

N2N: New to NZNO Membership Project

Part one

Newer Member Satisfaction and Participation

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Acknowledgements

The New Zealand Nurses Organisation, and the authors, would like to thank all the members of NZNO who gave up their time to answer this questionnaire, and for the insights that they have provided.

Summary

This survey was designed to capture the experiences and views of members who had joined NZNO within the last five years, and to compare these with long-standing members and previous survey data. Subsets of the survey included repeat of elements from the 2009 NZNO Member Satisfaction Survey, (which looked at satisfaction with services provided by NZNO, and participation in NZNO structures, processes and events), and the 2010 Employment Survey, (which looked at demographics, qualifications and employment situation), allowing comparison both with previous baselines and between newer and longer standing members of NZNO.

Separate cohort analysis of members who had joined since 2007 (**N2N** n= 1669), members who initially qualified in New Zealand and had joined since 2007 (**NZQN** n= 1085), members who initially trained overseas (Internationally Qualified Nurses or IQN) and had joined since 2007 (**IQN** n= 584) and members who joined pre 2007 (**e-N** n=423) were performed, and results compared where possible with the 2009 member satisfaction survey (**MSS** n= 1100) and the 2010 Employment Survey (**ES** n=1076)

Experiences and views of the changing make up of the nursing workforce, both of NZ qualified and IQN nurses, along with implications for NZNO are explored in more detail in Part 2 of the report.

Respondent Demographics

NZNO represents 46,000 members and is broadly representative of the nursing workforce in New Zealand, covering nurses and care givers working in all employment sectors and roles.

Respondent demographics show good concordance with the NZNO membership database in terms of age, ethnicity, gender and qualifications. This survey also documents these demographics by health sector, employer, DHB area, working hours and job titles. Detailed comparisons of the responses of New Zealand Trained and Overseas Trained nurses are reported, many of which may have profound implications for workforce planning and management, and for the longer term functioning and structures of NZNO.

NZNO Communications

Compared to the 2009 membership satisfaction survey, the scores for the importance placed on NZNO communications media all improved slightly, especially items related to the web site and newsletters. There were however cautionary comments such as “we don’t all live on computers” and very many, while valuing Kai Tiaki, wanting optional / free web access to Kai Tiaki and reduced fees.

Participation in NZNO

The relative participation in NZNO activities, structures and processes of the different cohorts was examined. The timing of the survey contributed to high participation in workplace meetings and MECA votes being reported, and little difference in the participation in these was seen either between the cohorts, or in comparison to 2009. However, lower participation in many other activities, related to College and Sections, AGM or Regional Council meetings were seen in the newer cohort as a whole, and even less participation in the IQN cohort.

Free text comments related to this are presented, but the differences seen with the overseas trained cohort are presented in detail from the perspectives of both NZQN and IQN in part two of the N2N report.

Other main themes

The opportunity was taken to voice disquiet about a great number of issues with nearly a thousand respondents raising additional points. The main themes related to the rising costs of membership (especially from part time workers), disappointment with collective settlements, individual complaints about communication or service from specific organisers or delegates, perceptions of inappropriate political bias and over emphasis on CTU related activity at the expense of nursing and invisibility in the workplace.

Limitations

Surveying only those with valid email addresses excludes those who do not use email. Currently 70% of the membership does have an e-mail address, and there are no patterns by age, qualification or membership category for those who do not. The demographics of respondents to this survey are comparable to the total NZNO membership. All surveys are subject to potential respondent bias, with those with strong views being more likely to respond.

Introduction

The New Zealand Nurses Organisation (NZNO) is the leading professional and industrial organisation of nurses in Aotearoa New Zealand, representing over 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 their partnership with te Tiriti through Te Runanga 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 sent to around 10000 members who had joined NZNO since 2007.

