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# YOUR WORK YOUR TIME YOUR LIFE

## AUTHORS

**Professor Desley Hegney<sup>1</sup>**  
**Dr. Anthony Tuckett<sup>1</sup>**  
**Dr. Deborah Parker<sup>1</sup>**  
**Dr. Robert Eley<sup>2</sup>**

1. School of Nursing and Midwifery, University of Queensland
2. Centre for Rural and Remote Area Health, University of Southern Queensland

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## INTRODUCTION

In 2001, 2004 and 2007 a team of academics lead by Professor Desley Hegney in conjunction with the Queensland Nurses' Union (QNU) undertook a study of enrolled and registered nurses and assistants-in-nursing members. In Queensland, registered and enrolled nurses are qualified to practice nursing and are licensed by the Queensland Nursing Council, the statutory body responsible for the setting and maintaining of nursing standards in the State. Although not licensed by the Queensland Nursing Council, Assistants-in-Nursing work within a nursing model of care. These workers may also have other titles such as Personal Care Assistants or Carers. Regardless of their title, they work under the direct or indirect supervision of a registered nurse.

Similar to the 2001 and 2004 studies, in 2007, the study was confined to nurses employed in the public sector (acute hospitals and community or domiciliary nursing), the private sector (acute hospitals and private domiciliary) and the aged care sector (government and non-government).

The aim of the three studies was to identify factors impacting upon nursing work and to use the results to inform strategic planning of the QNU. The research questions were:

- » From the perspective of members of the QNU, what were the factors impacting upon nursing work in Queensland?
- » How satisfied were members of the QNU with nursing work in Queensland?
- » Have perceptions of and satisfaction with nursing work changed during the period 2001, 2004 and 2007?

There were 29,789 members in the QNU database in 2007. Of these, 20,692 (69.5%) were from the public sector, 4,738 (15.9%) from the private sector and 4,359 (14.6%) aged care. 3000 questionnaires were distributed to 1000 randomly selected nurses in each sector. There were 1192 responses constituting a response rate of 39.7% as compared to 49.3% in 2001 and 44.9% in 2004.

The strategy for all three surveys has been to distribute the surveys equally between the private, public and aged care sectors (with the community nurses included into the public sector). Overall returns in these categories were almost perfect at 33.3% private, 32.7% public and 31.3% aged care with the additional 2.6% accounted for by 'other' and 'agency' responses.

If QNU membership is taken into consideration, a limitation of this sampling method is under-representation of nurses in the public sector (who comprise approximately 70% of QNU members), while there is an over-representation of nurses from the private and aged care sectors (who comprise approximately 15% each).

The major findings of the 2007 study were:

- » There continued to be differences among the sectors, particularly between the aged care and public and private sector. For example, nurses employed in the aged care sector were less likely to be able to complete their work in the time available; more likely to say there were insufficient staff; more likely to report their workload as heavy; more likely to see work stress as high; more likely to believe morale was poor and deteriorating and less satisfied about their level of remuneration than nurses in the other sectors.
- » The percent of nurses working double shifts had increased over each of the three studies. Similarly, there was an increase in the maximum number of hours worked.
- » Workload was a major concern across all sectors with approximately 80% of all nurses reporting it to be 'heavy'. There was a trend between 2001 and 2007 that suggests that less nurses report a heavy workload. Workload and surrounding issues (remuneration for work done, work stress) was the major theme in the qualitative data provided as 'additional comments' by the respondents.
- » While approximately 80% of all nurses reported their workload to be 'heavy', 57.2% (40.4% 'mostly' and 16.8% 'always') stated they could complete their job to their satisfaction within the paid time available. Nurses in the aged care (43.5%) sector were the least likely to state that they could complete their job satisfactorily 'mostly, always or

nearly always'. Additionally, only 32.1% of respondents believed there were 'never or very seldom' or 'seldom' sufficient staff employed in their work unit. It was respondents from the aged care sector who were most likely to believe this to be the case (41.2%).

- » Over 95% of nurses believed that work stress was 'high'.
- » Fifty-nine percent of nurses believed that their skills and experience were poorly rewarded (remunerated or recognised).
- » While 44% of all nurses believed that morale was good, 61% believed that morale was deteriorating.
- » There was a trend between 2004 and 2007 for a fall in the reports of workplace violence. Furthermore, more nurses were aware of the existence of workplace policies on the management of aggressive behaviour of other staff towards nurses.
- » There was an increasing number of nurses who believed that undergraduate curricula (AIN, EN and RN) should have a greater emphasis on clinical preparation and there should be improved partnerships between the tertiary education and the health care delivery sectors.
- » A new focus in 2007 was the inclusion of the Nursing Work Index<sup>1</sup>. This index measures the work environment of the nurse. Overall, compared with other international studies, nurses across Queensland rated their environment favourably.

In 2007 there were two new qualitative questions added to the survey. These were: 'please list for us five key strategies/actions that you see could improve nursing and nursing work' and 'please list for us up to five political/social/environmental issues you are concerned about outside of your work'. While there were some differences in responses across the sectors, the major themes were:

- » Workload, remuneration and working conditions, student issues and access to education and training were the major themes for action.
- » The environment (notably global warming/climate change and water), industrial relations, health resources and management were the key themes concerning respondents about political/social and environmental issues.

While there were some changes between 2001, 2004 and 2007 (some could be seen as improvements, others deterioration), the overwhelming impression one has, especially from the qualitative data, is of a workforce continually frustrated and unable to provide safe and quality care to their patients/clients/residents within the time allocated. For example, a new theme which arose from data analysis in the 'additional comments' question was 'staff turnover, leaving nursing, retiring'.

It is important to note, however, that despite these qualitative comments, 60% of nurses indicated in the quantitative data that they intended to stay in nursing for at least five years and 35% more than 10 years. Only 10% said they intended to leave nursing within the next two years. These figures have not changed over the three studies.

In 2007 for the first time, the Nursing Work Index<sup>1</sup> which is a tool to measure the work environment was used. Significant findings from this tool suggest:

- » That nurses across Queensland overall rated their environment favourably.
- » Two areas in which nurses indicated concerns were around their participation at the administrative level and staffing resource and adequacy
- » Nurses working in the private sectors rated their environments more favourable than the public or aged care sector except in regard to staffing and resource adequacy which was rated higher by the public sector nurses but not those in aged care.

*I am glad that I am at the end of my working life and not at the beginning. Gone is the satisfaction of going home each day with the satisfaction of having accomplished all of your work, gone are the days when staff help each other and enjoy their work; to 90% of staff it is a 'job' and nursing used to be so much more, we are pushing patients in and out because there are no beds. It is very stressful for all staff.  
(Aged care nurse)*

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1. Nursing Work Index. Centre for Health Outcomes and Policy Research, University of Pennsylvania, School of Nursing

## METHODOLOGY

Data were gathered using a mail-out questionnaire containing 75 questions divided into eight sections – ‘Your Current Employment, Your Working Hours, Your Working Conditions, Your Responsibilities Outside Work, Your Professional Development, the Nursing Work Index, About You and, You and Nursing Work’. One reminder was sent to non-respondents four weeks after the initial mail-out. In 2007, as in 2004, all quantitative and qualitative data were scanned into the software program Verity TeleForm (Version 9).

While the data sampling was over three sectors [public acute plus community; private acute, aged care (public and private)], analysis was carried out for all four areas: community, public and private acute and aged care. Statistical comparisons were made among the public acute and private acute and aged care sectors. In some cases, further analysis of the aged care data into public and private has been undertaken. The 2007 data were compared with the 2001 and 2004 and where appropriate by year within each sector. In order to contain the false positive error rate, only inferences supported at the one percent level of significance are reported.

There were four questions that collected qualitative data. The typed text (verbatim) from these questions was analysed by question for each sector and then for the study overall. A content analysis was then carried out to identify emergent themes and sub-themes within each sector. Where possible, data were quantified and compared to the 2001 and 2004 results.

## ETHICS

The study was approved by the University of Queensland’s and the University of Southern Queensland’s Human Research and Ethics Committees.

## RESULTS

### Quantitative

Data are summarised overall (1192), for the three main sectors (983) and for nurses in the community sector (64). In this summary differences among sectors, among years, or within sectors across year are mentioned if statistically different ( $p < .01$ ). If not mentioned no differences occur.

