weeks paid maternity or adoption leave with only half providing similar paternity leave entitlements. All provisions are subject to eligibility criteria and therefore do not provide universal access. The only significant provision in other sectors of nursing and midwifery employment is in the private hospital sector where a lesser period of paid maternity and adoption leave is available but little if any entitlement to paid paternity leave.

The introduction of a comprehensive scheme for the provision of paid leave entitlements for the purpose of creating and building a family through birth or adoption is long overdue and should be regarded as a matter of urgency. It is well documented that Australia still has a long way to go in advancing the case for work and family provisions in general and paid maternity, paternity and parental leave entitlements in particular. It is time to take this important step and establish a universal system of paid leave entitlements.

The survey conducted by the ANF shows that the nurses and midwives we surveyed support paid maternity, paternity, parental leave and would support an increase in the amount of available paid leave to both parents. The comments made in the survey by nurses and midwives were compelling, as was the fact that the financial constraints of a lack of paid leave contributed significantly to decisions to return to work earlier than the new families planned.

This had a flow on impact on breast feeding and on the healthy establishment of family relationships. As one nurse said:

"I was still breastfeeding on my return to work and had to start expressing, but unfortunately this only lasted a couple of weeks as I couldn't get the time during work to express. If I had longer maternity leave, then I definitely would have continued to breastfeed as long as possible."

In summary the survey, responded to by around 1500 nurses and midwives showed:

- 91% of respondents were female - reflecting the overall balance between males and females in the nursing profession;
- 70% of female respondents had taken leave due to the birth of a child and 41% of male respondents had taken leave due to the birth of a child;
- when asked whether the availability of paid maternity/paternity leave affected the amount of time each respondent took off work, of those who responded 67% of females and 47% of males were affected;
- 38% of female respondents felt that the duration of paid leave impacted on their decisions relating to breastfeeding;
- 35% of females and 20.6% of males felt that the duration of paid leave impacted on their or their baby's health and 52% and 48% respectively, indicated that their interaction with baby and family life was impacted by the duration of paid maternity leave;
- a staggering 68% responded that they returned to work for financial reasons, including the end of paid leave;
- prior to taking maternity leave 72% of respondents were employed fulltime and 25.1% part-time, of these 69.6% reduced their hours and 83% remained in the same position;
- 75.4% of females and 74.7% of males believe that their employer does not provide enough maternity leave with the majority supporting 6 months leave;
- 72.5% of females and 82% of males do not believe that their employer provides sufficient paternity/parental leave, with the majority of females indicating up to six months as appropriate amount of leave. Of the males most indicated around six months of paid paternity/parental leave be available;
- 80% of female and male respondents indicated that paid leave should be the funded through a combination of government and employer contributions; and,
- 70.5% of respondents were from public hospitals, with 9.3% from private, 11.9% community and aged care and 8.3% from other areas including general practice.

The ANF works to represent the professional and industrial interests of its members and support the views of nurses and midwives. The ANF will be campaigning strongly on the results of this and other surveys.

NB: additional graphs are available at the end of the report, only select graphs have been placed in the report text.

Survey Demographics

The ANF survey was completed by around 1500 nurses and midwives in June 2008. The survey was released throughout Australia. Of those who responded:

- 91% were female;
- 9% were male;
- 70% of females had taken leave due to the birth of a baby and 30% had not; and,
- 41% of males had taken leave due to the birth of a baby and 59% had not.

These demographics are consistent with those of the Australian Institute of Health and Welfare which found 92% of nurses and midwives were female (AIHW 2006).

The public health sector was the workplace for 70.5% of respondents, with 9.3% working in the private health sector, 6.1% working in aged care and 5.8% working in community health, 0.5% in general practice and 7.8% in other areas such as local government and pathology.

Survey Questions

The survey asked the respondents to answer a series of multiple choice questions. The survey also provided opportunity for comment within the answers and those comments will be reflected to varying degrees in this report.

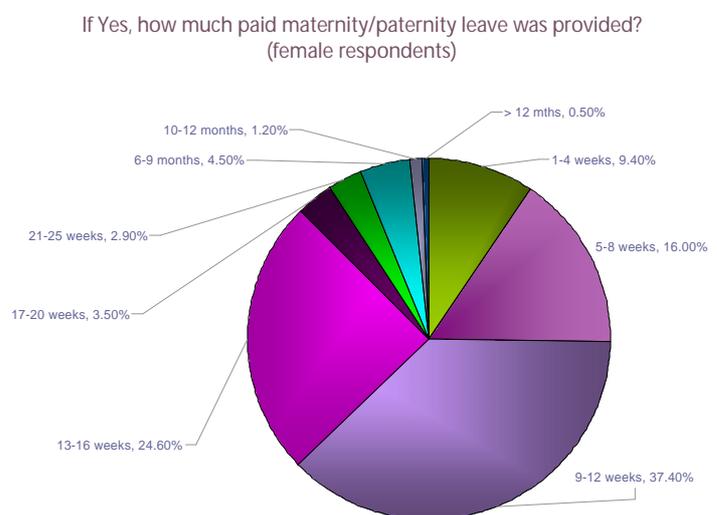
There was some concern from respondents that the survey did not clearly include people who were adopting children, or those who had not yet started a family, this was noted. The survey also allowed in some questions, too many opportunities for a combination of answers which made collation difficult in some instances. While there were some differences between age and sex for some of the questions, nurses and midwives who responded showed overwhelming support for a federal government commitment to increased paid maternity, paternity and parental leave.

The survey also showed, overwhelmingly, that the decisions of nurses and midwives to return to work are influenced mainly by the financial circumstances created when paid leave ceased, impacting on their relationships and the health of their new families.

How much paid maternity/paternity leave was provided?

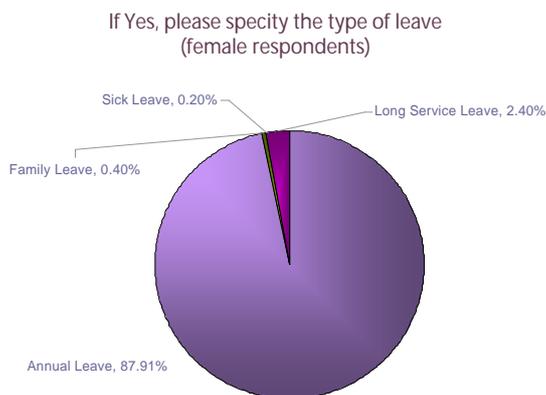
For female respondents, it appears that the majority of respondents receive up to 16 weeks paid maternity leave that is 37.4% of respondents received 9-12 weeks and 24.6% received 13-16 weeks, of the rest most received between 1-8 weeks leave with 9.4% received only 1-4 weeks paid leave and 16% 5-8 weeks.

