

NZNO Employment Survey 2017

Research Advisory Paper

Our Nursing Workforce: Resilience in Adversity

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The 2017 NZNO Employment Survey

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation of nurses in Aotearoa New Zealand, representing over 48,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. NZNO commitment to te Tiriti o Waitangi is embedded in its constitution, and articulated through its partnership with 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 Royal College of Nursing (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, 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 fifth biennial employment survey of the NZNO nurse membership. The web-based study of members was undertaken in late December 2016. Midwives were excluded from the 10 per cent random sample on this occasion, though dual registered nurse/midwife members could have been selected. This is because the employment situations of many of the midwife members are very different from all other members than those employed by District Health Boards (DHBs) directly, and the decision was made to avoid skewing the results.

The questionnaire covered core employment issues (contracts, hours, pay, job changes), 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. New questions for 2017 included an exploration of burnout, additional questions about Professional Development and Recognition programme (PDRP), occupational health and safety, and progress with the introduction of Care Capacity Demand Management (CCDM), a joint project being rolled out in district health boards designed to better match nursing resource with patient requirements.

Of the 4858 invitations sent out to a random 10 per cent of the membership, 23 were returned as not known at the address available. A reminder was sent two weeks later to the 2932 who had not opened the survey invitation e-mail. Invitations to take part were also sent

to recipients of the NZNO e-newsletter. Seven hundred and thirty nine responses were returned. It is not possible to calculate a response rate, though the timing of responses relative to the e-mail invitations and the newsletter indicate 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 workforce statistics from the New Zealand 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. There is a steady decline in overall morale, along with specific concerns about staffing levels, workload and pay, and a loss of confidence in health sector leadership. This longitudinal survey has been running for nearly a decade and remarkable consistency in the patterns of steady decline are apparent over this time.

Method

A web-based survey of a random sample of NZNO members was undertaken in December 2016. 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 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

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 mapping morale were identical to those used since 2008/9, allowing changes over time to be tracked, and kept as similar as possible to the standardised RCN set to allow international comparisons. New questions for 2017 included more detailed questions on health and safety (including burnout), 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. To avoid becoming too long, a few previously used questions were not included this time.

Sample and response rate

Of the 4858 invitations sent out, 23 were returned as not known at the address available. Invitations to take part were also sent to recipients of the NZNO e-newsletter. Seven hundred and thirty five 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 15 per cent, a reduction from previous surveys, but possibly related to recent increased survey requests from very many sources.

Significant and emerging themes

Profile of the nursing workforce

The Aotearoa New Zealand nursing workforce was well represented in the respondents to this survey. 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 2015 to 2017 was one of continued substantial structural and organisational change in the health system. The impact of changes over the previous two years have been captured, and are reported where significant.

Restructuring

Thirty two per cent (up from 27.4 per cent in 2015) of respondents had been affected by significant restructuring in their main employment within the previous two years. Of these, nearly half of the restructuring had involved reorganisation within the worksite, or across a wider employer such as an DHB; 24.4 per cent had involved the loss of senior nursing leadership positions, and 23 per cent involved a reduction of nursing skill mix (substitution of registered nurses (RNs) with enrolled nurses (ENs) or of RN/ENs with health care assistants or care givers). Other significant restructurings involved mergers of DHBs, primary health organisations (PHOs) or general practices, or the sale, privatisation or closing of facilities.

Workplace-acquired infections and injury

In the previous two years, 23.6 per cent (156) of respondents reported an occupationally - acquired infection or a workplace injury. This is an increase of two per cent compared to 2015 and an over 100 per cent increase on 2013. Of the injuries, 16 per cent were related to heavy lifting. Seven respondents reported injury related to work place violence. Nearly 10 per cent required time off work with a workplace-related infection, and over half of the injuries were referred to the Accident Compensation Corporation (). The commonest infections were flu or norovirus infections, four nurses reported injuries caused by assaults on staff by patients, and one reported a needle-stick injury.

Burnout

A modified version of the Abbreviated Maslach Inventory was used to examine the degree of burnout (McClafferty, 2014).

Nine items divided into three domains: emotional exhaustion, depersonalisation and personal accomplishment are scored using a seven point frequency scale ranging from every day to never. Analysis reveals that at the aggregated level at least, nurses have high personal accomplishment scores, moderate levels of emotional exhaustion, and low scores for depersonalisation. The inventory was designed for assessment at the individual level, and has not specifically been validated for use with New Zealand nurses, or in an embedded web-survey format, so some caution should be taken with putting too much emphasis on this aggregated analysis. Nevertheless, it does potentially reveal that despite emotional toll, nurses gain resilience from their sense of job satisfaction related to helping patients, and

contrasts starkly with the considerable burnout reported by the Association of Medical Specialists (ASMS) in a recent burnout-specific survey.

Morale

The morale of nurses has continued to steadily decline overall. Morale and satisfaction with staffing, hours and access to education was highest in the private surgical hospital sector. Those employed in aged care and DHBs frequently cited heavier workloads, higher patient acuity, restructuring and a perception of a decline in the capacity of nursing leadership and the quality of management. This was seen both in the answers given to questions about workload and restructuring, and in the free text general comments. While many expressed their love of nursing, many also expressed perceptions that increasingly unsafe practice environments, leadership unresponsive to nursing concerns and rigid management were causing them to question their future.

Summary:

- > Comparative pay, and pay progression (especially a perception of poor pay relative to other professions such as teaching and the police) remains a source of dissatisfaction for many. 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, increasing patient acuity, 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.
- > 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. Staff buy-in for the project is poor where there are perceptions that the methodology is not working, or where it is not acted on appropriately.
- > Access to flexible working options, especially for nurses over 50 (including looking at the requirement to do night shifts) and those with care giving responsibilities must be addressed to ensure workforce supply and continuity.
- > Nurses suffering workplace injuries and illness need greater recognition and workplace support – particularly provision of sick leave and 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.

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

Reference:

McClafferty, H. (2014) Physician health and wellbeing: the art and science of self-care in medicine.

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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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