### Your current employment

#### Q1. Are you in paid employment?

All but 28 (2.3%) of the 1192 respondents were in paid employment. There are no sector differences. The 28 nurses who were not in paid nursing were excluded from all other questions until Q67. All questions up to Q67 are therefore confined to 1164 respondents.

#### Q2. Do you currently have more than one paid job?

About one in five nurses ( $n = 212$ , 18.2%) have more than one job of which two-thirds are in nursing.

#### Q3. If you currently have more than one paid job, what is the main reason for this?

The highest reason for more than one job was variety or diversity (28%), followed by income (19.2%), clinical skills (17.7%) and lifestyle (15.3%). Across sectors there were significant differences. Public sector nurses were less likely to offer ‘insufficient income’ as a reason for more than one job and more likely to state ‘lifestyle’. Three more choices were offered in 2007 so there is no valid comparison across years.

Nurses were requested to answer the remaining survey questions with respect to their main job.

#### Q4. In the last 12 months have you worked for a nursing agency?

94 (8.1%) of the respondents had worked for an agency in 2007. Only two community sector nurses (3%) had worked for an agency.

*I work in ED and believe it is in the too hard basket ... I don't believe workload issues are address [sic] until the department is completely unsafe.  
(Public sector nurse)*

**Q5. Is the nursing agency currently your main employer?**

Only 16 nurses (17.4% of those who had worked for an agency and 1.3% of all nurses) said that the nursing agency was their main employer.

**Q6. How long have you been in your main nursing job?**

Equal proportions of nurses have been in their main nursing job 2-5 years (21.6%), 5-10 years (22.4%) and for more than 15 years (23.5%). There are highly significant sector effects: public acute sector nursing has more early career (0-2 years), longer serving (>15 years) and fewer mid career (2-15 years) nurses.

Community: In the community sector 28% of the respondents had been in their main job for less than one year which is three times higher than for all nurses.

**Q7. What is the postcode of the place of employment in your MAIN nursing job?**

These data are not presented in this summary of findings.

**Q8. What type of workplace is your main place of employment?**

Respondents working in the three main sectors were 27.7%, 32.2% and 31.3% for public acute, private acute and aged care, respectively. There were 5.6% in the community sector.

**Your working hours**

**Q9, Q10. How many hours have you worked on average per week in the last four weeks in your main job and Q10. In addition to paid and unpaid overtime, how many hours per week of TOIL did you accrue in your nursing job over the last four weeks.**

Respondents on average undertook 36.1 hours of paid work, 6.6 hours of paid overtime, 5.3 hours of unpaid overtime and 2.9 hours of TOIL. Weighted averages (taking into account the proportions of QNU members in each sector) change the figures slightly; nurses on average worked 36.5 hours of paid work, undertook 6 hours of paid overtime, 5.9 hours of unpaid overtime and 3.0 hours of TOIL.

There are significant sector effects with paid hours (33.8), unpaid overtime (4.4) and TOIL (1.5) all lower and paid overtime higher (7.6) in the private acute sector.

Community: Nurses worked 33.9 paid hours, 5.4 hours paid overtime, 4.4 hours unpaid overtime and 1.4 hours of TOIL on average per week over the previous four weeks.

**Q11. For a typical four week period is the average numbers of hours of paid ordinary work, overtime and accrued TOIL .....**

**Q11a. Ordinary work**

The vast majority of respondents (92.2%) indicated that the work hours they had undertaken over the past four weeks were as usual. Equal proportions (-4%) worked more or less than usual.

**Q11b. Paid overtime**

Of the respondents who answered the question (50.7%) 76% indicated that they had undertaken the same amount of paid overtime as usual and equal proportions stated less or more than usual.

**Q11c. Accrued TOIL**

The majority of respondents (79%) stated that their TOIL was as usual with 13.4% less than usual and 7.9% more than usual. For accrued TOIL there was a significant sector effect. The least variability from usual was in aged care and the most variability in the public acute sector. The main effects were that 92.4% of aged care nurses responded that their TOIL had been as usual where only 71.2% of public acute and 85% of private acute were as usual.

**Q12a. In the last four weeks in your nursing job how many times were you on call?**

Absolute figures are not presented because of a difficulty in interpreting the response. Respondents were requested to insert a number and it is unknown if a zero (i.e. 0) and a blank response differ. If surveys with '0' were considered and blank responses were omitted then 30% of nurses were on call. If blank and '0' were both considered to be '0' the number

*Some weeks ago I needed an extra RN or EN to assist on a busy day. None were available within the hospital or in casual pool (which is just about non-existent) no agency staff were available either.*

*(Private sector nurse)*

*Managers keep an eye on individual responses. Where possible send home early on full pay to compensate staff who have worked over and above their usual hours or showed commitment to their job.*

*(Private sector nurse)*

*I work in a gastrocriticology [sic] unit. If there is sick leave we often work short staff and overtime as there is no experienced staff to replace. Sometimes there is no staff to cope with extra crises. It is a struggle to sometimes manage a safe recovery area [sic].*

*(Private sector nurse)*

on call falls to 7.9%. However across sectors there is a significant difference with aged care nurses having the highest numbers on call. This appears to be as a result of many more nurses in the private aged care being on call every day or almost all days throughout the month as compared to other sectors.

**Q12b. In the last four weeks in your nursing job how many times in total were you called out?**

Significant differences occurred with more call outs in aged care than in the acute sectors.

**Q13. Are you employed ...?**

Overall 30.2% of the respondents were employed permanent full-time (PFT), 59.8% permanent part-time (PPT) and 8.5% casual. There were highly significant sector differences. In the public acute sector most nurses were permanent, with 45.3% PFT and 46.9% PPT. In the private acute sector most nurses were PPT (63.8%) with only 24.3% PFT. Aged care nurses were 73.2% PPT and 19.9% PFT. Only 17 nurses (1.5%) were on employed on a temporary basis.

Community: 53.1% of community nurses were PFT, 35.9% PPT, 4.7% casual and 6.3% temporary.

**Q14. If you are not employed on a permanent full time basis do you work a regular minimum of shifts?**

Of the 1164 respondents 802 indicated in the previous question that they were not employed on a permanent full time basis. Of these 716 responded to this question and 88.7% of them work a regular minimum shift.

Community: Only two of the 20 community sector nurses who were not permanent full time and answered the question indicated that they were not on a regular shift pattern.

**Q15. How many hours are you contracted to work each week in your job?**

There was a huge range of contracted hours with an overall mean<sup>1</sup> of 26.9 hours and median<sup>2</sup> of 27.9. The weighted mean hours accounting for the proportion of QNU members in each sector provides a mean of 27.9 hours reflecting the higher numbers of hours worked in the public sector.

There are sector differences with public acute sector nurses contracted to work significantly more hours (26.2 weighted figure) than the private acute sector (23.8) nurses. Private aged care nurses' contracted hours are less (25.0) than those in the public aged care sector (26.7).

Within sectors across years private acute nurses reported being contracted to work more hours in 2004 (27.3) than 2001 (24.8) or 2007 (25.0).

Community: Community sector nurses were contracted 26.7 hours per week.

**Q16. Would you prefer to be permanently contracted to work more shifts?**

Only 14.1% of the nurses who were not working on a PFT basis would have preferred to be permanently contracted. There were highly significant sector differences with twice as many aged care nurses who would have preferred to be permanently employed than in the acute sectors.

Community: Of the 31 community sector nurses who were not working PFT only 5 (16%) would have preferred to be contracted for more shifts.

**Q17. If you are employed as a temporary or as a casual or by a nursing agency would you prefer permanent employment?**

In Q13, 98 nurses were employed on a casual basis and 17 were temporary. Only 15 (15%) of the casuals and 7 (41%) of the temporary employed nurses said they would like to be permanent.

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<sup>1</sup> Mean – the mean is the mathematical average of a set of numbers.

<sup>2</sup> Median – the median is the middle value of observations arranged in order of magnitude.