Of the males who responded 97% received 1-4 weeks paid paternity leave and 3% received 13-16 weeks.



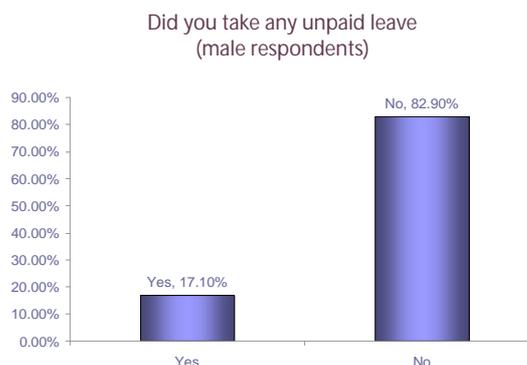
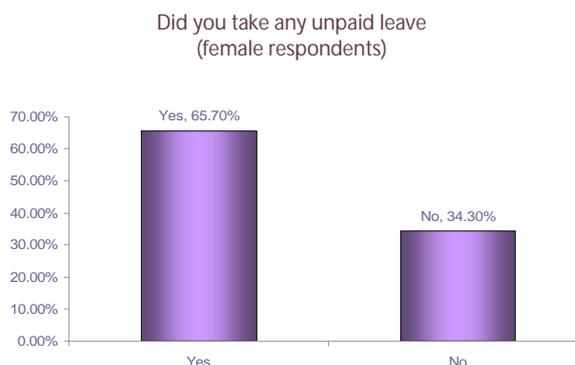
Did you take any other paid leave, if yes please specify the type of leave and the amount of leave?

76% of those females who took paid maternity leave also took some other form of leave with 97% taking annual leave. Of the males 82% took some other form of paid leave, all of which was indicated to be annual leave.



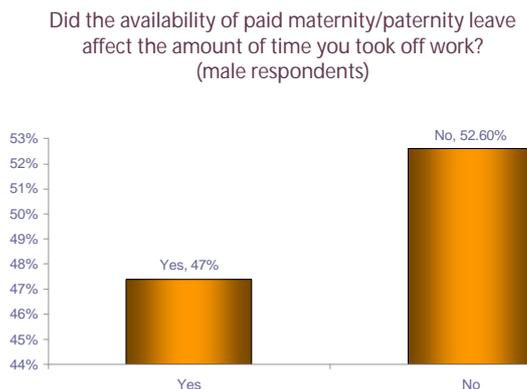
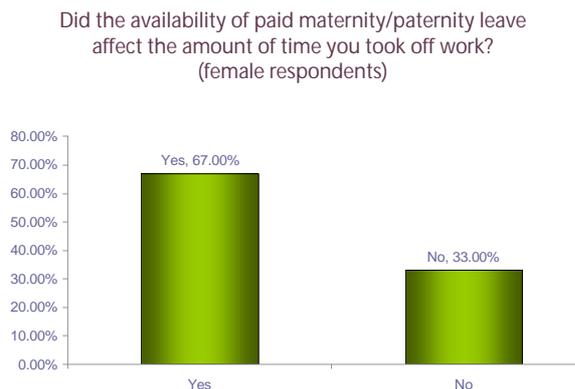
Did you take any unpaid leave; if yes how many weeks of unpaid leave did you take?

65.7% of females also took some kind of unpaid leave and only 17.1% of males took unpaid leave on the birth of a child. Of the unpaid leave taken by females 28% took 6-9 months with 14.9% taking 1-4 weeks and 12.4% having 10-12 months unpaid leave. Of the males who took unpaid leave (of which there were only 14.1%) most took 1-8 weeks (53.9%), with a significant percentage (23%) also taking up to 12 months.



Did the availability of paid maternity/paternity leave affect the amount of time you took off work?

The amount of paid maternity/paternity leave available impacted female respondents more than it did male respondents, with 67% of females indicating that the amount of maternity leave taken was affected by the amount of paid maternity leave available and 47% of males answering yes to this question. This response supports what we know about families, in that women still provide most of the care, at least in the initial stages of the child's life, and are therefore are the most likely to take extended periods of time off work for the addition of a child to the family.



Respondent comments:

"With the increasing expenses of a child, without paid maternity leave it's hard to maintain the quality of life, hence the decision to go back to work to earn more money."

"Only having four weeks maternity leave and six weeks annual leave left me in a hard situation. I was the only person working in our family and it become quite difficult. I find it disgusting that only four weeks maternity was allowed, granted it is now eight weeks, but this is in no terms enough to take care of your newborn child and yourself."

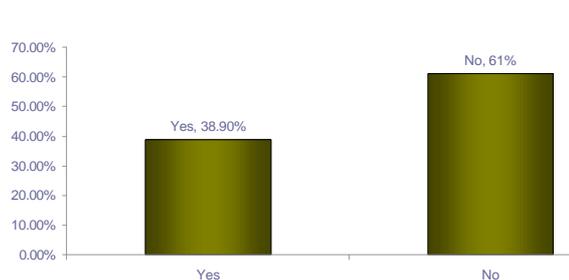
"Financial necessity and the availability of costly day care both contributed to the need to return to work for me, as did the inability of my partner to take paternity leave."

"I work in the aged care sector and therefore at this time do not qualify for any paid maternity leave, as opposed to our colleagues who work in the hospital sector; I only had a certain amount of annual leave left and had used up my sick leave during my pregnancy due to hypertension. I was also forced due to financial burdens to work five days a week on double shifts (16 hour days) for the remaining four months of my pregnancy in order to save money."

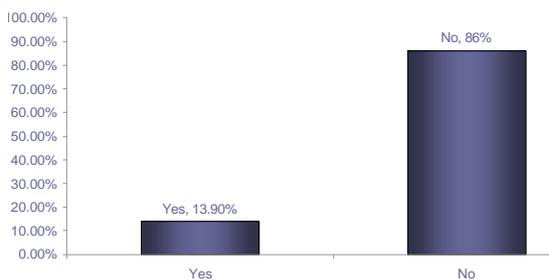
Did the duration of paid maternity/paternity leave impact on any decisions relating to breastfeeding?

It is well understood that breastfeeding is the gold standard in care for early development of the child. The World Health Organisation supports at least six months breastfeeding for an infant and the Australian Breastfeeding Association make the same recommendations.¹ In response to the question, did the duration of paid maternity/paternity leave impact on any decisions relating to breastfeeding, a significant 38.9% of females indicated it did and 13.9% of males also indicated it did. Respondents commented that they couldn't continue to breast feed when they returned to work, it is clear that there is a link between the difficulties breast feeding and returning to work.

