

Vital Signs

**Research Advisory Paper:
Highlights of the NZNO Employment Survey, 2011**

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NZNO Research employment:

Executive Summary

This report documents the results of a survey of a random sample of NZNO members. A 10% sample was drawn by computer from the 45,000 membership, representing nurses and care givers from across New Zealand. Midwives were excluded from the sample on this occasion.

The questionnaire was adapted 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 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 that the results will provide a useful picture of the employment and morale of nurses.

A representative sample of the nursing workforce (compared to the NZNO membership data base, and major demographic characteristics reported by the Nursing Council of New Zealand) was achieved.

Issues related to age demographics, low pay, increasing workload, and significant organisational restructuring continue to contribute to a considerable part of the nursing workforce who will be looking to leave nursing, to nurse overseas, or to retire within the next ten years. These appear to be balanced for now partly by other factors leading to nurses continuing to work long past the normal retirement age.

Changes to the Enrolled Nurse scope of practice (including a drop in employment opportunities as Enrolled Nurses), difficulties experienced by some newly qualified New Zealand nurses finding suitable employment or supported Nurse Entry to Practice places, and evidence for a drop in the availability of paid access to continuing professional development particularly in the DHB sector, if not addressed urgently, may have longer term implications for the New Zealand nursing workforce and the health service.

Specific issues for nurses under 30 years of age, particularly related to shift work practices and family responsibilities, were explored in more detail in a separate report *Young Nurses in Aotearoa New Zealand* and specific recommendations made for the long term retention of these skilled and vital health workers.

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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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Background and Context

The questionnaire was adapted 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 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 that the results will provide a useful picture of the employment and morale of nurses.

This is the second biennial employment survey of NZNO nurse and care giver membership, and was undertaken in the December of 2010, some six months after a one year Multi Employer Collective Agreement was reached with DHB employers, and 2 years into a major recession, and increasing health service reform and budget constraint initiated by the incoming National party government.

The RCN 2009 survey reported on the effects of recession and reorganisation over a similar time period. The UK represents a significant source and destination country for nurse migration to and from New Zealand, so comparisons with the RCN survey are therefore timely.

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)

Methods

A web-based survey of NZNO members was undertaken in December 2009. Midwives were excluded from the 10% random sample on this occasion. 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 pre-Christmas ballot, with a chance of winning \$50. Contact details for the entry into the drawer 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 was extensively and iteratively adapted for use in New Zealand in consultation with the NZNO Professional Nursing Advisory team, and cognitive testing and piloting was also undertaken at the NZNO annual conference. 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, allowing change over time to be tracked, and kept as similar as possible to the standardised RCN set to allow international comparisons.

Sample and Response rate

4790 invitations were sent out, 31 were returned as not known at the address available. 1076 responses were returned, giving a response rate of 23%. This is considered a good response rate for a detailed web-based questionnaire where no reminder is sent out.

Results

Profile of the nursing workforce

The nursing workforce, in common with the workforce as a whole appears to have responded to uncertainty in general employment, and to unemployment by working longer hours and changing employment less 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 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 and perceptions of nursing roles and careers. 2009-2010 was also a period following national and international recession and a change of government in New Zealand. Evidence of substantial structural and organisational change in the New Zealand Health system has been captured.

Pay

Across all sectors and roles nurses agree or strongly agree that they are poorly paid. There are continuing disparities in pay between sectors, and also perceived gaps between nurses and other comparable professionals. For those working in other sectors (Primary Care, Maori & Iwi employers) the pay gaps with DHB nurses are perceived as unfair. While a modest pay settlement was secured in 2010, other settlements in the public sector, tax changes and continuing inflation in all areas, combined with a perception of having to “work harder for less” meant pay was a significant area of discontent for very many.