*Staff are overworked - don't have their breaks they are entitled to have. When they do they get told off not to take too long for meal breaks. Get interrupted at meal breaks by RNs and EENs. We get ordered around by EENs on all shifts.  
(Aged care nurse)*

### **Q18. In the last 4 weeks were you employed ... ?**

Overall three shift patterns are equally represented (all 3 shifts 27.2%, day shift 29.4% and morning and evening shift 25.4%). Highly significant sector differences occurred. Nearly half (49.2%) of public acute nurses work all three shifts as compared to 28.7% and 11.5% in private acute and aged care, respectively. Similar numbers (-25%) in all three sectors do day shifts. Twice as many aged care nurses do evening (13.5%) or night shifts (11%) than in other sectors.

Across years there are highly significant differences. There has been a reduction in continuous shift work (from 33% to 27%) and an increase in day shifts (21% to 29%). Across sectors there were significant differences in the public acute and aged care sectors to do more day shifts over the three studies.

Community: Within the sector 74.6% work day shifts, 11.1% morning and evening and 7.9% all three shifts.

### **Q19. Over the last four weeks have you mainly worked... ?**

Over the last four weeks 58% of the respondents had worked over all 7 days and 37.8% Monday to Friday. There were highly significant sector differences. Over 66% of public acute and aged care nurses work over all 7 days while only 47.6% of the private acute nurses do all 7 days.

Community: 81% work Monday to Friday and the rest work over all seven days.

## **Your working conditions**

### **Q20. Are you able to complete your job to your satisfaction within the paid time available?**

Overall 57.2% of respondents are 'mostly' (40.4%) or 'always' (16.8%) satisfied that they can do their job within the paid time available although 7.4% said they were 'never' and 14.2% 'seldom' satisfied. There were highly significant sector differences. Three times as many aged care nurses were 'never' satisfied and half as many 'always' or 'nearly always' satisfied than in the other two sectors. A comparison of public and private aged care nurses indicates publicly employed aged care nurses are more satisfied than private.

Across the years there were highly significant differences with a trend for improvement in overall satisfaction in job completion. Across sectors the private acute sector nurses showed a significant increase over the years. Similar trends but not significant increases were seen in the other sectors.

Community: Only 4.7% of community sector nurses stated that they were 'never' or 'very seldom' able to complete their jobs within the paid time available.

### **Q21. Over the last six months were sufficient nursing staff employed in your work unit?**

Overall 42.5% of respondents said that there were 'mostly' or 'always' sufficient staff. In contrast, 25.4% answered 'sometimes', 18.4% 'seldom' and 8.8% 'never or very seldom'. Sector differences occurred with aged care more likely to note staff were insufficient. Year differences were also significant with a trend for improvement. Across sectors only the aged care sector was significant with a reduction in the 'never/very seldom' and 'seldom' responses from 52% to 40%.

Community: Over half of the community sector nurses stated that they were 'mostly' or 'nearly always/always' satisfied.

### **Q22. Over the last six months was the skill mix in your nursing staff adequate to meet the daily needs of patients/clients?**

Half (47.4%) of the respondents said that there was 'mostly' or 'always' a sufficient skill mix whilst 23.8% said there was 'never' or 'seldom' sufficiency.

Community: Community sector nurses were less likely than other sectors to consider that there was an inadequate skill mix.

*Gone is the satisfaction of going home each day with the satisfaction of having accomplished all of your work, gone are the days when staff help each other and enjoy their work.  
(Aged care nurse)*

*Low level of work satisfaction due to decrease in respect shown by most patients and their families. I often wonder why people think they can speak down to nurses when they wouldn't tolerate it in their own job.  
(Private sector nurse)*

*Nursing care is going down the drain; due to staff shortage, skill time, and unskilled labour  
(Public sector nurse)*

### **Q23. What is the reason for the skill mix shortage?**

Respondents who indicated in the previous question that there was a skill mix problem were asked to indicate where the skill mix lay. Multiple responses were allowed. 'Not enough RN's' was offered as the highest reason (48.5%). This was followed by 'too few relief staff' (38.7%) and 'too few experienced staff' (33.8%).

There were significant sector differences for four of the options. Aged care nurses were more likely to note 'not enough RN's', 'too few relief staff' and 'lack of funding'. 'Not enough RN's' was the least likely response by the public acute nurses. 'Too many inexperienced staff' was lowest in the private acute sector.

There was no option for identifying 'not enough RN's' in 2001 and 2004 so comparison is not valid.

Community: Among community sector nurses 'lack of relief staff' (50%), 'not enough RN's' (47.6%) and 'employer policy' (47.6%) were the most frequent responses.

### **Q24. In the last four weeks what type of roster were you operating on?**

Overall request-based was most frequent roster (43.0%) followed by fixed non-rotating (23.6%). There were highly significant sector differences. 45.6% and 22.5% of aged care nurses were on fixed non-rotating or fixed rotating rosters whereas the two acute sector nurses are predominately request-based.

Across years there are significant differences with fixed non-rotating rosters increasing by nearly 10% in 2007 over the previous two survey years. Across sectors there were also significant effects. The main effects were the increase in fixed non-rotating rosters in private acute and public acute. In aged care there was a drop in fixed rotating and increase in fixed non-rotating rosters.

Community: A third of community sector nurses indicated that the question was 'not applicable'. For those that it was, the fixed non-rotating roster was the most common (52%).

### **Q25. Are you satisfied with the rostering practices in your workplace?**

Overall 61.1% of respondents were 'often' or 'always' satisfied with rostering practices. There were highly significant sector differences with private acute nurses more likely to indicate that they were satisfied 'often' or 'always'.

Community: Only 6 nurses indicated any dissatisfaction in rostering practices.

### **Q26. Do you have input into your roster?**

The majority of nurses 'always' (40.5%) or 'often' (20.1%) have input in their roster. There were highly significant sector differences with private acute nurses most likely (56.4%) and aged care least likely (26.9%) to 'always' have input.

Community: Roster input was stated not to be applicable for 40% of the nurses.

### **Q27. Are you required to work double shifts?**

Double shifts were undertaken 'never' or 'seldom' by 40% and 25.7% of nurses, respectively. There were significant year differences with the main effect a decrease in 'never' responses from 50% in 2001, to 43.8% in 2004 and to 40.3% in 2007 and an increase in 'sometimes' from 14.5% in 2001, to 18.5% in 2004 and to 21.8% in 2007. Across sectors and years aged care had a major fall in 'never' responses between 2001 and 2007 from 64.5% to 40% and 'sometimes' increased from 11.4% to 24.7%. In the public acute sector the response of 'never' also declined in a similar fashion.

Community: Double shift were only undertaken on a regular basis by one nurse.

### **Q28. What is the standard rostered minimum and maximum hours per shift worked (excluding overtime) in your workplace?**

Overall the mean minimum shift of our respondents was 6 hours and maximum 9 hours. After weighting for QNU sector proportions these figures changed to 6.5 and 9.2 hours. There were significant sector differences. Public acute minimum (6.9) was higher than aged care (5.1) and private acute (6.0). Public acute and private acute maximums were 9.2 and 9.8 respectively and the latter was significantly higher than aged care (8.2).

*More flexible rostering  
– allowing mothers to do  
hours to suit but not to the  
detriment of single nurses or  
nurses without children.  
(Public sector nurse)*

*Better working conditions  
– e.g. a roster that is health  
friendly.  
(Public sector nurse)*



Across years there were significant changes. Minimum hours increased between 2001 and 2004 and maximum increased over all three surveys. Across years and sectors there were significant increases in the maximum hours for both public and private acute sectors over the course of the three surveys.

Community: Mean minimum and maximum hours were 7.6 and 9.2, respectively for the community sector.

**Q29. Were the number and/or type of shift and/or hours you worked in last four weeks affected by any of the following:**

'Other staff leave/absence' (36.1%) and 'not enough staff' (35.0%) had the greatest influence on shift hours. Aged care nurses were less likely (15.5%) to indicate 'family responsibilities' as affecting their shift hours compared to public acute (28.6%) and private acute (31.2%). Different options were offered in 2007 so comparisons across years and by sector across years are not valid.

Community: 'Other staff leave/absence' (28.1%) and 'family responsibilities' (28.1%) were the highest responses.

**Q30. Is there a committee and/or process in place to deal with workload related issues?**

Respondents were equally divided among 'no', 'yes' and 'don't know'. There were highly significant sector differences. Only 17.4% of public sector nurses said there was no committee compared to 45.6% and 34.2% for the aged care and private acute sectors.

