RESEARCH

EMPLOYMENT

Our Nursing Workforce: "For Close Observation"

Research Advisory Paper:

Highlights of the NZNO Employment Survey, 2013

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NZNO Research employment:

Executive Summary

This is the third biennial employment survey of the New Zealand Nurses Organisation nurse membership. The web-based survey of regulated nurse NZNO members was undertaken in February 2013. Midwives were excluded from the 10% random sample on this occasion, though dual registered nurse/midwife members could have been selected.

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 in 2008/9 and 2010/11, allowing change over time to be tracked, and kept as similar as possible to the standardised RCN set to allow international comparisons. New questions for 2013 included questions on health and safety, employment law changes and responses to 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).

4571 invitations were sent out, 43 were returned as not known at the address available. 1448 responses were returned, giving a response rate of 32%. This is considered a very good response rate for a detailed web-based questionnaire where one reminder is sent out. Respondents' profiles by age, gender, DHB area, health sector and fields of practice showed good concordance with both NZNO regulated nurse membership, and Nursing Council.

Overall, once again nurses demonstrated resilience and commitment to their profession in the face of significant and continuing restructuring and fiscal restraint. Themes identified in previous NZNO research related to the retention of nurses in the workforce (especially that of older nurses) emerged strongly in this survey too. In particular, for many, the loss of clinical nurse leadership, 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.

The profession is in good heart, if vulnerable to badly handled and on-going structural change, long-term staffing issues, and growing disenchantment with workload and pay.

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.

ISBN: 978-1-877461-41-5

Main report

Background and Context

The questionnaire was adapted (with permission) for use in New Zealand from the UK 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 and 2010/11 surveys, 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 that the results will provide a useful picture of the employment and morale of nurses.

This is the third biennial employment survey. For 2013, only the regulated nursing members of NZNO were surveyed.

Ethical Issues

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)

Method

A web-based survey of regulated nurse NZNO members was undertaken in February 2013. Midwives were excluded from the 10% random sample on this occasion, though dual registered nurse/midwife members could have been selected. Invitations to participate in the web-based survey were sent by e-mail link, along with a covering letter. Participants were also offered a reward for their time spent participating with (voluntary) entry into a ballot, with 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

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 in 2008/9 and 2010/11, allowing change over time to be tracked, and kept as similar as possible to the standardised RCN set to allow international comparisons. New questions for 2013 included questions on health and safety, employment law changes and responses to 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).

Sample and Response Rate

4571 invitations were sent out, 43 were returned as not known at the address available. 1448 responses were returned, giving a response rate of 32%. This is considered a very good response rate for a detailed web-based questionnaire where one reminder is sent out.

Significant and emerging themes

Profile of the Nursing Workforce:

The Aotearoa New Zealand nursing workforce, in common with the workforce as a whole appears to have responded to uncertainty in general employment, and to fears of unemployment by working more extra shifts and changing employment less frequently than was seen two years ago. There are also ongoing changes to the regulatory structures, roles and scopes of practice, and to the education of nurses. While other data about age, ethnicity, gender and qualifications exist, this survey also documents the proportions of nurses of each scope, their employers and job titles. This allows comparisons with other items in the survey, such as pay, working patterns, second jobs, career plans and perceptions of nursing roles and careers. 2011-2013 was also a period of continuing national and international recession and continued substantial structural and organisational change in the New Zealand Health system.

Restructuring:

Nearly a quarter had experienced significant restructuring in their main employment. This related to reorganisation within work sites and across the wider employer; particularly DHBs. 27 % reported reductions of senior nursing leadership positions, and changes to skill mix. Regionalisation and privatisation of specialist services, and mergers of general practices were also recorded. The processes involved had severely impacted on morale: damaging feelings about their employer, and leading to 43% of those affected questioning their nursing future.

Workplace acquired infections and injury:

Eleven percent had required time off work in the previous two years with a workplace acquired infections and injury. Of these 10% were referred to ACC. The commonest causes were flu or norovirus infections, and back, knee, wrist and shoulder injuries relating mostly to slips and lifting. Three reported injuries caused by assaults from patients, and four reported needle-stick injuries. Only 41.5% of all respondent felt their employer was fully compliant with Occupational Health and Safety standards.

Nurses' own health:

The internationally validated EQ5D health tool was used. Thirteen percent reported having some problems with performing their usual work, study, housework, family or leisure activities. 14.4% felt moderately anxious or depressed, and 28% reported moderate pain or discomfort. These figures are nearly all lower than for NZ women from the general population at all age groups. This may be a real effect, perhaps reflecting nurses looking after their own health. It might also be that nurses self-select out of the workforce if less healthy, or that their perceptions of their own health are more positive than the general population. The exception was that women aged 30-39 in a NZ general population reported less pain and discomfort than nurses of the same age (Nelson Bays Health status survey 2010).

Morale:

There is no doubt that the morale of nurses (particularly those employed in DHBs), has continue to decline slightly. While it is not possible to directly assess the causes, heavier workloads, higher patient acuity, restructuring and the financial climate are cited more frequently in the recent survey, both in the answers given to questions about workload and restructuring, and in the free text general comments. There was evidence of scepticism about the ability of Care Capacity Demand Management to ameliorate variance in workload and provide safe staffing. While the majority love their vocation, and report enjoying working with great colleagues and managers, *very many* also expressed concerns about the state of nursing.

Recommendations

> Comparative pay (especially relative to pay in Australia and 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 continuing professional development support and leave must be ensured.

> The Care Capacity Demand Management project, with its potential to better manage nurse workload and patient safety should urgently be given greater support, visibility and resourcing if the would-be benefits of the project are to be realised.

> 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 hugely of concern.

> The changes to the Enrolled Nurse scope of practice have impacted on their employment in some instances. Concerted effort must be exerted to ensure this group of workers (already adversely affected by changes and requirements for extra training) are not further disadvantaged by threats to their future employment.