



Young nurses in Aotearoa New Zealand

Research Advisory Paper

Highlights of the NZNO Younger Nurse Study, 2011

Dr Jill Clendon and Dr Léonie Walker
NZNO Researchers

NZNO Research Younger Nurses:

Executive Summary

The NZNO Younger Nurse survey examined the characteristics of younger nurse members of NZNO (aged under 30) in order to identify potential recruitment and retention strategies for these nurses, and provide information on how best to support younger members to become involved in NZNO activities.

The findings indicate that while most younger nurses enjoy their work and find it rewarding, they also face a range of challenges in the workplace due to their age – including bullying and poor choice of shifts. Many younger nurses do not feel appropriately paid for the work they do and believe there are insufficient nurses to provide safe care.

Over 10% of younger nurses are considering leaving the nursing profession. Many younger nurses feel the emotional challenge of nursing was more than they anticipated and that their education did not prepare them well to manage this.

A range of recommendations are made including the need to improve undergraduate curriculum content on managing the emotional challenges of nursing, the need to implement clinical supervision for all nurses but particularly for those under 30, the need to develop and implement activities to address bullying in the workplace, and the need to improve pay progression scales in employment contracts.

Further research is required to explore why there is a discrepancy between female and male nurses' postgraduate qualifications by age, the particular needs of younger Indian and South East Asian nurses, the discrepancy between younger nurses and older nurses perceptions of insufficient nurses, and what type of emotional stress younger nurses find most challenging.

Workplace stress; e.g. staff shortages, high workload, poor shifts, emotional stress; e.g. bullying, caring for extremely unwell or dying patients, and external stress; e.g. competing family demands, economic hardship - or a combination of all of these - impact disproportionately on younger nurses and their retention and progression in the workforce depend on adoption of strategies to mitigate this.

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Principal author: Dr Jill Clendon

Correspondence to: jillc@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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Background

Nursing in Aotearoa New Zealand is currently facing unprecedented challenges in workforce development. Like many other countries, New Zealand nurses are old and getting older. The median age of the New Zealand nurse is 46.7 years with over 70% of nurse practitioners, nurse managers and nurse researchers, and 50% of nurse educators aged over 45 years. For enrolled nurses, 80% are aged over 47 years. While significant work is being done to consider recruitment and retention of all nurses in the Aotearoa New Zealand workforce, there has been little specific focus on the needs of younger nurses (nurses born between 1980 and 1994 or generation Y nurses). Little is known about the characteristics of this particular generation of nurses, what factors influenced their decision to choose nursing as a career, what the realities of working life as a nurse compared with their expectations are, or what factors contribute to their remaining in or leaving nursing as a career. Effective workforce planning aimed at achieving a sustainable nursing workforce must consider the characteristics and needs of this generation of nurses in order to ensure effective succession planning.

Ethical issues

Ethical approval was sought and gained from the New Zealand Multi-region ethics committee (MEC/101/078/EXP).

Methods

The observational study utilised an online survey. Regulated nurse members of NZNO (registered nurses, enrolled nurses, midwives and nurse practitioners) who were identified as being born between 1980 and 1994 with a valid email address (N=3241) were sent an email invitation to take part in an online survey. 148 emails 'bounced back' giving a total survey number of 3093. There are 5247 regulated nurses under the age of 30 in New Zealand (Nursing Council of New Zealand, 2010) so this sample covered approximately 59% of all regulated nurses born between 1980 and 1994 in New Zealand.

The survey questions were based around questions asked in the Biannual NZNO Employment Survey and on a range of national and international literature. The survey was pretested with a small number of NZNO members born between 1980 and 1994. Some minor amendments were subsequently made before sending the full survey out.

Nurses agreeing to take part in the survey were offered the chance to win a \$50 prize for agreeing to participate. Completion and submission of the survey was considered as consent to participate.

Numerical data were analysed descriptively using the data analysis package Statistica. Free text comments were analysed using NVivo qualitative data analysis software (QSR International, 2011).

Results

The online survey achieved an initial response rate of 23% (N=707) following a first email and one follow-up reminder email. Once the data were cleaned (a small number of respondents turned out to be aged over 30 (N=33) and these were removed from the database), the final figure was N=674 (adjusted response rate of 22%).

The demographics of the respondents, by gender, ethnicity, age, employer and field of practice were consistent with the responding sample of nurses under thirty years old being appropriately representative of the cohort as a whole, according to Nursing Council and NZNO data.

General

The results of this survey suggest that despite a growing number of male nurses, younger nurses are predominantly female and of European New Zealand ethnicity. Despite calls to increase the demographic diversity of those entering nursing – in particular Maori and Pasifika ethnic groups, younger people in nursing remain relatively ethnically and gender homogenous suggesting further efforts are required to diversify the younger nursing population.