The questionnaire was designed using elements from previously tested NZNO surveys, with additional elements being piloted with NZ trained and overseas trained staff and members. NZNO membership is largely representative of the New Zealand nursing workforce as a whole, and it is hoped that the results provide a useful picture of the views of newer members about their membership of NZNO, and their education, employment, plans and morale in the health workforce. In particular, the views and experiences of overseas trained newer members were sought and compared with those of New Zealand trained newer members.

Context

The survey was carried out during February and March of 2012, before the settlement of a new 3 year Multi Employer Collective Agreement between NZNO members and District Health Boards. The previous two to three years had also seen a tightening financial climate for New Zealand as a whole, influenced by the global financial crisis. In the public sector and health care, with accompanying reports of restructuring, re-organisation, less job security and some loss of senior nursing leadership posts. The survey also coincided with a fee increase for NZNO members, and a potentially profound change to the organisation's constitution.

Method

A web-based survey of NZNO members was undertaken in February and March 2012. The project was described in an article in Kai Tiaki Nursing New Zealand, and invitations to participate were sent by e-mail link, along with a covering letter. Participants were 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 drawer were separated at source from all answers, and participation was kept anonymous. A reminder e-mail was sent two weeks after the initial invitation to all who had not responded to the first prompt. (Responders were identified by the web-mail software, not from the survey responses)

Questionnaire Design

The survey was extensively and iteratively designed combining elements from pre-tested NZNO surveys in consultation with the NZNO Professional Nursing Advisory team, and Industrial Advisers. The questionnaire covers core employment issues (employment sector and location and hours) along with demographic details. It also replicated a previous survey examining motivation for NZNO membership, satisfaction with NZNO services and membership and participation in NZNO structures and activities. New elements were added to explore experience or views of discrimination in the workforce and wider society. These elements were added in response to previous findings from surveys, and from anecdotal reports from members, organisers and professional nursing advisers regarding bullying / harassment based on country of training, accent or language skills, race, gender, sexual orientation and age, and are presented separately in a companion report.

Results

Sample and Response Rate

10202 invitations were sent out, 165 were returned as invalid address. 2126 responses were returned, giving a response rate of 21%. This is considered a good response rate for a detailed web-based questionnaire where one reminder is sent out. 1699 respondents who had joined post 2007 filled in the survey. This group is called the N2N cohort, and is the *main* cohort reported. N2N is further stratified based on initial training as a nurse reported as being done overseas (IQN) or being undertaken in New Zealand (NZQN)

Additionally 423 members who had joined NZNO pre-2007 but been sent an invitation in error filled out the survey, and their responses were analysed separately for comparison purposes – their numbers were not included in the response rate calculations. This group is called the e-newsletter cohort (e-N). Where the results for this cohort are reported, this is made specific. Results from the Total sample (N2N + e newsletter cohort) are reported as such.

Where available and relevant, comparisons are provided with results from the 2009 membership satisfaction survey and with the 2010 Employment Survey, both of which were random samples of the whole membership.

2.2 Respondent Demographics

2.2.1 Age and Sex

The numbers, age and sex of the N2N cohort are shown below.

Sex / Age	21-25	26-30	31-35	36-40	41-50	51-60	60+
Female	275	219	128	153	362	234	42
Male	32	33	14	18	35	37	4
blank	1	5	10	5	16	26	10

The percentages of female and male in the different cohorts are shown below

Cohort	Female %	Male %	Blank %
% N2N	85	10	5
% NZQN	88.75	7.09	4.14
% IQN	78.7	14.12	4.6
% e-N	88.2	4.9	6.9
% ES 2010	93.9	6.1	(Not available as option)

It can be seen that the percentages of male respondents is significantly higher in the overseas trained newer member cohort than all others.

The age, as percentages are also shown below for the Total sample, the N2N cohort, the IQN cohort, the e-N cohort, and for comparison, respondents to the 2010 Employment Survey.

