

NZNO Employment Survey 2009-2013

**A longitudinal analysis of the working patterns and morale of
New Zealand's regulated nursing workforce.**

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NZNO Research Employment Survey:

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We would also like to thank all the members of NZNO who gave up their time to answer this questionnaire, and for the insights that they have provided.

Executive Summary

The biennial employment survey of the New Zealand Nurses Organisation nurse membership has been run three times since 2008. It is a web-based survey of a 10 per cent random sample of NZNO members.

The questionnaire covers core employment issues (contracts, hours, pay, job change), along with demographic details, and items related to plans for, and perceptions of, working life. The attitudinal rating scales have been consistent throughout, allowing change over time to be tracked, and kept as similar as possible to the standardised Royal College of Nursing (RCN) set to allow international comparisons.

Throughout this paper, 2009 refers to the survey run December 2008 and published 2009, 2011 to the survey run December 2010 and published 2011, and 2013 to the survey run January 2013 and published in 2013.

This paper examines changing work patterns, hours worked and nursing morale for **regulated nurses** over the three surveys, 2009, 2011 and 2013.

Chapter 1: Introduction

1.1 The Biennial NZNO Employment Survey

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation of nurses in Aotearoa New Zealand. NZNO represents more than 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of health outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is Freed to care, Proud to nurse.

The questionnaire was adapted for use in New Zealand from the United Kingdom(UK) RCN 2008/09 employment survey (parts of which have been standardised since 1992), allowing for international comparisons.

NZNO membership is largely representative of the New Zealand nursing workforce as a whole, and it is hoped the results provide a useful picture of the employment and morale of the regulated nursing workforce.

1.2 Method

In 2009, the survey was a hard copy questionnaire, sent to a random selection of members along with a free-post return envelope. In 2011 and 2013, web-based surveys were conducted of random samples of NZNO members. Invitations to participate in the web-based surveys were sent by e-mail link, along with a covering letter. Participants in all three surveys were also offered a reward for their time spent participating, with (voluntary) entry into a ballot for a chance of winning \$50. Contact details for the entry into the draw were separated at source from all answers, and participation was kept anonymous. De-identified data was examined using basic descriptive statistical analysis using Statistica v8. The cohorts were screened to produce data sets comprising regulated nurse respondents only. Numbers of respondents, and percentages for each cohort are shown throughout to allow comparison.

1.2.1 Questionnaire Design

NZNO wishes to thank the RCN, and Jane Ball / Geoff Pike from Employment Research Ltd for their permission to use and adapt the questionnaire used in each of the three surveys. The RCN survey has been extensively and iteratively adapted for use in New Zealand. The question set had been validated by the RCN over 21 years. To ensure the questions were suitable for use in New Zealand, they were further validated prior to use. This was done sequentially by consultation with NZNO professional nurse advisers, by cognitive testing with nurse members, followed by wider piloting with the target audience. Inter-rator consistency was high, as was intra-rator consistency of responses to similar questions, and with both positively and negatively worded versions of those questions exploring the same issues. Wording for employment settings, job titles, qualifications, and pay and employment agreements required considerable adaptation. More subtle language changes were made to the attitudinal and morale question sets for use in New Zealand, but the order, and the intended content remained consistent, allowing comparison.

The questionnaire covers core employment issues (contracts, hours, pay, job change), along with demographic details and items related to plans for, and perceptions of, working life. The attitudinal rating scales were kept identical, allowing change over time to be tracked, and kept as similar as possible to the standardised RCN set to allow international comparisons.

This paper reports analyses and key results from the responses of regulated nurse members where comparable over the three surveys.

Chapter 2: Respondent Profiles

2.1 Regulated nurse sample size and % female

	2009	2011	2013
Regulated respondent sample	720	1020	1441
% female	94.6	93.9	94.3

2.2 Age profiles

The percentages of respondents in each age group are shown in the tables below.

Age	% 2009	% 2011	% 2013
21-25	3.4	3.9	4.4
26-30	4.3	6.4	7.7
31-35	6.8	5.2	8.5
36-40	8.6	8.3	9.9
41-50	34.5	27.4	29.6
51-60	33.1	36.8	32.1
61-65	7	9.3	9.7
66-70	1.6	1.9	3
over 70	0.06	0.03	0.01

There appears to be a discernable increase in the numbers in both the younger, and much older age groups. The former may be partly due to the increased numbers of internationally qualified nurses (who have a younger profile – See New to NZNO membership project, Part Two: a multi-cultural nursing workforce, 2012 - Research Advisory Paper) and from new entrants, while the latter may reflect a healthier cohort staying in the workforce (see NZNO Late Career Nurse Survey), or a subgroup financially unable to retire.