There were also highly significant year effects. Over the years the 'no' responses have declined from 42.2 to 32.2%. 'Yes' responses have remained constant (~37%). There was a significant effect across years for aged care with a 12% fall in 'yes' responses and a 10% rise in 'don't know'.

Community: Nurses were the same as public acute with 46.9% stating that there was a committee in place, 29.7% said they didn't know and 23.4% indicated that there was no committee.

**Q31. If you wish, please comment on how workload related issues are addressed in your workplace.**

A total of 395 respondents (127 in aged care sector, 95 in public, 129 in private, 17 in community care and 27 respondents that were unable to be sector identified) provided responses to this question. This response rate of 33% was down on the 2004 figure of 40% when a total of 547 responded (189 in aged care, 158 in public and 200 in private) and the 605 (40%) respondents in 2001 (190 in aged care sector, 209 in the public sector and 206 in the private sector.)

Throughout each of the sectors previously reported and in community care, the formal mechanisms for dealing with workload issues include: reporting directly to management, regular meetings and a reliance on completing an incident or workload form. Nurses also identified the informal strategies, commented on by nurses in the previous studies, but related more to the reliance on calling in staff or using agency and pool staff. Complimenting both the 2001 and 2004 studies, and consistent in the community care sector, phrases supporting 'nothing is done' prevail. In the context of workload issues, across the three sectors (aged care, public and private) nurses still perceive they must either 'put up with it' or 'sort it out themselves' to some extent. However, this needs to be balanced against the qualitative data for the final question of the survey which revealed a decreased number of nurses (in all sectors) talking about a lack of support by management.

The issues raised by the 2001 and 2004 respondents were similar to those raised in 2007.

**Q32. In the last three months at your workplace have you experienced workplace violence?**

45% of respondents said that they had experienced workplace violence in the last three months. There were highly significant sector differences with half of both public acute and aged care indicating workplace violence as compared to only 35% in the private acute sector.

*Regular meetings with management and staff to discuss possible changes each shift when workload is unrealistic.*  
(Aged care nurse)

*There is no response to work load forms that are completed.*  
(Community sector nurse)

*To discuss workload issues is a lengthy and time consuming process, after working long shifts the last thing people want to do is fill in forms and have meetings with senior management as this would only mean being at work longer.*  
(Public sector nurse)

*Full performance appraisal process for all staff to eliminate poor performance and break patterns of horizontal violence rampant in the organisation. Action (visible) taken against those who terrorise junior staff etc. (Public sector nurse)*

*Independent person from outside hospital environment being available for bullying/harassment issues. (Public sector nurse)*

Across years there was a significant effect with the rise in violence seen from 2001 to 2004 now declining. None of individual sectors exhibited significant changes although each showed trend of reduction since 2004.

Community: The number of nurses stating experiencing violence was 39%.

**Q33. Indicate the source of such incidents occurring in the last three months.**

Only the 520 nurses who said 'yes' to the previous question were included in the analysis (45% of the total respondents). Respondents could indicate more than one source of violence. 'Clients/patients/residents' were the greatest perpetrators of violence (29.7%) followed by 'other nurses' (19.2%) and then 'visitors/relatives' (16.4%).

There were highly significant sector effects. 'Clients/patients/relatives', 'other management', 'visitors/relatives' and 'other nurses' were lowest in private acute and 'doctors' least in aged care. Across years there were increases in violence from 'visitors/relatives' (20% to 34%), 'other nurses' (24% to 41%) and 'other staff' (4% to 12%).

In the public acute sector violence by 'clients/patients/residents' declined between 2004 and 2007. In aged care in violence by 'clients/patients/residents' increased from 2004 to 2007 (25% to 33%).

Community: 'Clients/patients/relatives' were the highest perpetrators of violence (48%).

**Q34. Does your workplace have policy for aggressive behaviour by other staff?**

Only 3.5% of respondents indicated that their workplace did not have a policy although 11.8% were not aware if such a policy existed. Across years and within sectors across years there were significant effects with increases in the existence of a policy.

Community: Figures in the community sector mirrored those of the overall nurses.

**Q35. If yes do you think that this policy is adequate in dealing with this issue?**

Data were analysed only for those who were aware of that their workplace had a policy (Q34). 41.7% said that their policy was 'mostly' or 'always' adequate. There were significant sector differences. Private acute nurses were far more likely to state that they did not know if the policy was adequate. 'Don't know' was not offered as an option in the 2001 and 2004 studies so year comparisons were not possible

Community: Results for community were consistent with the overall responses.

**Q36. Does your workplace have a policy for dealing with aggressive behaviour of clients/patients/residents/visitor?**

77% of the respondents noted there was a policy to deal with aggressive behaviour from clients and visitors but 16.5% didn't know. There were significant sector differences with more private acute sector nurses (22.9%) not knowing if a policy existed. There were significant year effects with an increase in 'yes' (63.1 to 77.3%) responses from 2001 to 2007.

Significant effects were seen for the acute private and aged care sectors but not the public acute sector. In both cases there were fewer 'no' responses and more 'yes' responses over the years.

Community: 84.4% of nurses stated that their workplace had a policy.

**Q37. If yes do you think this policy is adequate in dealing with this issue?**

Only 7% of the respondents believed that the policy was 'never' or 'very seldom' adequate. There were significant sector effects with 20% of private acute nurses not knowing if the policy was adequate compared to 3.5% and 11.5% for the aged care and public sectors. 'Don't know' was not offered as an option in the 2001 and 2004 studies so year comparisons were not possible.

Community: Figures in the community sector mirrored those of the overall nurses.

**Q38. Are staff replaced in your work unit when on the following types of leave?**

Nurses were 'always' replaced for 'long service leave' (50.6%) and 'annual leave' (50.9%) more so than for 'sick leave' (32.5%), 'accrued days off' (34.4%), 'study leave' (34.5%), 'training/study leave' (31.2%) and 'TOIL' (21.5%).

There were significant sector effects on all options. More aged care nurses were replaced if they were on 'sick leave', 'long service leave', 'training/study leave' and 'annual leave'. More public acute nurses say they are 'never' replaced for 'accrued days off', 'TOIL' and 'training/study leave'.

There were significant year effects for 'sick leave' and 'long service leave'. For sectors by year significant changes were evident for every sector. However if 'don't know' and 'not applicable' are removed the significance disappears except for in the public sector where 'sick leave' and 'long service leave' are more likely to have replacements than they were in previous years.

Community: There were far greater percentages of community sector nurses who were never replaced for many of the types of leave than in the other sectors.

**Q39. How often in the last two years have you been able to take your annual leave at the time you wanted?**

Only 2.7% of the respondents noted they could 'never' take leave when they want to. There were significant sector differences. Public acute nurses had the lowest 'always' response however across years within this sector there was a significant trend for 'always' to rise.

Community: Only nurse was 'never' able to take annual leave when required.

## Your responsibilities outside work

**Q40. What significant family responsibilities do you have?**

A 'dependant child or children' was the largest family responsibility (42.4%) followed by 'dependent spouse/partner' (22.5%). 38.5% of nurses indicated that they had no family responsibilities. There were significant sector differences only for 'dependant child/children' and 'dependent spouse/partner'. Aged care nurses were lowest for children and highest for dependent spouse or partner. New additions were presented in 2007 for 'dependent grandchildren' and 'dependent parents' so comparisons are not valid across years

Community: 50% stated 'dependent child/children', 29.7% 'dependent partner/spouse' and 31.3% none.

Only respondents who stated in Q41 that they had significant family responsibilities were included in questions 41-47.

**Q41. Do you have adequate care arrangements for dependent family members to enable you to work?**

Only 12.9% of respondents said that they didn't have adequate arrangements.

**Q42. If you consider support or assistance for family responsibilities to be inadequate, how does this affect the number of hours that you are able to work?**

This question did not specify if only those who considered support to be inadequate in Q41 (n=92) should answer it. 500 answered and 71% said it affected them 'slightly' or 'not at all'.

**Q43. Are you able to access leave to care for family when you need it?**

75% of the respondents indicated that they were able to access leave when they needed to and only 5.4% said 'no' to the question. There were significant sector effects with fewer aged care nurses indicating 'yes'.

Community: Figures in community mirrored those of the overall nurses.