Cohort / Age	21-25	26-30	31-35	36-40	41-50	51-60	60+
% N2N	18.4	15.4	9	10.5	24.7	17.8	3.3
%NZQN	24.3	12.7	8.8	9.2	23	18.3	3.7
% IQN	7.2	22	9.1	13.8	28.6	17.2	1.8
% e-N	0.7	2.8	5.4	10.6	31	34.75	13.7
% 2010 ES	0.1	2.5	5.2	7.3	30.3	42	12.5

It can be seen that the N2N respondents have a younger profile than the 2010 Employment Survey. This is heavily skewed by the number of student and recent graduate members of NZNO who responded. Though the age brackets are not directly comparable to the data reported by the Nursing Council N2N data is also showing a much younger profile than Nursing Council data. IQN cohort is also significantly younger than either Nursing Council data or the 2010 Employment Survey, though there are distinct groupings in the IQN cohort (namely older, mainly British migrants and younger, mainly Indian and Filipino migrants) which are explored in more detail in Part 2.

2.2.2 Qualifications, N2N

Qualification	Count	Qualification	Count
Bachelor Nursing / other nursing degree	1027	Midwifery qualification	88
Registered General Obstetric Nurse	354	Nursing Masters	87
Diploma in nursing	341	Registered psychiatric nurse	62
Post graduate certificate	293	Graduate certificate	37
post graduate diploma	157	Diploma advanced nursing studies	34
Care giving qualification	155	Plunket certificate	19
Enrolled nursing qualification	113	Other	387

Years worked (Total respondents)

Years worked	Count
more than 10 years	993
4 to 10 years	418
2 to 4 years	306
0 to 1 year	254
Other	151

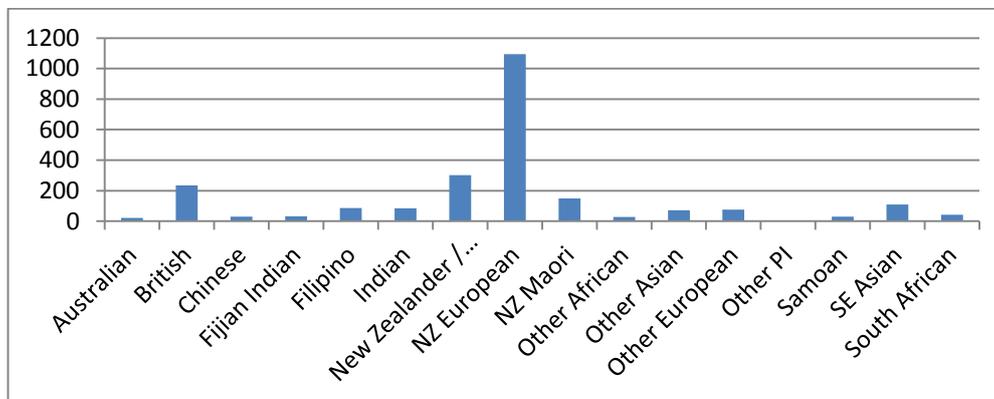
If the N2N sample is analysed by country of training, it can be seen that newer members of NZNO are proportionately more likely to be nurses trained overseas, and with longer experience working as nurses (80% had nurses longer than 4 years). This is particularly true of the UK trained cohort, where over 70% had nursed longer than 10 years. There were 179 NZQN nurses who had rejoined NZNO after nursing overseas, who skewed the figures for this graph.

Membership of NZNO (Total respondents)

Years NZNO member	Count
Less than 1	267
1 to 3	811
4 to 5	621
more than 5	423

423 respondents had been members for more than 5 years, in some cases over 30 years, and this group, the e-N cohort, was analysed separately.