2.2 Ethnicity

Ethnicity

Ethnicity	% 2009	% 2011	% 2013
NZ European	77.6	71.3	75.1
NZ Māori	5.1	9.6	6.4
Other European	8.9	6.4	12.7
South East Asian	3.2	2.4	3
Other Asian	3.5	5.3	7.3
Pacific Island	0.06	1.4	1.8

The steady changes in the ethnic profiles mirror findings from the NZNO membership project, Part Two: a multi-cultural nursing workforce, 2012 - Research Advisory Paper. In particular, there has been an increase in IQN from India, China and the Philippines especially over this time.

Internationally Qualified Nurses:

Also detailed in Nursing Council statistics over the time frame, the proportion of the workforce who initially trained as nurses outside New Zealand has risen steadily.

	% 2009	% 2011	% 2013
FIRST trained as a nurse outside NZ	18.0	20.8	24.9

2.3 Employment situation

The numbers and percentages of respondents in each category are shown below.

Respondent Profile by Employment Status

	% 2009	% 2011	% 2013
Employed, working	94.0	91.3	93
Employed, maternity leave	0.8	1.9	1.12
Employed, sick	0.05	0.05	0.02
Semi-retired	1.5	0.9	1.1
Not employed (unemployed, career break, retired)	2.8	3.7	2
Not in nursing employment / other	0.85	2.0	2.1

Current job and employer

The main employment sectors of the respondents are shown below. These are compared to the figures for registered nurses (RNs) only, given in the *Nursing workforce statistics*, Nursing Council, 2011.

Main Employer	% 2009	% 2011	%2013	% N C 2011 (RN)
Inpatient DHB	42.1	45	53.2	45.7
Community DHB	15.3	10.2	13	9.7
Private Surgical Hospital	5.4	4.4	5.4	7.6
Aged Care	7.8	11.3	7.2	8.8
General Practice	13.3	3.5	8	13.3
Nursing Agency	0.05	1.1	0.7	1.7
Māori and Iwi	1.8	1.4	1.3	1.0
Education Institution	1.2	6.5	1.8	2.3
Other	12.75	16	11	9.9

2.4 Employment contract status

This is shown in the table and graph below.

Employment contract status

Employment contract	Percent ES 2009	Percent ES 2011	Percent ES 2013
Casual	0.4	7.2	4.5
Other	4.1	8.0	0.6
Permanent	90.85	78.4	89.1
Secondment	0.02	0.001	0.4
Temporary or fixed term	3.1	5.8	4.4

The apparent increase in casualisation and use of temporary contracts seen between 2009 and 2011 has been reversed, though this might have been confounded by the sample strategy, being regulated nurses in 2013 rather than the whole membership as in other years – although this analysis only included regulated nurses.

Household income

The table below shows the proportion of household income nurses contribute

Proportion of household income (percentage)

Proportion of household income	Percentage (2009)	Percentage (2011)	Percentage (2013)
less than half	31.3	29.1	26.2
half	20	22.2	24.5
more than half	24.9	23.2	26.4
all	21.4	25.4	29.2

There appears to be a clear pattern of increasing family reliance on nurses' income. This may reflect relative job securities and pay rates inside and outside nursing, compounded by responses to the impact and insecurity of the global financial crisis. However, it is clear nurses are increasingly the primary income earners in a household and do not work simply to supplement household income.

Chapter 3 Working patterns

3.1 Contracts

Type of contract

There were differences in the types of contracts, as shown below

Employment contract	Percent ES 2009	Percent ES 2011	Percent ES 2013
Full time	42.3	52.1	51.1
Part time	49.7	38	43.5
Job share	2.2	1.0	1.1
Casual	4.3	8.8	4.9

While insecurity due to job casualisation is not desirable, the availability of increasingly flexible work options may have declined more recently. This is concerning in terms of the increasingly need to retain older nurses in the workplace who may work for longer if given access to more flexible working hours such as job share or par- time. This point also applies to the changes seen in work pattern below.

3.2 Work pattern

	Percent ES 2009	Percent ES 2011	Percent ES 2013
Shifts, rostered and rotating	48.6	48.3	47.1
Office hours	41.2	38.8	45.1
Casual	3.9	6.1	3.0
Flexitime, regular	6.3	6.7	4.8

3.3 Shifts

Shift length

The commonest shift length was eight hours. The absence of any respondents reporting working 12 hour shifts in 2013 may be an anomaly, but most likely, especially when nurses work more than 12 hours, these have dropped into the category "other" .