Did the duration of paid maternity/paternity leave impact on any decisions relating to breastfeeding? (female respondents)



Did the duration of paid maternity/paternity leave impact on any decisions relating to breastfeeding? (male respondents)



Respondent comments:

"With the demand of the job it was difficult to continue to express breast milk during working and break hours to keep up with milk supply. When I was away for 9+ hours from my new baby this led to less milk supply and my baby had to be given complimentary feeds. This has caused a negative effect on breastfeeding."

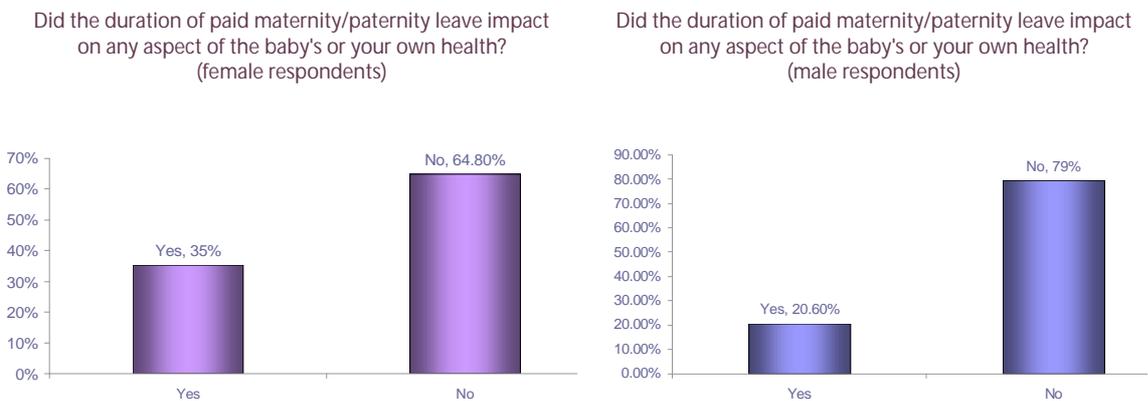
"I was still breastfeeding on my return to work and had to start expressing, but unfortunately this only lasted a couple of weeks as I couldn't get the time during work to express. If I had longer maternity leave, then I definitely would have continued to breastfeed as long as possible."

"I was very anxious about returning to work mainly regarding breastfeeding. My milk supply has decreased noticeably and I am now not able to express due to poor supply. Work is so busy that I have not taken one break to express since I returned to work four months ago."

"When I was due to return from unpaid leave my baby was nine months old and went through a phase of breast refusal as she cut two top teeth. I felt that if I returned to work I would be unable to continue breastfeeding. I chose to resign as I could not negotiate any further unpaid leave, my employer was inflexible."

Did the duration of paid maternity/paternity leave impact on any aspect of the baby's or your own health?

A staggering 35% of females and 20% of males indicated that the duration of paid maternity/paternity leave impacted on their baby's or their own health. This is significant, these new families must have adequate time to build relationships and adjust to their changed lives without any impact on their health and wellbeing. The comments made by the respondents to this question were telling.



Respondent comments:

"As one week was not enough time, my husband took his paternity leave at half pay over two weeks, but after he returned to work I felt isolated and found it very difficult to cope and my husband was very depressed as he was extremely sleep deprived while trying to do the shopping, help out at home and work full time. I know that more time as a family would have made a great deal of difference to my stress levels, my husband's stress levels, breastfeeding, and bonding between baby and dad."

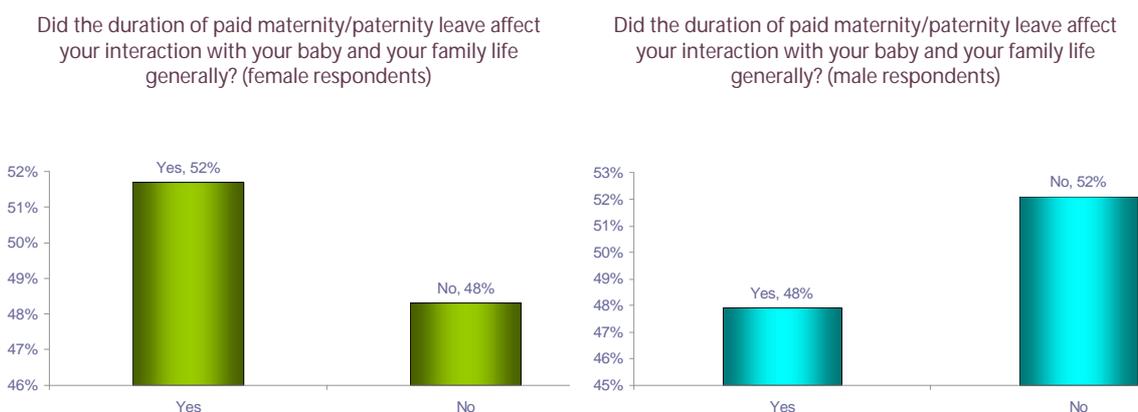
"Not being allowed to enjoy my child and having the pressure of supporting a household and paying bills left me feeling vulnerable and often crying prior to my shifts. I'm sure my child would have enjoyed me at home more and to strengthen the mother and child relationship."

"Having to return to work soon after my first child's birth was very difficult, I suffered from issues around a lowered immune system, some depression and a lot of fatigue. It was very difficult leaving a young baby in care and like many women I struggled with feeling guilty, even though I knew we needed the money. I felt I had little choice and this is disempowering, causing conflicting emotions."

"The impact was on my health and mental wellbeing. My marriage fell under strain, I slept less and worked harder to try and manage everything possible. My home situation became one of verbal abuse whenever I asked for assistance, and when my marriage failed two years later I was diagnosed with clinical depression."

Did the duration of paid maternity/paternity leave affect your interaction with your baby and your family life in general?

Again, there was a strong response to this question, 52% of female respondents said their interaction with their new baby and their family was affected by the duration of paid maternity leave and 48% of males were also affected. Although this may seem an obvious answer, the respondents' comments were important.



Respondent comments:

"I was forced due to financial burdens to go back to work when my son was two months old and to continue working a lot of 16 hour days which made me exhausted as well as not being able to bond properly with my son when he was a baby, leaving him now very clingy and emotional. He is now four years old and cries when I go to work every day, keeps asking me if I am coming back and why I don't love him enough to stay home. I try to explain the reasons I have for needing to work such long hours, but all he knows is that his mum leaves him daily to go somewhere. I just don't know what to say anymore."