Ethnicity, Total respondents

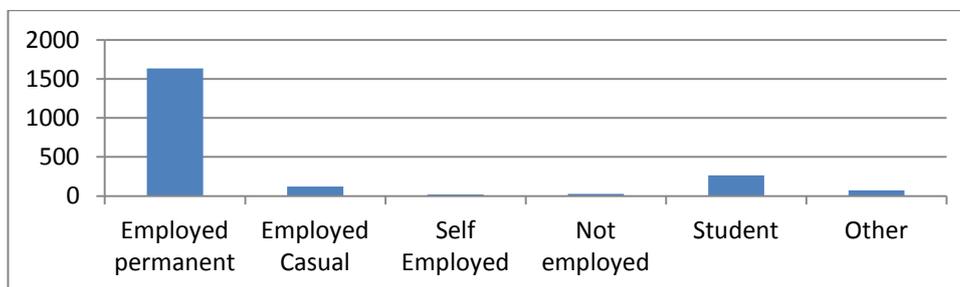


(Multiple choices make % not meaningful. This is explored more fully in part 2.)

Registration with Nursing Council N2N

77.69 % were registered as Registered or Enrolled Nurses by the Nursing Council, with a further 7.39% awaiting registration. 12.42 % were nursing students.

Employment N2N



Hours worked, showing percentages, of those employed.

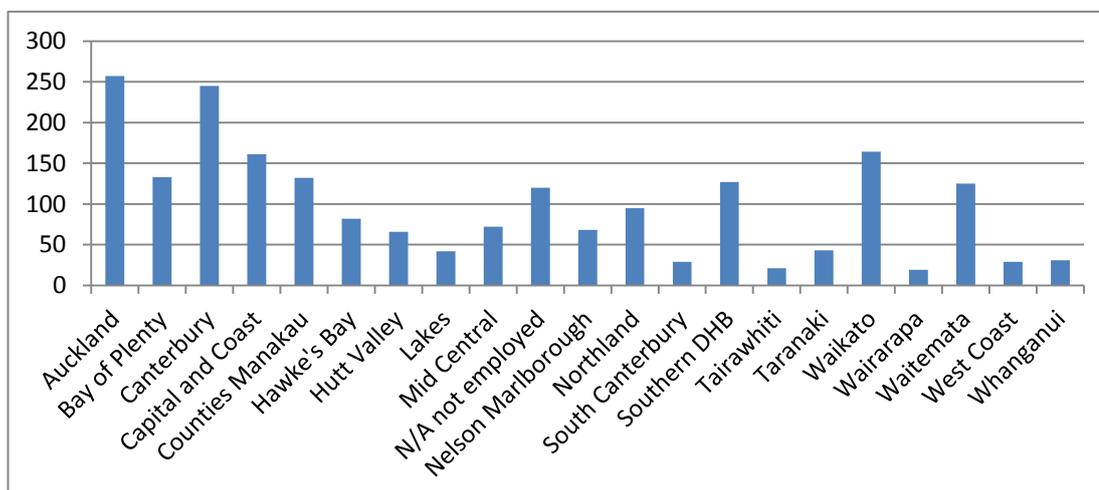
	N2N	Total	ES 2010
Full time	58.26	50.12	48
Part time	31.13	34.1	38
Casual	8.3	7.02	12
Job share	0.01	0.24	0.09

The N2N cohort has a higher proportion who work full time than either the Total sample, or the ES 2010

Health Sector Employer, N2N

Employer	%	Employer	%
Public Hospital/ DHB	49.15	Hospice	0.47
Aged Care	14.11	Education	0.42
Primary health Care	10.61	Occupational health	0.24
Private Hospital	3.65	Maternity	0.19
Mental health / dual diagnosis	3.2	NZ Blood service	0.14
Maori and Iwi Health	0.85	Other	8.9
Other NGO	0.76	Not applicable	6.44

DHB Area, N2N



This shows a good representation from all DHB areas, suggesting newer members are not clustered disproportionately in particular locations.