The demands of full time shift work on young people must be taken into consideration when recruitment and retention strategies aimed at younger nurses are developed. Appropriate rostering protocols and ensuring work-life balance will assist in ensuring younger nurses remain in nursing. Younger nurses are more likely to

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work in surgical, child health/neonatology, aged care and medical areas and these work areas may need to focus specifically on the needs of younger nurses as they seek to retain these nurses in the workplace.

The clear discrepancies identified between the postgraduate qualifications of nurses under and over the age of 30 by gender require further examination. The significance of this for the predominantly female workforce may be profound.

The nurses responding to this survey indicated that the predominant reasons for selecting nursing as a career was to help people and because of the caring aspects of the job. Further comparisons between younger and older nurses in Aotearoa New Zealand may help clarify this difference.

The larger numbers of younger nurses identifying as Indian and South East Asian suggests further research into the particular needs of these nurses may be warranted.

Education

While most respondents indicated their education prepared them for many of the challenges they would face in practice, of note are the number of respondents who felt not at all prepared to deal with conflict resolution, challenging behaviour, direction and delegation, and stress/emotional self-management. Many also indicated they felt unprepared for the demands of shift work. These findings were also reflected in the comments made by respondents who clearly indicated a gap between what they learnt in the classroom versus what they learnt in clinical practice.

Expectations of Nursing as a career

Nearly half of all respondents indicated that nursing was not what they expected. This finding is supported in the literature that also identifies a discrepancy between the expectations and the realities of practice. Understanding the reasons for this discrepancy is important. In this study, the high level of emotional challenge in nursing was not expected by respondents, suggesting this area needs addressing both in pre-registration education as noted in chapter three and in the workplace. The extension of clinical supervision to all nurses should be considered and in particular for younger nurses.

A common theme in this study is that of pay – particularly pay progression. While many younger nurses felt they could be paid more for their efforts, it was the fact that their pay progression stopped after five years that was most concerning and not what was expected. Concerns about level of pay and pay progression predominate throughout the findings of this research suggesting that younger nurses place significant value on monetary reward in the workplace. Later results show that younger nurses often felt they were not paid well compared to other professions, were not paid well for the work they did, that those seeking a new job or considering leaving nursing frequently did so in order to get more pay, and that a pay increase would contribute to them wanting to stay.

The emphasis on pay in this survey differs from previous findings where older nurses were more focused on pay and working conditions, and younger nurses were more focused on recognition, education and interpersonal relationships. While these things were certainly important to the younger nurses in this study, a greater emphasis was placed on pay and conditions. These findings suggest that a key strategy in the retention of younger nurses in Aotearoa New Zealand may well be to consider not only rates of pay but pay progression scales that extend beyond five years.

Employment patterns

Younger nurses are more likely to work longer hours and undertake rostered and rotating shifts more frequently than older nurses. The demands of full time shift work must be taken into consideration when developing retention strategies aimed at younger nurses. Those nurses working in aged care or for Māori and Iwi health providers were more likely to work full-time. We did not ask respondents about their reasons for working full or part-time but free text comments suggest that many younger nurses have family responsibilities that affect their choice and ability to work full-time. The desire to work part-time or family-friendly hours may also affect the choice of workplace for younger nurses with family responsibilities with those employers offering more flexible work hours the options of choice for those wanting to work part-time.

With regard to the frequency that nurses working in clinical settings believe care is compromised, both younger and older nurses believe care is compromised to some degree at times. However, further research

is required into why there is such a large discrepancy between why 45.8% of younger nurses think there are insufficient nurses compared with 28.5% of older nurses. It may be that older nurses are more prepared and experienced to cope with high patient loads and possibly see this as a temporary occurrence during a period of fiscal downturn, whereas for younger nurses, many will never have experienced anything different.

Restructuring and job change

The younger nurses in this study are mobile. They are more likely than their older counterparts to have changed jobs in the past 12 months and usually do this to gain different skills.

However, frustration with their working environment was also a prominent contributor to the younger nurses in this study seeking to change their jobs and is a common strand throughout the study. Frustration with their working environment including poor pay, poor nurse staffing levels and insufficient staff to provide good care suggest a younger nurse workforce with serious concerns about the workplace.

The costs of high turnover to health care providers is an issue and while high turnover in nursing agencies is likely to be explained by the very nature of this type of nursing work, high turnover in government agencies, rural hospitals and Māori and Iwi health providers needs to be addressed. These workplaces may need to look carefully at the working conditions they provide – in particular increasing pay rates at Maori and Iwi health providers is likely to have a positive impact on retention in this sector.