"It put a lot of strain on my relationship with my husband and on his own feelings of adequacy, my having to go back to work when I didn't want to. The relationship between him and my parents became very strained as they were bearing burdens they felt to be our responsibility. I'm not sure that relationship ever fully recovered."

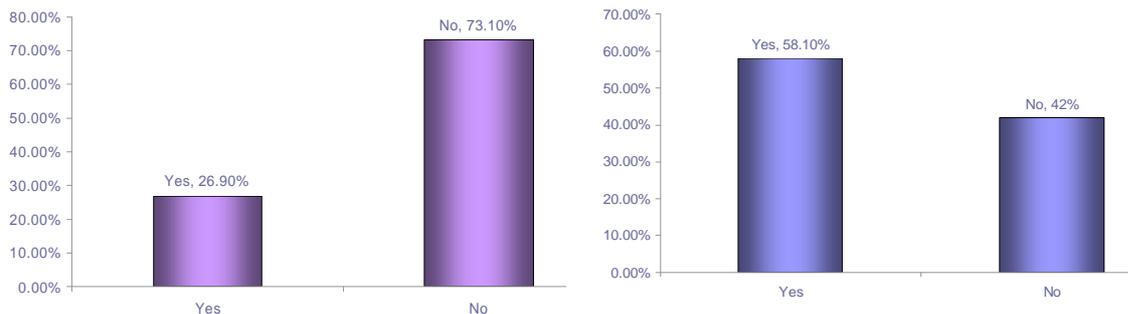
"The necessity for my husband to remain working grossly affected our relationship. Having twins in the second pregnancy required huge amounts of work, which was all performed by myself at home alone as he had to go to work. Dad never bonded with the twins and he walked out 12 months later."

"Difficult to return to work before my baby was one year old, it had a large impact on our time together as a family, and organising to have him in care during the available hours did not fit in with my rostered shifts. There was a lot of running about and I felt bad that my son was being passed from pillar to post at one stage."

Did your partner take paid or unpaid paternity/parental leave?

The respondents' answers to this question were interesting, in that for the females only 26.9% who answered indicated that their partners took leave. Not surprisingly, 58.1% of male respondents' partners had taken some sort of leave. These results perhaps reflect social trends, in that principle family carers are currently female, particularly in the early stages of the child's life.

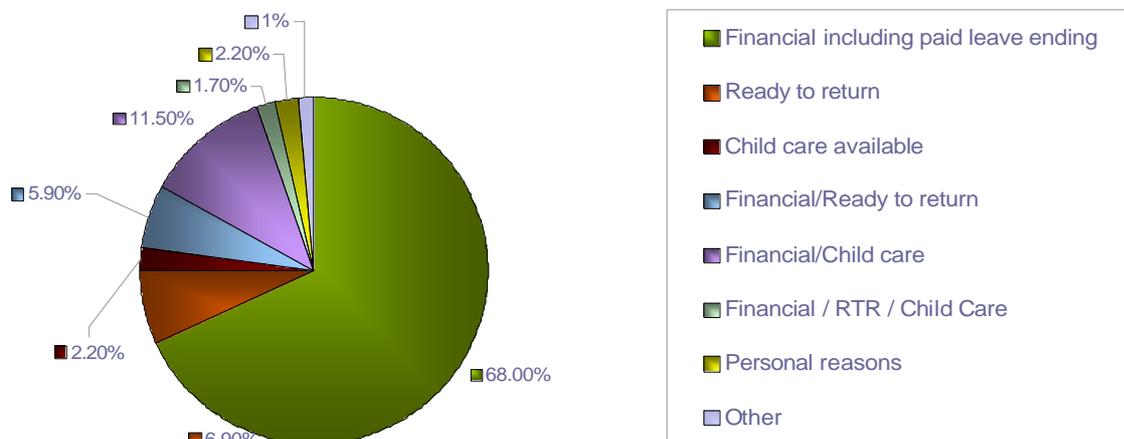
Did your partner take paid or unpaid paternity/parental leave? (female respondents) Did your partner take paid or unpaid paternity/parental leave? (male respondents)



What were the key factors in determining your decision on when to return to work?

There is now recognition that the cost of having a family is increasing and this is impacting on decisions to start a family. So it is no surprise that this survey found that the main factor influencing a nurse or midwife's decision to return to work was financial. Nurses and midwives, like many other people on the average wage are struggling with the costs associated with high inflation and an unstable economy. The rising cost of fuel, food and mortgages is putting increasing stress on families and limiting the time that mothers and fathers can spend building relationships and settling into life with their new families.

What were the key factors in determining your decision on when to return to work?



Prior to your maternity leave, were you employed in fulltime, part time or casual employment?

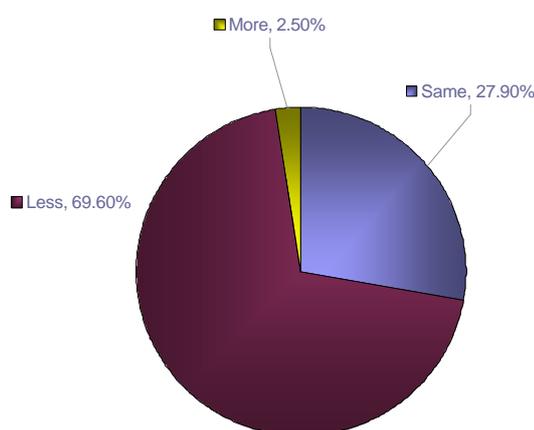
Most women (72%) who responded to the survey indicated they were employed fulltime, with 25.1% of respondents in part time employment prior to taking maternity leave and only 2% in casual employment.



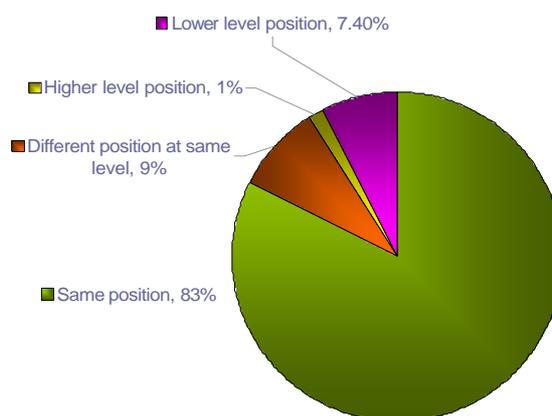
When you returned to work, did you work the same, less or more hours then before?

As expected the majority of respondents 69.6% returned to work on fewer hours, although the number of women returning on the same hours was significant at 27.9% and when including those who increased their hours this becomes figure 30.4%.

