

YOUR WORK, YOUR TIME, YOUR LIFE

A University of Southern Queensland Study

Summary of Findings – Membership Survey

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OVERVIEW

The University of Southern Queensland (USQ) was commissioned last year by the Queensland Nurses' Union (QNU) to undertake research involving QNU members in the aged care, acute private hospital and the acute public health sectors. The purpose of this research was to obtain through an independent agency data on key issues of concern to members and plan future union priorities accordingly.

A team of researchers from USQ Professor Desley Hegney, Dr Ashley Plank and Ms Victoria Parker conducted the research on behalf of the QNU. The depth of data obtained from this survey on a wide range of topics is significant. This document represents a summary of some of the major findings of this research. The QNU intends to continue to release data from this survey during the year as issues arise or during specific campaigns. It is intended that further research papers on the following specific issues will be drawn from the survey findings: Remuneration, workloads, bullying/violence, rural and remote issues, adequacy of support for new graduates during their transition into the workplace, professional education and training, aged care issues and morale/job satisfaction. These papers will be submitted to national and international nursing journals for publication.

Method

This study involved a postal survey questionnaire of members of the Queensland Nurses' Union (QNU) in October, 2001. A stratified random sample of nurses was drawn from the three largest nursing employment sectors in Queensland. These were the public acute care sector; the private acute care sector; and the aged care sector. A pilot study that sampled 120 nurses (40 randomly selected from each sector) resulted in 68 respondents. Analysis of the pilot study data resulted in no significant differences among the sectors in response rates, and no significant differences in the precision with which key measures could be estimated. For the main study, therefore, equal numbers of nurses from each of the three sectors were randomly selected from the QNU membership in the expectation of approximately equal response rates, and approximately equal levels of precision for key measures in each sector. The sampling frame was restricted to financial members of the QNU only to reduce the number of non-active nurses selected. The total number sampled was 2800, and the total number of completed surveys returned for analysis was 1477. This represented a response rate of 53%.

After eliminating 41 cases where the work sector could not be precisely determined and adjusting for conflicts in identification between the QNU membership and the survey itself (about 5% of cases), the final sample sizes and response rates in the main study by sector were: 441 aged care (47%); 497 public acute care (56%); and 498 private acute care (56%).

There was some common issues of concern to nurses. These largely related to remuneration, workloads, quality of care, and workplace culture/amenities. However, there were also some sector specific issues. It is therefore appropriate to examine the major findings by sector.

Main Issues Arising in the Aged Care Sector

The main issues emerging in the aged care sector involved: adequacy of working conditions, including workloads and remuneration; workplace violence; job satisfaction; professional development; and issues unique to the aged care sector, such as documentation requirements for the Department of Health and Aging.

Working Conditions

Eleven percent (n=46) of participants stated they could 'always' or 'nearly always' **complete their work** to their professional satisfaction. Eighteen percent (n=79) reported that they were 'never' or 'very seldom' able to complete their work to their professional satisfaction in the paid time available, with a further 21% (n=91) stating 'seldom'.

With regard to the **skill mix of staff**, 14% (n=62) stated that, over the last six months, the skill mix of staff was 'never' or 'very seldom' sufficient to meet the daily needs of clients, with a further 26% (n=111) responding 'seldom'. In contrast, 36% (n=157) believed skill mix was 'mostly' and 'always' or 'nearly always' sufficient.

Of those nurses who believed problems existed with the skill mix the major influence cited was lack of funding (47%; n=136), followed by too few experienced staff (46%; n=134), too many inexperienced staff (40%; n=116), and employer policy on the minimum skill mix for the facility (33%; n=96). Additionally, 14% (n=42) of respondents believed that the employment of too many unqualified care providers contributed to inadequate skill mixes in the aged care sector.

As one nurse noted in the qualitative data with regard to resident/staff ratios:

One RN for 42 residents as well as an EN and AIN.

One hundred and ninety (44%) nurses provided qualitative data related to **workload issues**. The major themes that arose from these data were:

✎ the unproductive use of ward/unit level meetings (42%). Examples of the comments made by nurses include:

... staff meetings - very ineffective – staff feel concerns are ignored or not addressed.

✎ Documentation; workload committees; reporting through the hierarchy. All of these reporting mechanisms were viewed by the majority of nurses to be pointless. It was apparent from the analysis of these data that many of the respondents believed that there was no one to listen to their concerns and that despite reporting mechanisms, workload issues would not be addressed. For example:

You are told if you can't cope – change shifts or leave.

There's the door ... maybe its time you looked for other work.

In addition to the comments that were provided in the 'workload' section; nurses made other comments relating to workload in the last question of the survey tool. In this section, 33% (n=140) of nurses provided unsolicited comments. A consistent theme was the issue of unrealistic workloads and the outcomes of these workloads. For example 30 of the 140 participants who responded to this question (21%) emphasised that chronic understaffing caused by a shortage of nurses, high nursing turnover or a management policy of understaffing contributes to the burden on the remaining staff members. As one nurse stated:

... there are no RNs around or they don't want to work in aged care because of the workloads, which are high. Currently in our facility the majority of RNs are working longer and more hours than they want to because we can't get permanent staff or agency [staff]. Everyone is stressed and tired, some of our staff are leaving to join agencies because the pay is higher and they have minimal responsibility.

Respondents indicate that whatever the cause of heavy workloads, the result is fatigue, burnout, frustration and in some instances, leaving the profession. The following quote illustrates this well, in addition to emphasising the general devaluing of a caring industry that does not value its carers.