Length of NZNO membership, analysed for where members originally trained; (NZQN or IQN) shown as percentage of each membership length category

Years membership NZNO	%NZQN	% IQN
Less than 1	52%	48%
1-3	67%	33%
4-5	68%	32%
More than 5	82%	18%

It can be seen that the more recently a new member joined NZNO, the higher the likelihood their first training to be a nurse was undertaken outside New Zealand. Around half of new registrations with the Nursing Council of New Zealand for 3 out of the last 4 years have trained overseas, so this finding is consistent, and represents a significant change in the membership demographics.

Importance to continuing membership of NZNO the varying cohorts (Priority order is shown) MSS = 2009 Membership Satisfaction Survey

Reason	N2N	IQN	Total	MSS
To get indemnity insurance	1	1=	1	1
To get support with employment issues	2	1=	2	3
To belong to a professional nursing association	3	3	3	2
To be included in MECA	4	4	4	4
To belong to a Union	5	5	5	5
To get involved with professional nursing issues	6	6	6	6
To influence health and social policy	7	8	7	8
To Access NERF scholarships and grants	8	7	8	7
To access NZNO benefits and market place	9	9	9	9

It can be seen that the prime motivation given for belonging to NZNO has remained very constant, both over time, between IQN and total sample, and between long-standing members and new members.

Importance of different NZNO communication strategies - Priority order

Communication	Cohort	Total	N2N	IQN	2009 MSS
Kai Tiaki		1	1	2=	1
NZNO web site		3	2	2=	5
TR web pages		12	12	12	11
Negotiation updates		2	3	1	2
NZNO library updates & newsletters		9	8	8	9
Monthly NZNO e newsletters		6	6	6	-
C&S newsletters, journals & web pages		8	9	9	7
C&S conferences		10	10	10=	8
TR Hui		13	13	13	12
Media releases		7	7	7	6
Workplace bulletins		4	4	4	3
Workplace meetings		5	5	5	4
Annual Regional Conventions		11	11	10=	10

The overall scores for **all** methods of communication, for the N2N cohort were marginally higher than for the 2009 Membership Satisfaction Survey.

Caution should be applied to comparisons, though if there are trends that can be observed for the relative priority given for the different media, it is that the newer members place slightly higher priority on the web site than was the case in 2009, and perhaps due to the timing of the surveys, workplace meetings, bulletins and negotiation updates remained very important. The relative priority of Kai Tiaki as the most important medium of communication remains, and the lesser importance of the TR web site and Hui to the overall scores reflects the minority of Māori respondents, for whom, these two remain important.

Participation in NZNO activities

% answering YES to “have you participated in the following during the last 2 years?”

Participation	Total	N2N	IQN	e-N	2009 MSS
Attended NZNO workplace meetings / activities	58.9	55.5	64.6	68.6	54.7
Attended C&S conferences, seminars or meetings	20.17	16.5	16.6	30.8	27.8
Attended regional council meetings / activities	4.19	3	2.4	8.3	5.4
Attended Regional Convention activities	3.63	2.6	2	7.1	5.7
Attended Tr Runanga Hui and consultation process activities	1.7	1.5	0.06	2.1	1.7
Attended NZNO AGM & conference activities	5.4	4.1	3.9	9.2	7.6
Attended education seminars / activities	34.8	30.5	31	45.8	29.3
Attended NZNO delegate training activities	6.7	5	4.7	11.1	(Not asked)

Newer members had participated in fewer NZNO activities, (this could be further analysed by length of membership if required) The participation comparisons between the total sample and the 2009 MSS were similar for many activities, but C&S and Regional Convention participation appeared to have dropped, while workplace meetings and education seminar participation had reportedly risen. This probably mostly reflects differences in respondent profiles, with a higher proportion of students and newer graduates this time. The only real difference between the participation of the whole N2N cohort and the IQN cohort was in attendance of TR Hui, as might be expected.