When you returned to work, did you work the same, less or more hours than before? (Female respondents)



When you returned to work, did you return to the...?



When you returned to work did you return to the ...?

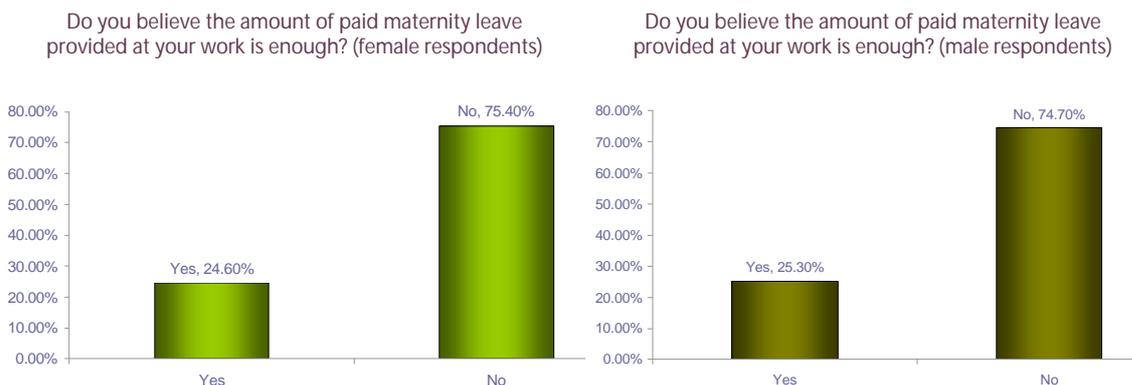
Most nurses and midwives who took leave returned to the same position, some did return to a lower classification, although these were the minority which shows, despite a large number of nurses and midwives taking up to 12 months leave, this did not impact upon their ability to return to work and contribute as highly educated professional nurses and midwives.

If you returned to work while you were still breastfeeding, was there:

The survey asked whether there was support and facilities in the workplace for breastfeeding mothers who had returned to work. In this it was interesting to note that very few respondents indicated that there were any facilities with only 31.3% indicating private facilities in which to express and a total of 40.5% indicating any sort of employer support. A total of 21.9% of breastfeeding mothers indicated that they were given paid breaks to express and 31.5% were given unpaid breaks for expressing breast milk.

Do you believe the amount of paid maternity leave at your work is enough?

Both female and male nurses and midwives resoundingly indicated that they thought the level of paid maternity leave at their facility was inadequate. 75.4% of females and 74.6% of males who responded to this question indicated that the paid maternity leave offered at their place of work was not enough. This is not surprising given the impact that the lack of maternity leave has on their ability to interact as a family, their financial situation and the opportunity for mothers to continue to breast feed. Nurses and midwives understand the importance of these things on the early development and health of children, and on the health of the recovering and breastfeeding mother.

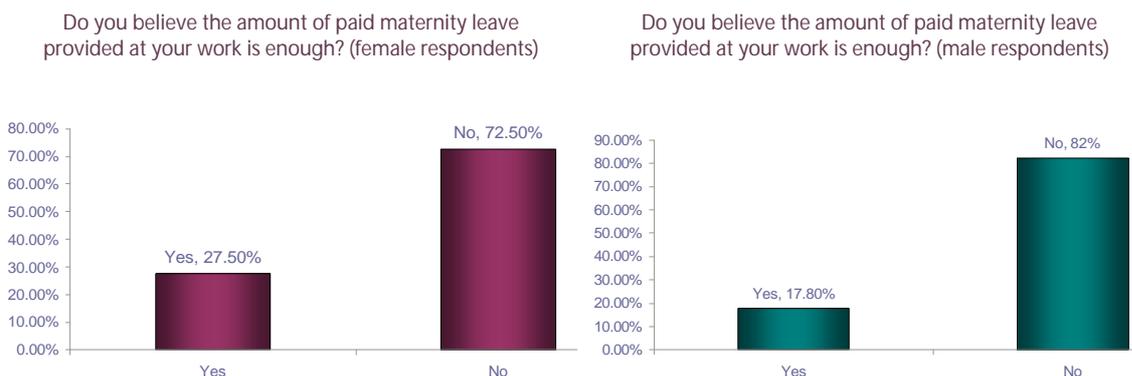


How much paid maternity leave should be available?

Both female and male respondents indicated that they thought maternity leave should be around six to 12 months, with a total of 70% of females indicating six to 12 months paid maternity leave as adequate, and 81.3% of males indicating the same.

Do you believe the amount of paid paternity/parental leave at your work is enough?

Again, both female and male nurses and midwives resoundingly indicated that they thought the level of paid paternity/parental leave at their facility was inadequate. 72.5% of females and 82% of males who responded to this question indicated that the paid paternity/parental leave offered at their place of work was not enough. This again is not surprising given the impact that the lack of paid leave has on their family, their financial situation and the opportunity for fathers to join with their partners to care for their new family. Nurses and midwives understand the importance of family interaction and social inclusion on the early development and health of children, and on the health of the recovering and breastfeeding mother.

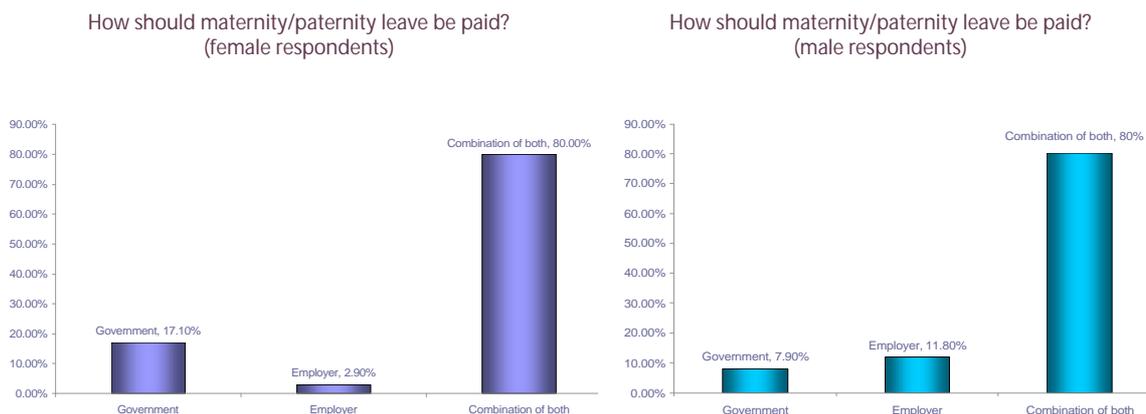


How much paid paternity/parental leave should be available?