**Q44. How old is your youngest dependant child?**

There were significant sector differences reflecting older nurses working in aged care. In aged care less than 20% have a child younger than 18 years of age as compared to ~40% in the acute sectors. If the 'not applicable' responses are removed 31% of the aged care nurses' youngest child was under 12 as compared to 57% and 52% for the public acute and private acute sectors.

Year effects were also significant with ages 12 to 18 rising over the years of the studies. For both private acute and aged care there were significant effects with fewer children younger than 12 and more in the 12-18 age bracket.

*Even for myself who doesn't take a lot of sick leave, I find I'm using more mental health days due to inability to do anything related to my study this year at the workplace. Even though what I am doing is directly related to my area of work. There isn't any time for it.*  
**(Public sector nurse)**

*I feel torn between work and family. I would leave nursing today if I could afford to study or do a tafe [sic] course outside of nursing.*  
**(Aged care nurse)**

*Apart from the fact that I really love my job – it is the penalties that encourage me to work W/E and ND and public holidays when the rest of the family are off having a great time. I have had about 5 Xmas's off in 35 years [sic].*  
**(Public sector nurse)**

Community: Ages were equally distributed over the 5-12, 12-18 and 18+ years groups.

**Q45. Does your employer provide support or assistance with childcare?**

Only 45 respondents noted that their employer provided support. Results are not comparable for years or sectors across year because of the introduction of a 'don't know' category.

**Q46. Do you consider this support to be adequate?**

Of the 45 who noted that their employer provided support 50% said that support was 'adequate', 36% 'didn't know' and 13.5% said 'no'.

**Q47. In what ways are the current childcare facilities you access inadequate?**

Total response was very low for this question. 'Cost too high' and 'inadequate or limited hours of operation' were highest concerns. There were significant sector effects for 'cost too high' with a higher response (10.5%) in the public acute than the private acute (6.8%) and aged care sectors (4.2%).

## Your professional development

**Q48. Do you have access to training and/or professional development opportunities through your workplace?**

Over 90% of nurses said that they had access to training/CPD. There were significant sector effects with 2.9% of public acute nurses noting that they had no access as compared to 8.0% for private acute and 9.5% for aged care. There were year effects by sector for 2004 and 2007 in the public acute sector where the 'yes' responses increased from 92.6% to 97%.

Community: Among these nurses 92.2% said they had access to training in 2007.

**Q49. Are you currently involved in a course of study related to your job?**

15.3% of nurses reported that they were involved in training. There was a significant sector effect with 10% of nurses in the private acute sector undertaking training compared to >16% in the other two sectors. The question was not asked in 2001 and 2004 so no year or sector/year comparisons are valid.

Community: 12 of the 64 community sector nurses (18.8%) were engaged in a course.

**Q50. What level of support does your employer provide to you for this course of study?**

Only data for those who said 'yes' to the previous question (Q49) were considered. Support consisted of 'no support' (29.1%), 'payment of some or all course fees' (31.8%), 'paid time off work' (25.2%) and 'leave without pay' (19.9%).

There were sector differences. Only 17.5% of public acute nurses were not supported as compared to 32.4% and 38.5% in the private acute and aged care sectors. In 2001 and 2004 'leave without pay' was not offered as an option and comparisons are therefore not valid.

Community: Half of the 12 respondents said they received no support.

**Q51. Indicate the type of work-related education or training in the last 12 months and the type of leave provided by your employer for each activity.**

Fully paid by employer in-house training by lecture (66.8%) and video (49.2%) were the most common type of training. Both of these were largely fully paid for by the employer. Half of the respondents who attended a conference also received full payment. There were significant sector differences for all questions. In-house training video and lecture fully paid by employer was least likely in aged care who were more likely to have partial payment or time without pay. More public nurses attended conferences, workshops and courses than other sectors.

No across years and sector/years analysis were undertaken for question 51 or for questions 52 and 53 as the question was worded differently in previous years.

**Q52. For the activities identified in Q51 what support did you employer give for each of the activities?**

For in-house training 'no support' was the most common response. Equal numbers of nurses who attended conferences got their registration paid as those who got no support.

*More opportunities for education and study leave to enable nurses to attend seminars etc (in private all our study is expected to be in our own "limited" time and our own expense.). (Private sector nurse)*

*I feel a great amount of frustration as I see new staff members struggling through their career ... There is no time for education nor can I 'buddy up' with new staff to get them more experienced and confident in more difficult nursing care. (Public sector nurse)*

**Q53. Were you prevented from undertaking any training or educational activities related to your job in the last 12 months because .....**

Inability to pay the fees (18.2%), time (17.0%), couldn't afford leave (15.2%) and lack of relief staff (14.9%) were the principal reasons not to attend training or education activities.

**Q54. Are nursing graduates given adequate support at your workplace?**

32.5% of respondents indicated that nursing graduates were not given adequate support. There were highly significant sector effects. The acute sectors were very similar (~50% noted support was adequate) compared to only 35.8% the aged care sector nurses. Across years there was a significant effect only in the public acute sector with an increase in the 'yes' responses from 40.5% in 2001 to 50.8% in 2007.

Community: 34.9% did not believe that the support offered to graduates was adequate.

**Q55. Do nurses whether experienced or inexperienced receive appropriate orientation when starting work in a new clinical area?**

There was a mixed response to this question; 33.7% of nurses thought that there was appropriate orientation, 38.5% indicated 'sometimes' while 22.5% didn't think that appropriate support was offered. There was a significant sector effect with fewer aged care nurses considering that appropriate orientation was received. There was a significant effect across years in the public acute sector with an increase in 'yes' responses.

Community: A quarter (23.8%) did not believe that appropriate orientation was given.

## Perceptions of nursing

**Q56. Listed below are a number of opposing statements nurses have made about work in nursing. Within the range of two extreme positions, mark ONE of the circles on each line that describes how you feel about these aspects of work in nursing.**

For all questions there was a 7 point Likert scale ranging from extremely positive to extremely negative with the midpoint labelled neither.

**a) Workload is emotionally challenging**

There is a change over the years. The main effect is a 6% reduction in the percentage of nurses who state nursing is quite challenging and an equivalent increase in the 'slightly' challenging response. 'Extremely' challenging responses remained the same (~30%).

**b) Workload is heavy**

Nearly 80% of nurses considered workload to be 'extremely' or 'quite' heavy. There were both sector and year effects. Workload was considered to be 'extremely' heavy by 52.3% in aged care as compared to <27% in the acute sectors. There was a slight decline in the opinion that workload was heavy over years.

Community: The percentage (17.2%) of community nurses who considered workload to be 'extremely' heavy was smaller than in the other sectors.

**c) The work is physically demanding**

Most nurses (64.1%) considered work to be 'extremely' or 'quite' physically demanding. There were significant sector, but not year, effects. Work was reported as 'extremely' demanding by twice as many aged care nurses (45.8%) than in the other two main sectors (<23%).

Community: Community health nurses considered the work to be less physically demanding (6.3% noted 'extremely' demanding) than did nurses in other sectors.

**d) Pay rate is good**

There was a mixed response to this question with 41% reporting on the poor side, 14% neutral and 55% good. Only 1.8% stated 'extremely' good. There was a significant sector effect. Pay rate was perceived to be much poorer in aged care than in the other two sectors. In the private acute sector there was a significant improvement in pay rate over years.

Community: Nurses were relatively more likely to consider pay rate 'good' with only 26% on the negative end of the scale.

*We've been complaining to management about heavy workload, abusive residents, but nothing happened [sic]. (Aged care nurse)*

**e) Work hours are inconvenient**

Responses were split evenly across the scale. There were significant sector and year effects. Public sector nurses have a poorer opinion of the convenience of work hours than nurses in the private or aged care sectors. There was a small but significant trend for work hours to improve over the years.

Community: Only a quarter of the nurses considered work hours to be inconvenient which was far fewer than for nurses overall or within the other sectors.

**f) Career prospects are good**

48.8% of nurses saw good career prospects. There were significant sector effects with 31.2% of aged care nurses considering career prospects to be 'extremely' or 'quite' limited compared to <22% in the other two sectors.

Community: Response by community sector nurses were mixed with similar numbers responding to each end of the scale.