NZNO activism (% answering YES to having taken part in an activity)

Activism	N2N	IQN	e-N	2009 MSS
Been an NZNO workplace delegate	8.4	6.2	15.2	22.3
Been a college or section committee member	6.3	4.4	12.8	17.1
Attended an NZNO meeting	58.9	55.3	54.7	59.4
Voted in an NZNO ballot	53	52.3	69.6	67.4
Talked to an NZNO delegate about own professional or employment issues	36	39	44.4	45.6
Contributed to a college or section policy or position statement	3.8	2.3	9.0	11.3
Talked to an NZNO organiser about own employment issues	24.4	23.7	33.9	32.9
Talked to a professional nursing adviser about professional issues	22.3	18.5	31.8	25.8
Talked to an NZNO organiser	23.6	20.1	34.9	31.4

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about NZNO issues				
Signed an NZNO petition or post card	36.5	28	45.1	36.2
Worn an NZNO tee shirt or badge	10.4	7.3	15.6	21.8
Talked to a delegate about NZNO issues	40	39.8	50.5	45.8
Participated in an NZNO regional convention	3.6	2.4	5.7	10
Talked to an employer or manager about an NZNO matter	23	19.3	35.1	30.5
Displayed an NZNO bumper sticker	7.3	4.9	13	20.7
Represented NZNO or a college or section on a working party	3.6	1.5	7.1	9.2

There are very clear differences between the responses from a random sample of members in 2009, and the responses from people who have joined NZNO within the last 5 years. The proportion of students in both those cohorts was very similar. Longer standing members, (the e-N cohort) have participated at a higher level over the last two years than either new joiners or the random sample. There are also significant differences between responses from the whole newer cohort, and the IQN new cohort. Interestingly, compared to the whole newer cohort, the IQN cohort have similar participation in workplace meeting and voting, and also approaching organisers, delegates and professional nursing advisors for advice. They are however much less likely to report more overt political gestures or involvement with the professional side of NZNO such as College and Section committee membership, contributing to policy, position statements or submissions, or being representatives on working parties or committees. This is to be expected within the first few years of migration, no matter what prior nursing experience was gained in other countries.

Perceptions of participation in NZNO meetings

There were very positive responses to the set of questions aimed at understanding the perceptions of newer members on attending NZNO meetings, with a majority (usually in excess of 90%) reporting agreeing or strongly agreeing with statements such as “I was made to feel welcome”, “I was able to express my views”, “My nursing experience was respected”, “my ethnicity or culture was understood / respected” and “it was easy to make myself understood”. A very slightly lower number agreed that the meetings were interesting and worthwhile. However, 45% agreed that there were too many rules and complicated processes. Examining these respondents further, no differences were found between the NZQN and IQN N2N cohorts, or between British trained and other IQN newer members. This suggests that understanding the meetings rules and processes is not related specifically to a New Zealand upbringing or training, or that the question lacks the sensitivity to dissect these perceptions adequately. This is flagged as an area for further exploration in the focus groups. The question set was not used in the previous Member Satisfaction Survey (MSS), but it would be interesting to add it to the next one.

Free text comments related to participation in NZNO activities

Many other ways of being active within NZNO, and being politically active in a more general sense were described, and these are detailed in the Appendix.

Examples Include:

“Submitted an article to KaiTiaki”,

“Have written to Tony Ryall about issues” and

“Te Runanga Taurira Representative on the NSU”

Awareness and use of NZNO member benefits

There was very low awareness of NZNO member benefits – with 82% reporting that they did not know about the member benefits. This has improved slightly since 2009 MSS, where over 90% had no knowledge of the benefits. Of the benefits used, Accuro health insurance continues to be the most accessed.

Many free text comments were made, most saying that more publicity about benefits was needed, and others suggesting new benefits. Examples include:

“Actually I had heard of some of these but not all of them. Maybe time for a one page reminder of all of these in Kai Tiaki?”

“Although I am currently a member of Curves women’s gym I did not know that the NZNO offered any benefits in relation to this membership”

“Discounts for dental care; I find this has become too expensive for many members.”