Working hours

While nurses are mostly satisfied with their hours, large numbers work part time or casual hours. This is particularly associated with the need for work life balance, child care responsibilities and a desire not to work rostered and rotating shifts. (Younger nurses are much less content to work shift patterns that conflict with family or other social demands. This is explored more fully in the YNS.) There is evidence that the pool of part time workers prepared to regularly work additional shifts have found it increasingly hard to get the extra hours they would like to work. This is a significant change from two years ago, and has implications for staffing levels and also for enabling employers to manage their nursing workforce with higher patient contact time than previously. While there has been a reported easing of the difficulties seen over the last few years in recruitment of nurses, ongoing re-structuring and financial difficulties in the DHB sector mean that fewer casual nurses are employed, and that some posts are either frozen or disestablished. Nurses are continuing to work part time long past usual retirement age. The assumptions based on the continued existence of a pool of semi-retired nurses prepared to work small numbers of shifts may also need to be robustly tested if the longer term workforce planning is to be adequate.

Workloads and staffing

While in New Zealand specific staff to patient ratios are not mandated or expected, it is clear that many nurses feel the workload and pressure caused by increasing numbers and higher acuity of patients, combined with a perceived lack of experienced staff, high vacancy rates, freezing of posts, and the inability to cover vacancies, holidays and sickness and education leave is contributing significantly to reduction in job satisfaction, and to increased stress. This is a trend that has increased since 2009. Loss of senior positions has a dual effect of reducing skilled mentorship, and of further limiting opportunities for career progression. Continued reduction in satisfaction with the quality of care given, and the knock-on effect on ability to take leave or attend training will also have long term implications.

Job change

There continues to be a relatively high level of staff turnover, with stress and lack of prospects being key drivers for job change. Choice of hours, dissatisfaction with workload, and bullying also all contributed to nurses changing jobs. 7.5% respondents, representing the whole nursing workforce would like to work overseas. This is an increase compared to 2009.

The aging profile of the workforce also means many will be coming up to retirement within the next ten years.

Enrolled Nurses

278 Enrolled Nurses completed the survey, there is a broad spectrum of views about the recent changes to the scope of practice for Enrolled Nurses, and a range of experiences and perceptions of the role and the esteem in which the role is held. There is apprehension about future employability, as Enrolled Nurses, and resentment and resignation for some for the need to undertake more training and accreditation; for some, in the last years of their employment before retirement, this requirement may prove a hurdle too high.

Restructuring

There is considerable evidence of ongoing and widespread organisational change throughout the health sector. Claims that “back office” functions only are being lost are challenged, with reports of job losses, support staff reductions, poorer staff to patient ratios, and in particular a loss of clinical nursing leadership. Uncertainty and loss of expertise are adding to pressure at work, and any productivity gains risk being lost due to burnout, loss of goodwill, and dysfunction caused by removal of experience and safety structures.

Continuing Professional development

There is considerable variation by employer and by role between the amounts of *paid* time spent on Professional Development for nurses working for different employers – from none to months. There are also different rates of access to mandatory training on topics such as infection control or cultural safety. Patterns of access to paid Professional Development related to role and employer were discernable, and while nurses have always put their own time into their development, those with children clearly find the competing calls on their time stressful. Equally, access to regular appraisals was very patchy, with many answering “never” to the question related to their last appraisal.

Morale

Nurses are a resourceful, resilient and committed group of workers who know their value and have often lived through similar cycles of disruption. Some younger nurses (particularly new graduates) are finding it hard to get a start in their chosen profession. While older nurses may have the experience and confidence to ride out the storms, younger nurses are largely more positive, optimistic and secure in their feelings about the future than older nurses. More research is needed to explore whether this is a function of age itself, or an effect of the pressures of long term work as nurses. Despite considerable and ongoing change, reorganisation, restructuring, budgetary constraints and financial insecurity, nurses and care givers remain largely positive about their chosen career. While job security, financial pressure and increased workloads all scored as more evident than two years ago, satisfaction with providing high quality care, and of providing a compassionate and professional service remains high.

Recommendations

- > Comparative pay remains the biggest source of dissatisfaction for nurses and for care givers. 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.
- > A quarter of the workforce is now trained overseas. Their specific concerns must be explored and addressed or New Zealand will face vital skill shortages in an internationally competitive job market.
- > 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.
- > A culture of bullying in many workplaces must be tackled.
- > 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.
- > Ensuring employment for new graduates, their support when entering the workplace, and meeting their aspirations for flexible, family-friendly employment is essential for long-term workforce planning.

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