**g) Skill and experience is not rewarded**

58.8% of nurses thought that skills and experience were not rewarded. There were no sector or year effects for this variable.

**h) Nursing is seen as a high status career**

Equal numbers of nurses (39%) voted on each side of the scale with 21% being neutral. There were significant sector and year effects. Aged care nurses saw nursing career as having higher status than nurses in the other sectors. However, over the years perceptions of career status improved, especially in the public acute sector.

Community: Views were consistent with nurses overall.

**i) Work stress is high**

Only 4.5% of nurses considered that work stress was low. There was a significant sector effect with work stress highest in aged care where 49.3% said that stress was 'extremely' high compared to 31.3% and 31.5% in the public and private acute sectors.

Community: Views were consistent with nurses overall.

**j) Team work is lacking**

Answers were distributed evenly on both sides of the scale. There was, however, a significant sector effect with teamwork more lacking in aged care where only 37.8% of nurses considered teamwork to be positive as compared to 46.7% in public acute and 54.3% in private acute.

Community: 60% of the community health nurses considered teamwork to be positive.

**k) Workplace is safe**

Over two thirds (68.8%) of nurses were positive about the safety. There was a significant sector effect with safety in workplace best in the aged care (16.4% 'extremely' safe) and worst (3.2% 'extremely' safe) in the public acute sector.

Community: Over 20% of nurses considered that the workplace was extremely safe.

**l) Autonomy is encouraged**

18.7% of nurses considered that autonomy was not encouraged. There were no sector or year effects for this variable.

Community: Ten percent more community health nurses (17.2%) stated that autonomy was 'extremely' encouraged as compared to nurses overall.

**m) Staff morale is good**

43.6% of nurses were positive about staff morale and 50.3% negative. There were significant sector and year effects with more polarised views than for most of the other variables. More aged care believed morale to be 'extremely' bad and more private acute nurses believed morale to be 'quite' or 'extremely' good. Over the years perceptions of morale has improved.

Community: Community sector nurses were more positive (56.3%) about staff morale than nurses in the three other sectors.

*It is obvious that the health system continues to fail anyone working in the frontline. The more we have to watch this failure with our hands tied because we can't get money, staff, resources, specialists etc. the more staff are going to lose heart and quit.*  
**(Community sector nurse)**

**n) Nursing morale is deteriorating**

Despite the answer to the previous question 60.5% of nurses said that morale was deteriorating. There was a significant sector effect. Overall morale was deteriorating more in aged care where 22.9% stated 'extremely' as compared to 14.8% and 14.3% in the public acute and private acute sectors.

Community: Community sector nurses tended to be more optimistic about the morale. 10% fewer nurses than in the other sectors saying it was deteriorating.

**o) Workplace is well equipped**

The majority of nurses (59.9%) considered the workplace to be well equipped. There were no sector or year effects.

Community: Community sector nurses similarly (60.9%) considered the workplace to be well equipped.

**p) Nursing work is valued by the community**

76.7% of nurses considered nursing work to be valued by the community. There were no sector or year effects.

Community: 82.9% of community sector nurses were positive for this variable.

**q) Nursing work is valued by the health system**

Fewer than half (47.8%) stated that nursing work was valued by the health system and 41.4% stated that it was not valued. There were no sector or year effects.

Community: Exactly half of community health nurses thought that nursing work was valued by the health system and 12.5% were neutral.

**r) The work I do matches by professional expectations**

68.7% of nurses agreed with the statement. This variable was not offered in previous surveys.

Community: Approximately 10% more community nurses (78.2%) noted that their work matched their professional expectations than did nurses overall.

**s) The purpose of nursing is understood in my workplace**

The purpose of nursing in the workplace was considered to be understood by over 72.3% of nurses and not to be understood by 17.7%. This variable was not offered in previous surveys.

Community: Nurses in the sector were similar to the main sectors.

**t) The purpose of nursing is promoted in my workplace**

The purpose of nursing was considered to be promoted by 64.6% of the respondents.

Community: Nurses in the sector were similar to the main sectors.

**Additional analysis on Q21, 22 and 56 for private and public employed nurses by level of employment**

Analysis was undertaken on 790 privately employed and 456 publicly employed nurses. Only those factors for which there are significant effects are presented. In the private sector there were 12% AIN, 10.7% EN, 26.7% RN1 and 16.9% RN2-5. In the public sector figures were AIN 4.4%, EN 4.3%, NO1 14.2% and NO2-9 15.4%.

**Q56.1. Private Acute Sector Nurse Responses**

**56.1b. Workload is heavy**

The main effect is with AIN who were far more likely (60%) to state that workload was extremely heavy than other nurses (<37%).

**56.1c. The work is physically demanding**

The main effect was a graded response from AIN (63.6%) to RN2-5 (20.2%) in agreement that work in physically demanding.

**56.1d. The pay rate is good**

Although very few nurses (1.4%) considered the pay rate to be 'extremely good' RN were

*Even though we have discontent and low morale in my workplace I would like to say that it is NOT caused by a lack of teamwork or camaraderie between staff members ...*  
**(Private sector nurse)**

*... In a job where blood sweat and tears are not recognised or appreciated, nursing is somewhat another form of modern day slavery – a life governed by call bells and shower lists ...*  
**(Private sector nurse)**

*RNs in aged care are undervalued for the work they do and they are gradually becoming a rare breed.*  
**(Aged care nurse)**

more in agreement than AIN and EN. More AIN (31.4%) and EN (20.8%) responded with the 'extremely poor' response compared to RN1 (14.9%) and RN2-5 (13.6%).

**56.1e. Work hours are inconvenient**

There was a trend for RNs to consider work hours to be more inconvenient than did the AIN and EN.

**56.1b. Nursing is seen as a high status career**

AIN (50.3%) and EN (48.8%) were more likely to see nursing as a high status career than did RN1 (35.8%) or RN2-5 (32.2%).

**56.1j. Lacks teamwork and support from colleagues**

Teamwork was recognised more by RN1 (47.4%) and RN2-5 (57.3%) than AIN (28.6%) and EN (40%).

**56.1l. Autonomy is encouraged**

49% of RN2-5 indicated 'extremely' or 'quite' as compared to 40.7% in EN, 33.8% RN1 and 27.1% in AIN.

**Q56.2. Public Acute Sector Nurse Responses**

**56.2c. The work is physically demanding**

Similar to those in the private sector AIN (91.9%) were most likely to consider the work to be physically demanding followed by EN (83.7%), NO1 (85.9%) and NO2-9 (66.1%).

**56.2f. Career prospects are good**

Nurses gave responses on the positive side of the scale. More AIN and EN (14.3% in each case) indicated 'extremely good' as compared to 2.4% for NO1 and 4.4% for NO2-9.

**56.2b. Nursing is seen as a high status career**

AIN (57.1%) and EN (45%) saw nursing as a higher status career than did NO1 (40.1%) and NO2-9 (27.6%).

**56.2i. Work stress is high**

Extreme stress was more likely to be indicated by AIN (55.1%) and EN (42.9%) than by NO1 (26.5%) and NO2-9 (30.9%).

**56.2l. Autonomy is encouraged**

AIN and EN were more likely to give neutral answers (>27.0%) than NO (12.5%)

**56.2o. Workplace is well equipped**

16.3% of AIN and 8.2% of EN considered that their workplace was 'extremely' well equipped as compared to 2.4% of NO1 and 3.3% of NO2-9.

**56.2q. Nursing is valued by the health system**

AIN and EN were more likely to consider that nursing was valued by the health system (12.2% and 10.2%) respectively than did NO1 (1.8%) or NO2-9 (1.1%).

## Your nursing career

**Q57. How long have you worked in nursing overall?**

66.9% of the respondents had been in nursing in excess of 15 years and only 3.9% less than 2 years. There was a significant sector difference but little consistent pattern. Year effects were also significant with the main effects being a reduction of respondents in the 10-15 and 15-25 year time bands and an increase in the 25-35, 35-45 and 45+ time bands over the years.

Community: Over three quarters of the nurses (76.6%) had been in nursing in excess of 15 years.

**Q58. How long do you expect to work in nursing in the future**

Nearly 80% of respondents expect to be in nursing for more than 5 years and 29% more than 15 years. There were significant sector effects with 35.9% of public acute nurses expecting to be in nursing for more than 15 years as compared to 23.9% and 28.2% in the aged care and private acute sectors, respectively.