“I have not had enough information about other member benefits and would welcome this.” And

“How about linking fly-buys to our annual membership fees?”

Perceptions of effectiveness of NZNO

Scores for nearly all items in the section on effectiveness were slightly lower across the board than for the 2009 MSS, though caution should be allowed for interpretation given both different cohorts, and different political and timing issues of the two surveys.. Improvements were seen in the scores for being forward thinking and planning ahead, for representing the Māori world view, and for making new members feel welcome. The largest reduction in score was seen in the value for money item, though this might have been influenced by a rise in membership fees that immediately preceded the N2N survey.

Representative quotes include:

“With the Meca agreements, I believe that we are being talked in to accepting a low offer by NZNO. 2% is a pathetic rate and I believe that health professionals deserve more.” And

“The NZNO has no guts and does not support its members. The union is a joke for nurses and provides no benefits for its members. No benefits are given to its members, I would rather they fought more for the rights of nurses and protecting us than giving us shopping benefits.”

The occasional bouquet was found among the brick-bats:

“When I have had to ring on the very rare occasion to ask for advice about a work related issue, I was treated with great respect and in a very professional manner and patience. Also the follow up was amazing and very supportive. During a time of having to negotiate my own contract I was given the professional support and advice I needed. This is very important to nurses in this situation as it is not in most nurses nature to stand up for themselves and get the contracts they deserve to enable them to give the best to a nursing position in a very small employment environment.”

“Congratulations on the work the NZNO does to support the nursing community nationwide.”

Other comments

A wide range of other feedback was received, much of it highly critical. The biggest single issue for these members was the rising fees, coupled with the rising cost of living and the perceptions of a lower pay settlement. There were also complaints about perceived party-political bias and the recent elections campaign.

Representative quotes include:

“The proposal presented to nurses re such a minimal wage increase which doesn't even come near to the current rate of inflation, or the increase in NZNO fees.”

“The fees are expensive, the fees have increased but I don't think the advantages for me as a nurse have. I think as a union we could be stronger. I think if there was more access to easier voting more nurses would vote, e.g. online voting. NZNO needs to have a stronger focus on being a professional body also than just a union, there needs to be more incentive join than just indemnity insurance and bargaining fees.”

“DON'T send me text messages on me voting for a NZ government, it comes close to ILLEGAL!!! And not well received by all I have spoken to! (I wish I could underline and bold this point!!!)”

“If I choose to vote for one party, I am choosing based on my own opinions and my information. I do not want to be made to feel as if the Union thinks I'm some sort of right-wing monster because I am voting a way they do not think. The reality is the Union is a mishmash of people with different political opinions, religious views and personal ideals, when the Union takes aim at any one political persuasion or religious opinion they are attacking members who hold those views, and not because they are ignorant.”

Positive comments were also received such as:

“The assistance I have received from my rep is excellent, she has helped me so much in my workplace, given good advice and supported me all the way. I would have been fired if it wasn't for her. Without her support I would have not been able to cope with my work situation. “

Summary and recommendations

- **There is no doubt that the timing and external political events surrounding the survey influenced a negative backlash against the fee rise and the DHB MECA settlement, which for many was felt to be a below-inflation award. The survey should be repeated in another couple of years to test for emerging or continuing trends.**
- **NZNO marketing and communications must continue to better reach and inform our members about the services and activities that are provided**
- **There has been an increased recognition and appreciation of the web site, and other aspects of member satisfaction have improved since the last survey was undertaken, particularly the electronic communications side of our work**
- **The level and variety of member engagement with many of our structures and processes remain low, and renewed efforts to engage must be made. Strategies and ongoing implementation of recommendations for increasing member engagement are required.**
- **Managing the transition between student membership and engagement with full membership is important, and work following from the Younger Nurse study may help with this.**
- **Some tensions continue to exist between the professional, industrial and perceived political aspects of NZNO and very many of our members.**