Shift length (Hours)	Percent ES 2009	Percent ES 2011	Percent ES 2013
Less than 8 hours	8.2	4.9	5.1
8 hours	64.1	67.1	60.5
8 – 12 hours	18.9	17.5	17.9
12 hours	5.9	6.5	0
Other	2.9	3.9	15.3

Shift pattern

Shift pattern	Percent ES 2009	Percent ES 2011	Percent ES 2013
Rostered and rotating	55.99	63.5	57.2
Day only	35.9	26.3	19.4
Permanent nights	7.8	10.1	5.9
other	N/A	N/A	17.4

As rostered and rotating shifts, and permanent night shift numbers have remained fairly constant, the 'other' category clearly comes from the day only shift pattern – reflecting perhaps, increasing work in the evenings such as in general practice and some surgical work.

3.4 Hours worked

Hours worked per week	Percent ES 2009	Percent ES 2011	Percent ES 2013
More than 38 hours	33.5	32.7	32.5
33-38	11.7	18.7	16.8
25-32	23.0	19.1	23.8
12-24	27.4	21.5	21.1
12	1.9	1.2	1.5
8	1.02	3.5	2.6
Fewer than 8	1.1	3.0	1.6

3.5 Extra hours

Frequency of working excess of agreed hours

Frequency of excess hours worked	Percent ES 2009	Percent ES 2011	Percent ES 2013
Every shift	3.4	2.8	3.9
Several times a week	24.1	22.5	32.2
Once a week	16.1	17.6	18.3
Less than once a week	45.1	40.5	41.2
Never	11.2	16.6	13.5

Frequency of missing meal breaks

Frequency of meal breaks missed	Percent ES 2009	Percent ES 2011	Percent ES 2013
Every shift	7.6	7.0	7.8
Several times a week	28	30.6	30.9
Once a week	13.9	14.7	16.8
Less than once a week	30.2	29.3	28.2
Never	20.4	18.3	16.3

While there does not appear to be a discernable trend towards working excess hours, there may be an indication of more frequently missed meal breaks.

Chapter 4

Perceptions of clinical practice

Out of a list of twelve potential issues that could compromise patient care, the four issues that caused most concern, and that respondents most felt compromised patient safety, were remarkably consistent over the three years:

Issue	Rank ES 2009	Rank ES 2011	Rank ES 2013*
Levels of patient acuity/dependence	1	1	1
Too few staff to provide safe care	2	2	2
Too few experienced staff to provide safe care	3	3	3=
Communication difficulties	4	4	3=

(*For 2013, communication question was split into difficulties between patients and staff, and between staff; the score shown is an aggregate)

Chapter 5: Morale

5.1 Morale

This section describes the views of nurses, and is based on the analysis of the set of 30 Likert scales of questions related to careers, workload, pay, and nursing as a profession, and on the free text additional comments made at the end of the questionnaire.

The majority are identical to those used in the RCN survey, a few have been changed slightly on advice following New Zealand piloting (but are essentially the same in meaning). Although for the purposes of analysis the statements are grouped together in the table below, the statements in the questionnaire were scattered randomly through the set in order to check the degree of congruence of answers to similar statements. Some statements were positively and some negatively worded. These measures increase confidence in the interpretations. The percentages shown are the sum of those agreeing or strongly agreeing with the statement. Positivity scores are calculated from the percentage agreeing with statements in each theme block. Negatively-worded statements are reported in reverse to allow easy comparison. For example, the % **disagreeing** with “*I would leave nursing if I could*” are shown instead as % **agreeing** with “*I would NOT leave nursing if I could, to allow comparison with “ I would recommend nursing as a career”*)

Looking at the responses from all years, New Zealand nurses’ morale scores with most aspects of nursing as a career, are very similar. Slight falls in confidence about career progression and job security are seen, and there has been a slight improvement in perception of bullying.

Attitudinal question set

Themes / Statements	Percentage Agreeing 2009	Percentage Agreeing 2011	Percentage Agreeing 2013
1. Nursing as a career			
I would recommend nursing as a career	81.1	83.26	82.9
I would (NOT) leave nursing if I could	75.1	81.9	75.2
I am (NOT) in a dead end job	92.3	79.4	88.3
Mean “positivity” score	82.8	81.5	82.1
2. Career progression			
It will (NOT) be difficult to progress from my current salary	35.6	30.1	26.8
Career prospects are (NOT) becoming less attractive	59.5	57.2	56.4
Mean “positivity” score	47.55	43.6	41.6