In responding to this question 57.8% of females supported up to 12 weeks paid leave with 30.1% supporting 1-4 weeks paid paternity/parental leave. For males 41.6% supported up to 12 weeks leave and 48.4% supported 6-12 months paid paternity/parental leave.

How should paid maternity/paternity/parental leave be funded?

Australia's nurses and midwives support a system of funding that is drawn from a combination of government and employer contributions. 80% of female and male respondents indicated that the funding of paid leave should be provided by both the government and employers.



Conclusion

This survey gives an indication of how nurses and midwives in Australia are impacted by, and what they think about, the availability of paid maternity, paternity, and parental leave. The nurses and midwives responding to this survey signify a significant cross section of Australia's female population.

Their comments are compelling, as was the fact that the financial constraints of a lack of paid leave was a major factor impacting on decisions to return to work, continue breast feeding and on the healthy establishment of family relationships. As one nurse said:

"Only having four weeks maternity leave and six weeks annual leave left me in a hard situation. I was the only person working in our family and it became quite difficult. I find it disgusting that only four weeks maternity leave was allowed, granted it is now eight weeks, but this is in no terms enough to take care of your newborn child and yourself."

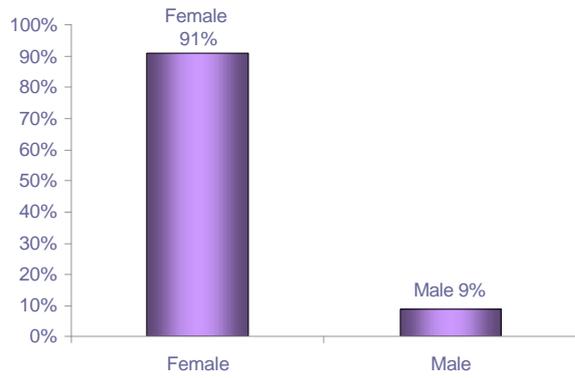
Nurses and midwives in Australia know that to obtain the best family and child health outcomes, to implement the principles of social inclusion, and to improve and encourage workforce participation, we need political leadership with the courage and vision to promote a society that values the important economic and social contribution made by Australian parents and families.

The ANF is committed to working with governments on behalf of nurses and midwives. This survey outlines nurses' and midwives' experiences of having children and caring for families. Nursing and midwifery is a female dominated profession and as such represents a wide cross section of family experiences. Their opinions and insight must be sought and highly regarded by those developing future policy on this issue.

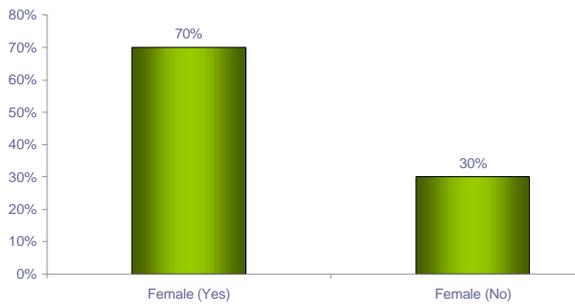
1. World Health Organization (2003) Infant and Young Child Feeding http://www.who.int/nutrition/publications/inf_assess_nnpp_eng.pdf pp.9

Graphs | Charts

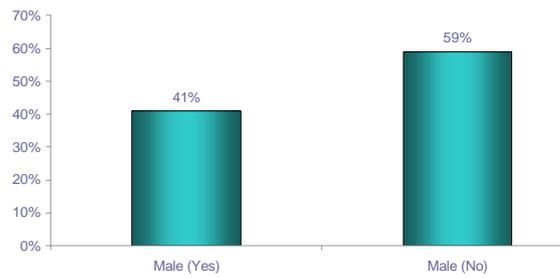
Respondent Gender



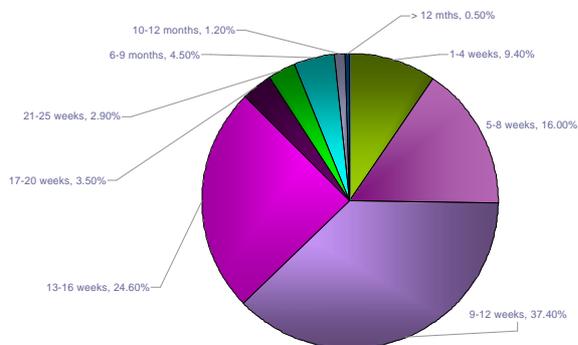
Have you ever taken leave due to the birth of a child?
(female respondents)



Have you ever taken leave due to the birth of a child?
(male respondents)



If Yes, how much paid maternity/paternity leave was provided?
(female respondents)

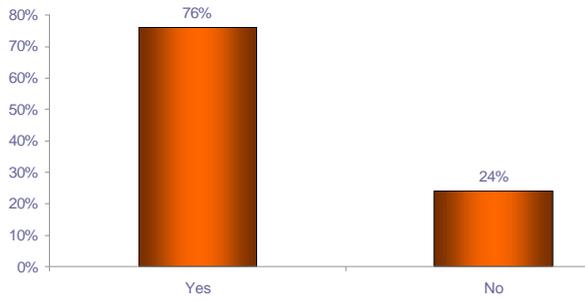


If yes, how much paid maternity/paternity leave was provided?
(male respondents)

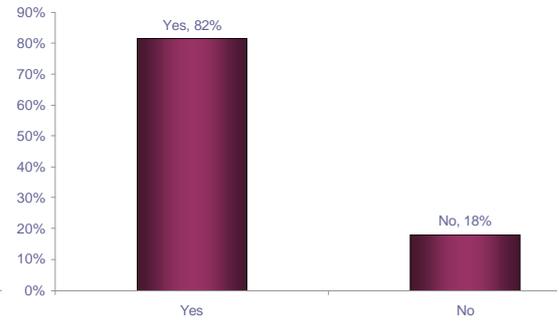


Graphs | Charts

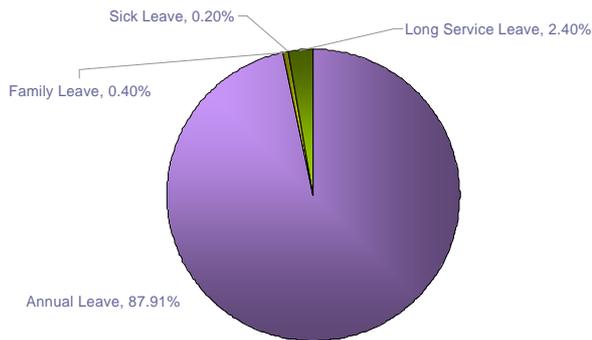
Did you take any other paid leave?
(female respondents)