Of considerable concern is the intention of 10.3% of respondents to leave nursing in the next 12 months. While many of these nurses noted their intention to leave was due to family reasons, our analyses demonstrated quite clearly that those nurses who felt unprepared during their undergraduate education for stress and emotional self-management were more likely to intend to leave in the next 12 months.

Flexible hours was identified in this study as a reason why respondents chose nursing as a career, however not all respondents had positive experiences with flexible working conditions as noted in the free text comments in this part of the survey. Many of the respondents that were considering leaving nursing indicated that more flexible hours would contribute to their staying in nursing. Development of strategies to improve the flexibility of working hours including job sharing arrangements is strongly recommended. While anecdotally many believe that continuity of care may be compromised by larger part-time workforces, there may be significant benefits associated with job share arrangements that allow flexible rostering and continuity of care on the ward. Further research into a model of job sharing that would work for nursing is recommended.

Overseas Trained Nurses

Overseas nurses whose expectations of nursing in New Zealand were met were more likely to stay than those whose expectations were not met. In addition, although numbers were small, those who felt bullying was a problem in their workplace were more likely to leave. This suggests that international recruitment information must be very specific about the working conditions and pay in New Zealand if we are to continue to recruit internationally and retain these nurses as part of the New Zealand nursing workforce. Nurses from India were more likely to intend to stay for a longer period of time in New Zealand than those from South East Asia (the Philippines). With overseas trained nurses making up 49% of new registrations in New Zealand in 2009/10, most coming from the Philippines and India with particular growth in those coming from India in the past year, it is important that appropriate support is offered to these nurses.

Morale

The clear presence of bullying and harassment identified as being present in 38.2% of workplaces and noted by many respondents earlier (*nurses eat their young*) suggests significant action needs to be taken to address this issue if younger nurses are to be retained in the workforce. Other studies have also found that working conditions and a lack of social support contribute to younger nurse's intention to leave nursing.

These findings suggest that workplaces may benefit from some type of professional development programme for older nurses regarding the knowledge and skill level of their younger peers and the development of more effective team building and peer support strategies. Areas that employ larger numbers of younger nurses (surgical areas and child health/neonatology) may need to consider more specific retention strategies aimed at younger nurses.

Being young in the workplace

The findings from this study suggest that 'being young' in the nursing workforce may place younger nurses at greater risk of bullying and harassment at the hands of their older peers. These findings are similar to other studies and effective strategies to address these issues will need to be workplace wide.

The success of the Nurse Entry to Practice (NEt-P) programme and the NEt-P extension programme in many workplaces supports many new graduates into the nursing profession but this is not available to all new graduates and ends for most after 10 months. Extension of the NEt-P programme to all new graduates may address some of the issues identified in this study, however employers also need to consider strategies targeted specifically at younger nurses.

The work of the Safe Staffing Healthy Workplaces (SSHW) Unit is intended to address many workplace issues but staffing shortages are also associated with the consequences of systemic funding issues identified by the younger nurses in this study and these are more difficult to address. The nursing profession has some difficult issues to face if it is to continue to attract and retain younger nurses in the workforce.

Younger nurses work predominantly in full-time positions undertaking rostered and rotating shifts. It is probably not surprising then that many respondents commented on the challenges of shift work. However, the perception by respondents that they receive the last and worst shift choices because they are young is concerning.

As nurse managers work to retain younger nurses in the workplace, consideration of rostering protocols in light of this finding is recommended. Those practice areas that employ fewer younger nurses may find such rostering issues more hidden and nurse managers will need to be more vigilant in ensuring fairness in rostering protocols.

Recommendations

- > Further efforts are required to increase the diversity of the younger nursing population including specific recruitment strategies targeted at Māori and Pasifika groups.
- > Rostering protocols must be reviewed where younger nurses are present in the workforce.
- > Nurse education providers should review course content with regard to addressing shortfalls in areas of conflict resolution, challenging behaviour, direction and delegation, and stress/emotional self-management. Consideration should be given to increasing exposure to the full spectrum of shifts that nurses undertake.
- > Consideration should be given to extending pay progression scales beyond five years in industrial bargaining.
- > Workplaces should implement a professional development programme aimed at improving teamwork for all nurses and developing peer support strategies specifically for younger nurses – there has been a steady improvement in the Royal College of Nursing scores for bullying since a zero tolerance and mandatory staff training / harassment policy was introduced across the NHS. This may be worth implementing in the New Zealand context.
- > Workplaces should develop flexible work strategies including job sharing arrangements and improving the availability of childcare (pre-school and school age care).
- > All nurses should have access to professional and/or clinical supervision.
- > Addressing staffing shortages may help to retain younger nurses in the workplace and consideration could be given to addressing nurse – patient ratios.
- > NEt-P programmes should be extended to all new graduates.