3. Bullying / Harassment			
Bullying & harassment is not a problem where I work	62.6	53.3	55.2
I'd be treated fairly if I reported being harassed	61.5	64.3	67.1
Mean "positivity" score	62.05	58.8	61.1
4. Working hours			
I am happy with my choice of shifts	77.8	79.2	82.3
I feel able to balance home and work lives	77.6	78.0	73.6
Mean "positivity" score	77.7	78.6	77.9
5. Job satisfaction			
Most days I am enthusiastic about my job	88.8	90.29	88.9
I feel satisfied with my present job	78.1	78.3	77
I feel my work is valued	77.3	74.5	73
I feel part of a team	88.9	87.7	88.4
I am able to practise autonomously	83.2	81.7	87.3
My opinions about nursing are valued by my manager	79.6	72.2	75.6
Mean "positivity" score	82.65	80.78	81.7
6. Pay			
I am well paid considering the work I do	37.7	37.75	38.4
Nurses are paid well compared to other professionals	17	24.9	22.6
Mean "positivity" score	27.35	31.3	30.5
7. Quality of care			
The quality of care provided where I work is good	89.1	90.8	92.8
8. Job security			

Nursing will continue to offer me a secure future	88.5	85.1	85.7
I am (NOT) worried I may be made redundant	90.3	75	84.6
I would find it easy to get another job with my skills	74.6	60.6	69.2
Mean “positivity” score	84.5	73.6	79.8
9. Training & education			
I am (ABLE) to take time off for training	77.1	68.8	71
I am able to keep up with developments to do with my job	76	73.2	79.2
I have regular dialogue about my work with my manager	63.1	64.3	63.3
Mean “positivity” score	72.0	68.8	71.6
10. Workload			
My workload is (NOT) too heavy	51.7	48.5	50.5
I am (NOT) under too much pressure at work	56.7	57.1	54.4
(NOT) too much time is spent on non-nursing duties	46.9	51.5	57.5
There are sufficient staff to provide good care	55.3	52.6	57.8
Nurse staffing levels have improved over the last year	35.6	41.3	34.7
Mean “positivity” score	49.2	50.2	51

Free text comments in response to the question “Is there anything else you’d like to add about your work or career as a nurse?” were analysed thematically. The following themes were expressed in significant numbers in **each** of the three surveys. The order broadly reflects the relative frequency of comments related to each theme.

Themes

1. Pressure

Workload, stress, patient ratios, patient acuity, pressure, high staff turnover, sick leave

2. Pay

Salary, especially compared to others or overseas, having to pay for parking, stamps, own cell phone, unpaid overtime and no meal breaks

3. Positive comments

General: love the job, great team, rewarding career

4. Poor management and bullying

Too many managers, too poorly trained, bullying managers, too many changes in managers, bullying by colleagues un-tackled

5. Hours

Largely concerned with shift working and lack of flexibility /job share, difficulties around child care, compulsory night shifts, and lack of available cover. Work life / family balance

6. Quality of care

Concern about not being able to deliver quality care, unsafe working conditions

7. Roles

Too much paperwork, cleaning & admin, time taken on staff orientation etc

9. PDRP

Difficulties fitting in hours, return to work after childcare, costs, bureaucracy

10. Internationally qualified nurses (IQN)

IQN - Nursing in NZ bad experience, qualifications & skills not recognised or used, discrimination
NZ qualified nurse views of IQN - Difficulties understanding IQN, concern about NZ jobs

Additionally, other important themes were found in significant numbers in the different years:

2009: The role of the Enrolled Nurse

2011: Job insecurity and financial concerns, and increasing IQN numbers

2013: Restructuring, jobs for new graduates

Chapter six

Summary

Remarkable consistency of the responses to each of the major question groupings were seen over the three biennial surveys, demonstrating resilience and a “get on with it” attitude among nurses. Another possibility is that the limited number of categories to choose from in the Likert scales, together with only subtle changes, mean the questionnaire lacks the sensitivity to discern change. Re-analysis using a factor weighting may reveal more depth. Further exploration of the inter-and intra-rator reliability of the statement set, and testing of the statements using another methodology such as Q sort would add more confidence.

There had been a dip in many item scores in 2011 (attributed at the time to uncertainty about spending cuts and the global financial crisis), but most of these appeared to resolve in 2013 - for all except scores for confidence about job security.

The only distinct trends involved higher proportions of nurses working more hours, including full time, and linked to this, was nurses pay making up a bigger proportion of the total household income, again, perhaps reflecting the job market outside nursing. There also appears to have been a slight but steady increase in the number of times per week nurses worked over their agreed hours, and a steady decline in positivity about career prospects, including pay.

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery.

NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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