

NZNO Employment Survey 2015

Research Advisory Paper

Our Nursing Workforce: Condition Deteriorating

Dr Léonie Walker
NZNO Principal Researcher

The 2015 NZNO Employment Survey

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation of nurses in Aotearoa New Zealand, representing more than 46,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. NZNO has a commitment to the Treaty of Waitangi (te Tiriti o Waitangi) as the founding document of Aotearoa New Zealand and articulates its partnership with te Tiriti through Te Rūnanga o Aotearoa.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. This report documents the results of a survey of a random sample of NZNO members comprising around 5000 drawn by computer from across New Zealand.

The questionnaire was adapted for use in New Zealand from the United Kingdom RCN 2008/09 employment survey (parts of which have been standardised since 1992) allowing for international comparisons to be made. Incremental changes have been made to the survey following experience from the 2008/09 survey, and taking account of known changes since then. NZNO membership is largely representative of the New Zealand nursing workforce as a whole, and it is hoped the results will provide a useful picture of the employment and morale of nurses.

Ethical approval for a biennial anonymous survey of NZNO members was sought and gained under expedited review from the New Zealand Multi-region ethics committee (MEC/08/30EXP)

Executive summary

This is the fourth biennial employment survey of the New Zealand Nurses Organisation (NZNO) nurse membership. The web-based survey of members was undertaken in December 2014. Midwives were excluded from the 10 per cent random sample on this occasion, though dual registered nurse/midwife members could have been selected.

The questionnaire covered 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 identical to those used since 2008/9 allowing change over time to be tracked, and kept as similar as possible to the standardised Royal College of Nursing set to allow international comparisons. New questions for 2015 included more detailed exploration of occupational health and safety, employment law changes and progress with the introduction of Care Capacity Demand Management (a joint project being rolled out in district health boards designed to better match nursing resource with patient requirements).

Of the 5000 invitations sent out, 52 were returned as not known at the address available. Invitations to take part were also sent to recipients of the NZNO e-newsletter. 1175

responses were returned. It is not possible to calculate a response rate, though the timing of responses relative to the e-mail invitation and the newsletter indicate the e-mail was the main prompter to complete. Respondent profiles by age, gender, district health board (DHB) area, health sector and fields of practice showed good concordance with both NZNO regulated nurse membership, and Nursing Council.

New Zealand's nurses show resilience and commitment to their profession in the face of continuing restructuring and resource restraint. The ageing profile of the workforce brings more urgency for changes to aid retention. This survey corroborates previous NZNO research (on late career nurses and flexible working practices) related to factors influencing nurses' retirement intentions. For many older nurses, increases in workload and patient acuity, the challenges of night-shift work, and the pain and discomfort associated with the more physically demanding aspects of nursing were considerable. There is growing disenchantment with workload and pay, and a loss of confidence in health sector leadership, compounding a continued decline in morale that has the potential to become entrenched if not addressed.

Method

A web-based survey of regulated nurse NZNO members was undertaken in December 2014. Invitations to participate in the web-based survey were sent by e-mail link, along with a covering letter. A link was also inserted into the e-newsletter. Participants 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.

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. The RCN survey has been extensively and iteratively adapted for use in New Zealand. 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 identical to those used since 2008/9, allowing change over time to be tracked, and kept as similar as possible to the standardised RCN set to allow international comparisons. Questions for 2015 included more detailed questions on health and safety, employment law changes and progress with the introduction of care capacity demand management (CCDM) (a joint project being rolled out in DHBs designed to better match nursing resource with patient requirements).

Sample and response rate

Of the 5000 invitations sent out, 52 were returned as not known at the address available. Invitations to take part were also sent to recipients of the NZNO e-newsletter. 1175 responses were returned. It is not possible to calculate an exact response rate, though the timing of responses relative to the e-mail invitation and the newsletter indicate the e-mail was the main prompter to complete. An approximate response rate from the random sample was 20 per cent.

Significant and emerging themes

Profile of the nursing workforce

The Aotearoa New Zealand nursing workforce appears to have experienced some uncertainty in general employment, and increasing unemployment (especially for newly graduating nurses) compared to two years ago. While other data about age, ethnicity, gender and qualifications exist, this survey also documents the proportions of such nurses, their employers and job titles. This allows comparisons with other items in the survey, such as pay, working patterns, second jobs, career plans, morale and perceptions of nursing roles and careers. The period from 2013 to 2015 was one of continued structural and organisational change in the health system. Changes over the previous two years have been captured, and are reported where significant.

Restructuring

Over a quarter (27.46 per cent) of the respondents had experienced significant restructuring in their main employment. This related to reorganisation within work sites and across the wider employer; particularly DHBs. Close to 25 per cent (24.63 per cent) reported reductions of senior nursing positions, and 23 per cent, changes to skill mix. Regionalisation and privatisation of specialist services, and merger /acquisitions in the aged- care sector were also recorded. The processes used have affected morale, damaging feelings about employers, and leading to 45 per cent of those affected (vs 24 per cent of those not affected) questioning their nursing future.

Workplace-acquired infections and injury

Twenty per cent had required time off work in the previous two years with workplace-acquired infections and injury (10 per cent increase on two years ago). Of these, 12 per cent were referred to the Accident Compensation Corporation (ACC). The commonest causes were back, knee, wrist and shoulder injuries relating mostly to slips and lifting, and flu or norovirus infections. Fifteen reported injuries caused by assaults from patients, and one reported a needle-stick injury.

Nurses' own health

The internationally validated EQ5D health tool was used. Nineteen per cent reported having some problems with performing their usual work, study, housework, family or leisure activities, and 34.9 per cent reported moderate pain or discomfort. Both of these figures are higher than 2013.

Morale

The morale of nurses (particularly those employed in aged care and DHBs), has continued to decline. Heavier workloads, higher patient acuity, restructuring and the financial climate were cited frequently in the recent survey, both in the answers given to questions about workload and restructuring, and in the free text general comments. While many love nursing, many also expressed perceptions that increasingly unsafe practice environments, leadership unresponsive to nursing concerns and rigid management were causing them to reflect on their future.

Summary:

- > Comparative pay (especially relative to other professions) remains a considerable source of dissatisfaction. Without fair remuneration (reflecting nurses' skills, knowledge, responsibility and hard work) recruitment and retention of existing nurses, and nursing as a career choice, will lose appeal.
- > Workload, stress and lack of job satisfaction also contribute to staff turnover and to lower morale, and must be better managed. Safe levels of staffing, better shift rostering, and appropriate access to continuing professional development support and study leave must be ensured.
- > Access to flexible working options, especially for nurses over 50 (including looking at the requirement to do night shifts) must be addressed to ensure workforce supply and continuity.
- > The CCDM project, with its aim of better managing nurse workload and patient safety should be given greater support, visibility and resourcing, if the potential of the project is to be realised.
- > Nurses suffering workplace injuries and illness need greater protection and workplace support – particularly financial assistance with the cost of care required as a result of the injury or illness.
- > The impacts on workforce morale of continual restructuring and change must be recognised and better mitigated. In particular, disruption and uncertainty in senior roles impacts at all levels, and the long term effect of loss of clinical nursing leadership is of concern.
- > Uncertainty about redundancy, unemployment, and the inability of new graduates to get jobs is widespread and will impact on nurse training and longer term workforce supply if not better managed.

The report is available in full from: www.nzno.org.nz/services/resources/publications

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Principal author: Dr Léonie Walker

Correspondence to: leoniew@nzno.org.nz

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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