Community: A third of the nurses (34.4%) expected to be in nursing for over 15 years.

*My career in nursing has been very rewarding and have every intention of continuing to work for another 6 years or until retirement ...  
(Aged care nurse)*

*I have been working in the same hospital for 17 years and I am thinking about retirement. My employers give me no incentive to continue nursing and have lost my passion due to the stress and workload that is expected of us.  
(Private sector nurse)*



**Q59. During your nursing career, have you had a break from nursing other than taking paid leave?**

54.1% of the respondents reported that they had a break from nursing. There were significant year effects with a decrease in the number of respondents who reported that they had taken a break from nursing from 65.6% in 2001 to 54.1% in 2007. In all sectors there are significant reductions across years in breaks in nursing.

Community: 34 of the community sector nurses (53%) had a break.

**Q60. How many breaks have you had?**

The mean number of breaks from nursing was 2.24. Weighted for QNU member sector distribution the mean number of breaks was 2.19. The distribution in the number of breaks showed that 85% of nurses who had taken a break had three (19.3%), two (30.9%) or one (35.3%) breaks.

Community: The pattern was the same in this sector.

**Q61. How long was your longest break?**

The longest break among respondents who indicated that they had a break was highly variable with ~20% in each of the categories from 6-12 months, 1-2 and 2-5 years. Only 9% had breaks of longer than 10 years. There were significant sector effects with more breaks in excess of 5 years in aged care and a trend for shorter 6 month to 2 year breaks in the public acute sector.

Community: 50% of nurses had a break of between 1 and 5 years which was the same as the public acute nurses.

**Q62. Following your longest break from nursing did you receive any re-training before or after re-entering the workforce?**

Over three quarters (77.2%) of the respondents said that they had not received retraining after returning from a break.

**Q63. What was the reason/s for your breaks from nursing?**

For those nurses who had taken breaks 58% had taken a break for 'maternity/paternity' and 41.9% for 'family responsibilities'. The next highest reasons were for 'travel' (18.7%) and 'wanted a change' (17.9%). There were significant sector effects for the factors of maternity/paternity and family responsibilities. 'Maternity/paternity' leave was the lowest and 'family responsibilities' highest for aged care.

No year comparisons were done for the top two categories because of different wording to the questions. Compared to 2001 and 2004 the other top 10 reasons for taking leave are exactly the same; 'travel' and 'wanted a change' being the main reasons after 'family responsibilities' and 'maternity/paternity leave'.

Community: In the community sector, 35.9% of nurses said that 'maternity/paternity' leave was applicable and 28.1% that 'family responsibility' was a factor. For all other community health numbers were less than 10% in all categories.

**Q64. Please indicate the extent to which you agree that each of the following features are present in your MAIN job (Nursing Work Index).**

In 2007 for the first time, the Nursing Work Index which is a tool to measure the work environment was used. The Nursing Work Index consists of 30 items and provides an indicator of the nursing environment across five areas—nurses' participation in the running the workplace, quality care, leadership and nurse support, relationships with physicians and staffing and resources. This index provides the opportunity for future national and international benchmarking. Significant findings from this tool suggest:

- » That nurses across Queensland overall rated their environment favourably.
- » Two areas in which nurses indicated concerns were around participation at the administrative level and staffing resource and adequacy.
- » Nurses working in the private sector rated their environment more favourably than the public or aged care sectors except in regard to staffing and resource adequacy which was rated higher by the public sector nurses but not those in aged care.

## About You

### Q65. If you are private sector employed are you a/an ...?

In the private sector 18% of respondents were AINs, 16% ENs and 64% RNs. 90% of AINs and 50% of ENs and only 25% of RNs were in aged care. Nine community health nurses indicated they were privately employed. Two were AIN, six RN1 and one 'other'.

### Q66. If you are public sector employed are you a/an ...?

In the public sector 8% of respondents were AIN, 10% EN and 82% NO. Over 70% of the AIN worked in aged care as compared to 18% EN and 3.5% of NO.

### Q67. Are you male or female?

Overall only 6% of the respondents were male. More male nurses (8.4%) were in the public acute than the private acute (4.4%) or aged care sectors (3.1%).

### Q68. What is your age?

43.8% of the respondents were over 50 years of age and only 6.3% below 30. There were significant sector effects: aged care nurses were older with 60% over 50 years of age as compared to less than 35% in the other two sectors. There was a significant year effect. There were fewer younger and more older nurses at each survey date. For example the number of nurses over 60 rose from 3.9% in 2001, to 7.4% in 2004 and 10.3% in 2007.

There were also significant sector effects over years with aged care nurses showing an increase in age over the three years. Nurses in this sector over 60 years of age rose from 4.6% to 19.5%.

Community: 42.2% of community sector nurses were over the age of 50.

### Q69. Do you identify as a Aboriginal, Torres Strait Islander or South Sea Islander?

Only 14 nurses (1.2%) in total identified as being from one of the minority groups. This compares less than 1% in 2001 and 2004. There were no significant sector or year differences. Only 1 of the 64 community sector nurses identified as being Indigenous.

### Q70. Are you from a CALD background?

11% identified as being from a non-English speaking background. There were significant year differences with a doubling identifying as CALD from 2001 to 2007.

### Q71. Are you ... ?

99.6% of the respondents noted that they were either citizens or permanent residents and only 0.4% (n=5) were working on a section 457 or other visa. No year comparisons were possible as this question was not asked previously.

### Q72.1 Do you identify as a person with a disability?

38 (3.2%) noted that they identified as a person with a disability

### Q72.2 Did you acquire the disability as a result of your nursing work?

20 of the 38 (55%) who identified as having a disability indicated they had acquired the disability at work. In 2001 and 2004 the question was not linked to a previous question.

## You and nursing work

### Q73. Please list for us five strategies/actions that you see could improve nursing and nursing work

A total of 877 (73.6%) respondents (258 in aged care sector, 232 in public, 246 in private, 42 in community and 99 respondents that were unable to be sector identified) provided a total of 3351 responses (1057 in aged care, 910 in public, 933 in private, 145 in community and 306 in unknown sector) to this question. Not all respondents provided five strategies, responses ranging from one through to five. Additionally, some respondent provided more than five strategies. All data were included (where relevant) and analysed.

Following thematic analysis of the data, the overall themes were listed by frequency and percentage. There was a wide diversity in the strategies raised by the respondents. For the

Comparison has been of the ages of respondents in each sector with ages from the entire QNU database. In all three sectors there is a small under-representation in the study respondents of 20-40 year olds and an over-representation of 40-60+ year olds.

*More help (financial and otherwise) for nurses furthering education.  
(Aged care nurse)*

*Access to relevant education to improve knowledge in area of expertise.  
(Community sector nurse)*

purpose of the discussion of the results, an average percent of the three largest sectors (public, private, aged care) was calculated. A theme with an average percentage greater than 5% was deemed to be included in the discussion. These themes were then grouped. For the purpose of this study a group was defined as one where the percentage of respondents was within 5%.

In certain themes, there were identifiable sub-themes. Where these were more than 5% they were discussed as a discrete sub-theme. All other issues raised which were less than 5%, were still discussed but not as a discrete sub-theme.

This was a new question added to the 2007 survey, therefore there was no comparative data available. With this in mind, it is worth noting that in 2007:

- » Workload was the highest ranked theme across all sectors, but slightly lower in the community than other sectors
- » Remuneration was ranked higher by nurses in the aged care sector. In the community and private sectors comments about student preparation was ranked higher than remuneration
- » Comments about students were ranked overall third, but differed slightly between sectors with the private sector providing the most comments
- » Working conditions were ranked much lower by the community sector than other sectors. This was ranked highest in the private sector, followed by aged care
- » Education and Training was ranked very high by nurses in the community sector (almost equal to workload), and lowest for nurses in the private sector
- » Administration and Management issues were ranked much higher by nurses in the community sector than nurses in the aged care and public sectors.
- » Recognition of nurses and for nursing work was ranked lowest in the public sector and highest in the private and aged care sectors
- » Teamwork was almost twice the issue in the public and community sectors than it was in the private and aged care sectors.