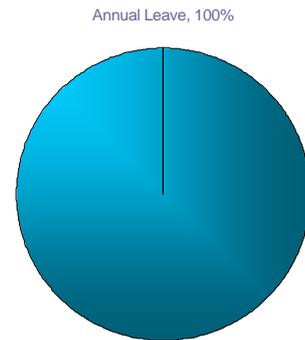
Did you take any other paid leave?
(male respondents)



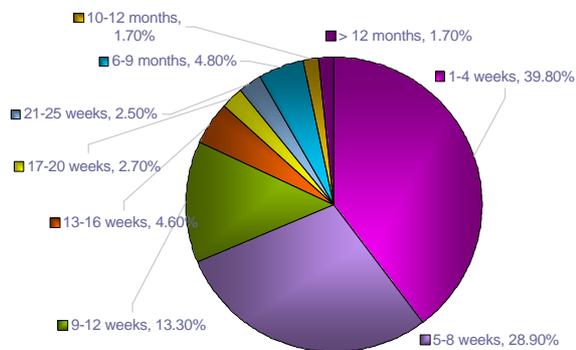
If Yes, please specify the type of leave
(female respondents)



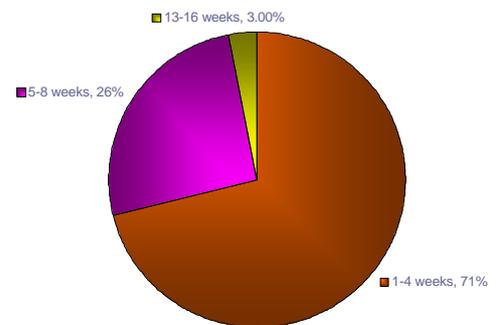
If Yes, please specify the type of leave
(male respondents)



If yes, please specify the amount of leave
(female respondents)

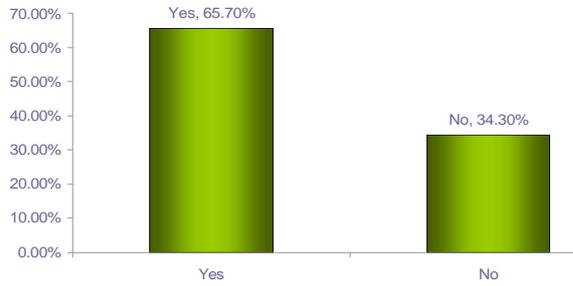


If yes, please specify the amount of leave
(male respondents)

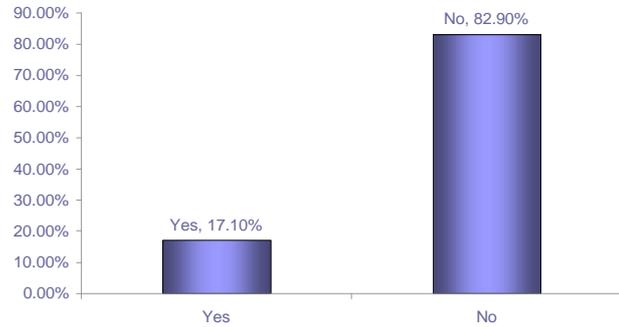


Graphs | Charts

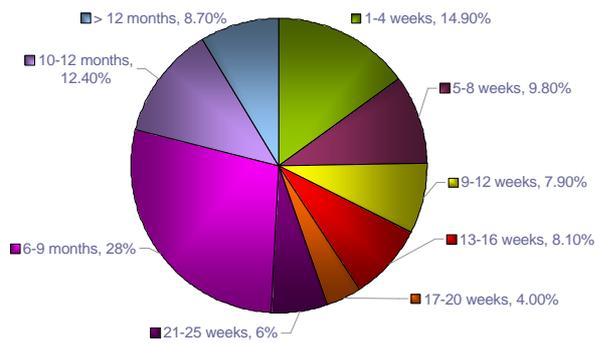
Did you take any unpaid leave?
(female respondents)



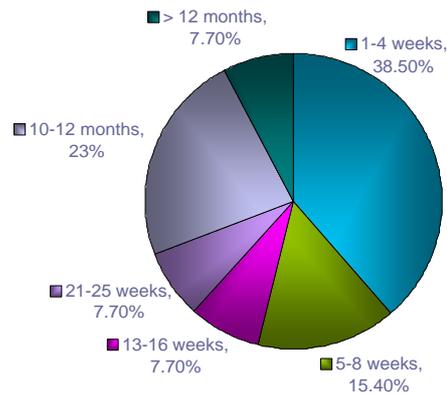
Did you take any unpaid leave?
(male respondents)



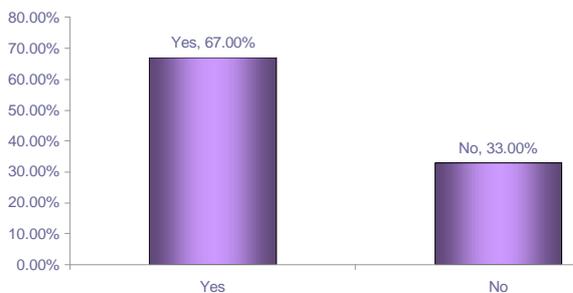
If yes, how many weeks of unpaid leave did you take?
(female respondents)



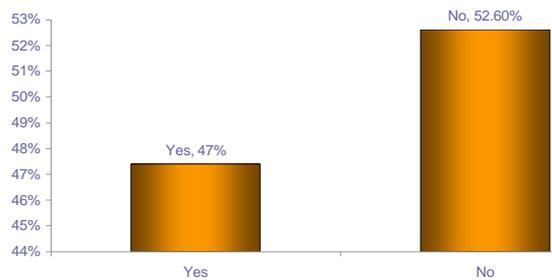
If yes, how many weeks of unpaid leave did you take?
(male respondents)



Did the availability of paid maternity/paternity leave affect the amount of time you took off work?
(female respondents)

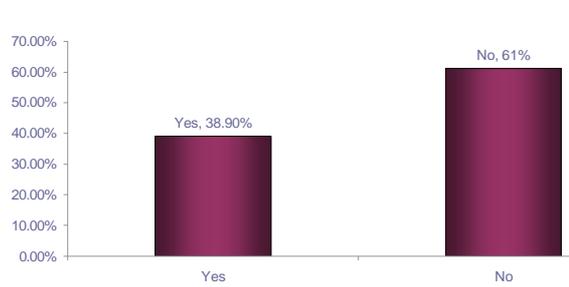


Did the availability of paid maternity/paternity leave affect the amount of time you took off work?
(male respondents)

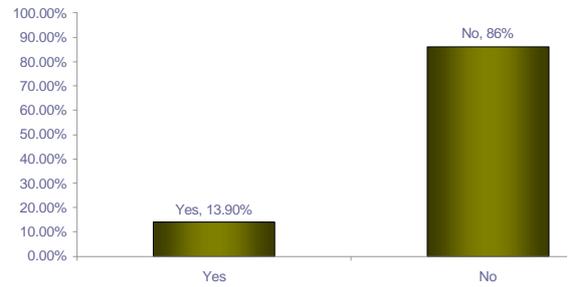


Graphs | Charts

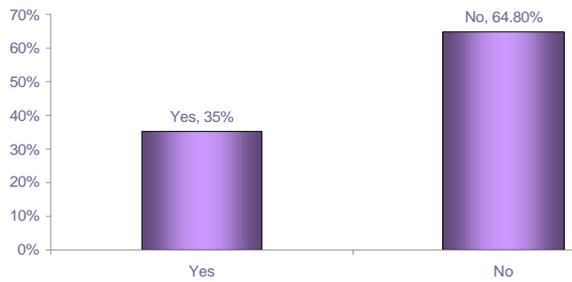
Did the duration of paid maternity/paternity leave impact on any decisions relating to breastfeeding? (female respondents)



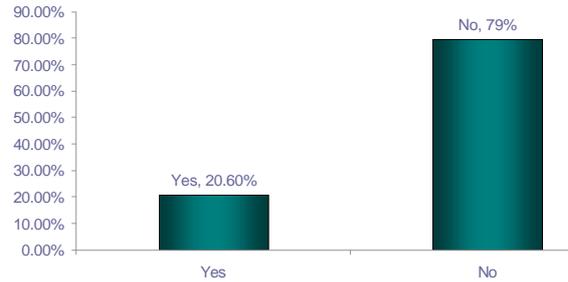
Did the duration of paid maternity/paternity leave impact on any decisions relating to breastfeeding? (male respondents)



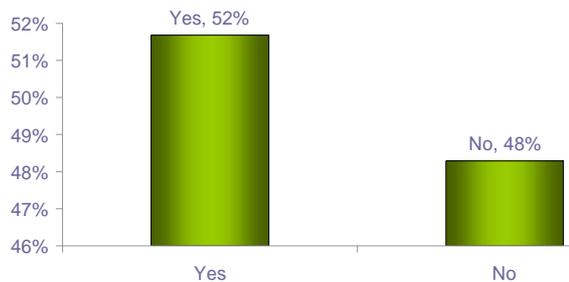
Did the duration of paid maternity/paternity leave impact on any aspect of the baby's or your own health? (female respondents)



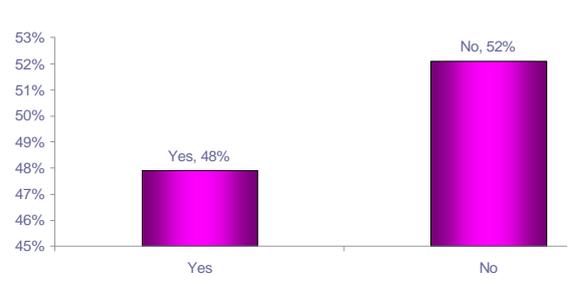
Did the duration of paid maternity/paternity leave impact on any aspect of the baby's or your own health? (male respondents)



Did the duration of paid maternity/paternity leave affect your interaction with your baby and your family life generally? (female respondents)

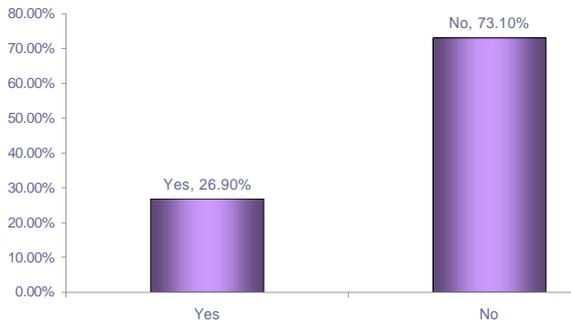


Did the duration of paid maternity/paternity leave affect your interaction with your baby and your family life generally? (male respondents)

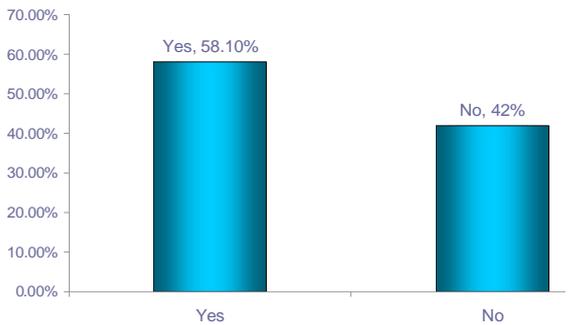


Graphs | Charts

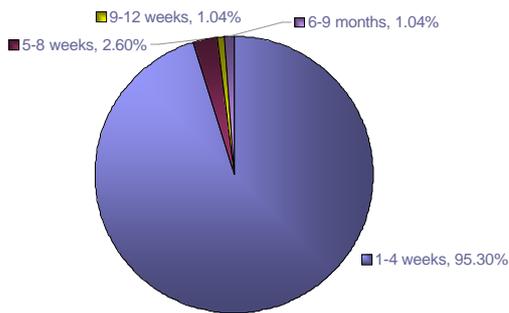
Did your partner take paid or unpaid paternity/parental leave?
(female respondents)



Did your partner take paid or unpaid paternity/parental leave?
(male respondents)



Did your partner take paid or unpaid paternity/parental leave?
If yes, indicate the number of weeks paid leave
(female respondents)



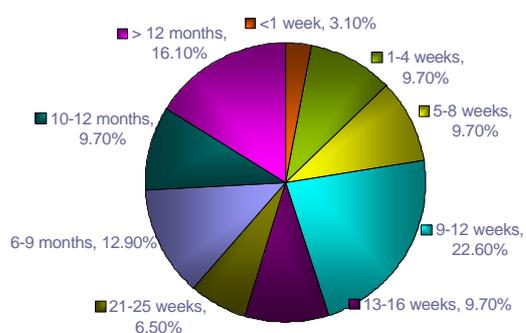
Did your partner take paid or unpaid paternity/parental leave?
If yes, indicate the number of weeks paid leave
(male respondents)



Did your partner take paid or unpaid paternity/parental leave?
If yes, please indicate the number of weeks unpaid leave
(female respondents)



Did your partner take paid or unpaid paternity/parental leave?
If yes, please indicate the number of weeks unpaid leave
(male respondents)



Notes