**Q74. Please list for us up to five political/social/environmental issues you are concerned about outside of your work**

A total of 633 (53.1%) respondents (203 in aged care, 189 in public, 210 in private and 31 in community care) provided responses to this question. It is worth noting that not all respondents provided a set of five responses across the five spaces provided on the survey (aged care; 51%:n=103, public care; 46.5%:n=88, private care; 36%:n=75; community care; 32%: n=10), and numerous respondents listed multiple responses (issues) in a single space or across two-three spaces on the survey. All data was included (where relevant) and analysed.

Across the four sectors, nurses in 2007 were mostly concerned about the environment (notably global warming/climate change) and across the four sectors the complimentary significant issue of concern was water (that is, SE Queensland's drought and the regions management/conservation of water).

Some 43 key political/social/environmental major themes were identified amounting to an impressive 310 sub-themes. For example, the primary concern across all four sectors Environment contained some seventeen (17) sub-themes ranging from concerns about the aluminium refinery at Bowen, climate change/global warming and damming the Mary River to increased use of chemicals/dumping of same, Japanese whaling and uranium mining.

This question was asked for the first time in 2007, consequently there is no previous point of reference to note any changes across time.

*Due to poor wages I am wanting to leave nursing or do minimal hours, as the wages are very poor making it extremely difficult to make financial ends meet when our family is low income earners ... No incentive to want to keep nursing.  
(Aged care nurse)*

*Increasing wastefulness in western world.  
(Aged care nurse)*

*Work place laws changing and its effects on nursing.  
(Community sector nurse)*

*Environmental vandalism.  
(Private sector nurse)*

*Global warming.  
(Aged care nurse)*

*Family issues (e.g. adequate  
affordable quality childcare  
for my grandchildren.  
(Public sector nurse)*

*Politicians using so much of  
tax payer money during the  
election.  
(Private sector nurse)*

## To summarise:

Reviewing the top political/social/environmental issues nurses are concerned about outside their work for aged care sector, public acute, private acute and community acute sector, respectively:

- » Environment 1st across all four sectors;
- » Water 1st aged care and private acute sector and 3rd public and 9th community acute sector;
- » Industrial relations placed 3rd for aged and community acute sectors and 7th, public and 6th private acute sectors;
- » Working conditions placed 9th, 4th, 3rd and not at all;
- » Workforce 6th aged and 10th private acute sectors and not at all for both public and community acute sectors;
- » Health Resource and management placed 8th aged and 4th private acute sectors and 2nd public and community acute sectors;
- » Housing placed 7th, not at all, 5th and equal 5th;
- » Health topics not at all for aged and community acute care sectors but 5th public and 9th private acute sectors;
- » Cost of living 6th for public acute sector only;
- » Health service provision 8th for public acute sector only;
- » Politics/politicians 9th public acute and 6th community acute sector only;
- » Societal values (loss of) was not placed by either public nor community care sector nurses but was placed 4th and 7th by both aged care and the private care sector nurses;
- » Children/Childhood was not placed by either aged care nor private care sector nurses but was placed 10th by both public and community care nurses, respectively. Related to this, the community care nurses placed Youth issues (teenagers) 4th overall and private care nurses placed Family, 8th
- » Aged care/elder care was not placed in the top ten issues of concern by three of the sectors, but was (understandably) placed 5th by the aged care sector respondents. Related to this workplace influence, Workforce-aged care was placed 10th by this group and not placed in the top ten for the other three sectors.
- » Public transport 7th for community acute sector only;
- » Violence 8th for community acute sector only.

Every attempt has been made to provide the reader with a sense of what these core themes mean. However, do note that not every sub-theme for each of these major themes has been discussed here.

### **Q75. Is there any other information you would like to share with us regarding your working life? Or, if you are no longer working in nursing, please provide us with the reason/s why this is the case.**

This was the final question in the survey. A total of 361 (30.3%) respondents provided a response to this question. In the aged care, public and private acute care sectors, approximately 100 nurses provided a response. In the community care sector, only 20 nurses provided a response. Caution should be taken in the interpretation of these results as in some cases very small numbers of respondents were involved in a theme.

Similar to other qualitative responses, there was often more than one 'theme' identified in a respondent's notation. For example, in the public sector 119 respondents provided some 266 thematically related comments.

In 2007, the top listed theme within the data was the theme Morale, stress, workloads and staffing. The percentage of respondents discussing this theme was much higher in the private and community sectors than the aged care and public acute care sectors. The theme, Remuneration /conditions was listed third in each sector, with similar percentages of nurses identifying this as an issue. 'Workload' and 'remuneration' were both within the third highest ranked themes for both questions 73 and 75.

In 2007, nurses in the public, private and aged care sectors also made positive comments about their nursing work. However, this was often countered by negative comments made about nursing. Another area that respondents noted was their intention to leave nursing or retire from the workforce. The percentage of respondents discussing this was much higher in the private and aged care sectors, than in the public and community sectors (though it was listed second in the community sector).

Comparisons between the results in 2001, 2004 and 2007 demonstrated a downward trend in the number of nurses citing issues around Morale, stress, workloads and staffing (however, this was still the highest listed response). A new major theme within the data was Staff turnover, leaving nursing, retiring. Added to the similar theme of Images of nursing where nurses talked either about how they loved nursing (but) or provided negative images of nursing, nurses often spoke about leaving nursing or looking forward to retiring because nursing was no longer an enjoyable career.

Other changes between the three studies were:

- » A large decrease in the percentage of nurses (in all sectors) talking about lack of support by management;
- » A decrease in the percent of nurses (in all sectors) discussing issues of workplace violence;
- » Few nurses (again a decrease) reporting barriers to accessing education and training;
- » While there was a decrease in the percentage of nurses from the private and aged care sectors discussing remuneration and conditions, there was a slight increase in nurses from the public sector raising this as an issue;
- » Occupational health and safety issues declined in all three sectors;
- » Issues around paperwork declined significantly in aged care, slightly in the public sector, and remained stable in the private sector, and
- » Rostering/family friendly workplace declined slightly in the private and public care sectors, but increased slightly in the aged care sector.

## Conclusion

Findings from this study may be used to change practices that could be used to improve recruitment of nurses, reduce turnover and improve retention. The quality of the work environment is an important issue for recruitment, retention and workforce planning. Staff who enjoy their work and working environment are more likely to stay in their current job and in the current line of work than are those who have more negative attitudes. On the one hand, compared to other international studies, nurses across Queensland rate their environment favourably. On the other hand, staffing resources and adequacy remain issues of contention, most notably for the aged care sector.

The aged care sector emerges as bleak; where nurses are time-starved, poorly staffed, poorly paid, overworked and more stressed than other sector nurses. Whilst targeted attention needs to be given to aged care nurses; high work stress and load, rising work hours, a remuneration-skill mismatch and a nursing workforce morale that is less than robust also requires attention in equal measure across the nursing workforce generally.

With a view to our nursing workforce future, undergraduate nurse education needs to become better embedded in the clinical day-to-day and this is consequent on authentic relationships with the higher education and health care delivery sector. Workforce planners need to be directed toward determining further not only why, but if, it is desirable to have a nursing workforce frustrated by its inability to provide safe and quality care in an ever diminishing work time frame.

*Where there is a relationship between work contentment and retention, and amidst a global nursing shortage, it should be obvious nurses are worth listening to.*

*Have seen much change in my nursing career and can honestly say this period is probably the hardest. Basically enjoyed my nursing life and the variety I experienced in the different areas of work ... . Have been a DON and now back to RNI year 8 for self preservation of my health and sanity. Get frustrated and see so much 'lack' in the workplace - e.g. lack of training, lack of caring, lack of staff, lack of funds and equipment. The list is endless but our burdens like documentation and accountability just keep rising. Am looking forward to retirement and know I have left doing the best I could at all times and hope it made a difference.*  
*(Aged care nurse)*

*... A lot of the people that I trained with over 7 years ago have left nursing as they could not stand the stress and could work elsewhere. It is not more nurses that we need to necessarily train – but more we need to retain!*

*(Private sector nurse)*

## Notes

**Note to delegates from the QNU:**

The full report will be available from the QNU members' only section of the website shortly after conference, or from the QNU library.

The QNU will be using this research to underpin EB negotiations and plan other future activities such as political lobbying.