I have recently been personally involved with ... other colleagues who have been on stress leave. This has not been fully acknowledged or interventions put into place to avoid recurrence... .. RNs have resigned, as they see no other option. ... AINs are uncertain of their future and have not yet been able to obtain any source of financial relief, as workers' compensation is very slow to acknowledge emotional trauma as worthy of compensation. In find this very distressing as often occupations such as teaching readily grant stress leave. When will someone acknowledge the cost of caring for the frail aged and their families of our community?

The demanding nature of nursing work

The physical and emotional costs of working in nursing were apparent. In response to statements that nursing was emotionally challenging, had a heavy workload, was physically demanding, and stressful, nurses in the aged care sector identified with the 'extremely' and 'quite' negative response more than nurses in the public and private sectors. For example, 84% (n=313) of respondents believed that nursing was 'extremely' or 'quite' emotionally challenging and 90% (n=344) believed that the workload was 'extremely' or 'quite' heavy. Also 77% (n=295) of respondents believed that nursing work was 'extremely' or 'quite' physically demanding.

Nurses in this sector also commented on the physical and emotionally demanding nature of working in aged care. For example:

During the time I've spent at this facility I have noticed the increase of untrained staff who are given little orientation experience. The staff who have been employed by the facility longer than 5 years tend to carry a heavy burden as they have a heavy workload and have to often carry an inexperienced, untrained person who is learning but basically has no idea how to nurse. It is hard to train a new person when you are rushed off your feet with your workload and theirs. There have been occasions when I have had two new nurses to work with, myself (AIN) and 1 RN for 30 residents in a high care facility. The strain is often immense. Many staff are sick the day after this occurs, as they are physically exhausted. Those of us who remain in nursing do so because we genuinely care about our residents and want to see them cared for. It is getting to the point however, where due to the heavy workload, the emotional strain and general lack of appreciation may become more than we can bear.

Staff are tired and more injury is happening, even though hoists are used. [The] physical effort needed to put slings around residents is hard on the body, arms and legs, than all no-lift equipment can save. The pulling and pushing of equipment takes its toll in a day's work.

Remuneration

When asked to indicate their degree of satisfaction with their rate of pay, 1% (n=4) of aged care nurses believed their pay was 'extremely good'. In contrast 53% (n=203) believed that it was 'extremely' or 'quite' poor. Additionally, 34% (n=132) believed that skills and experience were 'extremely poorly' or 'quite poorly' rewarded, in contrast to 18% (n=68) who believed skills and experience were 'quite' or 'extremely' well rewarded.

Remuneration was also a major theme in the two last questions on the survey form. With regard to future QNU activities, 55% (n=84) of respondents who responded to this question identified activity in improving wages as a priority for the QNU to address. The registered nurses noted that the QNU should address wage parity not only between the sectors and the States/Territories, but also only with other professions such as teachers.

Similarly in the open final question, remuneration was also a major theme. In this question, however, it was more often linked to the devaluing of aged care work within the nursing profession and the wider community. For example:

Aged Care Nursing is not valued by other nurses in Acute Care. I get frustrated as it takes different skills to do Gerontological nursing. We even get a lower rate of pay, therefore the rewards are when the care recipients see it as 'home' and feel safe and secure here.

Over recent years I have noticed an increase in very stressed, dissatisfied, unhappy nurses. There are no incentives or perks, only hard work, that is not appreciated. Why don't nurses qualify for redundancies? Why are they so harassed when they have an accident at work? It's a battle to obtain Work Cover.

Workplace violence

Fifty percent of nurses (n=215) in the aged care sector reported that they had been exposed to some form of workplace violence in the last three months. The major source of workplace harassment and bullying was clients (listed by 74%, [n=154] of nurses reporting abuse). This was more likely to occur in the aged care than the acute sectors.

Job Satisfaction

Job satisfaction and general morale among respondents are associated with many variables, particularly workload issues. Fourteen percent (n=55) of nurses believed that morale in the aged care sector was 'extremely' or 'quite' good. In contrast,

52% (n=200) believed it was 'extremely' or 'quite' poor. These findings were similar to the other sectors.

With regard to whether morale was deteriorating or improving, 46% (n=175) of nurses believed it was 'extremely' or 'quite' deteriorating. In contrast, only 16% (n=62) believed it was 'extremely' or 'quite' improving. This was also a similar finding to the other sectors.

A further question related to perceptions of high or low work stress. Eight-two percent (n=313) of respondents believed that they experienced 'extremely' or 'quite' high work stress. In contrast only 4% (n=14) stated they had 'extremely' or 'quite' low work stress. Perceptions of high work stress were much greater in this sector than in the other sectors. Stress was connected by some of the respondents to skill-mix, and for others with issues specifically related to aged care. The following comment typifies many of these issues:

Safe staff/resident ratios ... improved skill mix ... To be able to have meal breaks without interruption eg resident emergencies, telephone, visitors, public ... When is a hostel a hostel and when does it become a nursing home? The need to review adequate staff, equipment to prevent staff injuries, overload and burnout. Ever increasing workloads, unable to complete task at hand with satisfaction.

Professional Development

The majority of nurses reported that they had access to education and training activities (89%;n=383). However, 65 (48.5%) nurses in this sector reported they had no employer support if they were undertaking a study program.

The barriers to undertaking education and training activities were varied, however the major barriers for this sector were mostly financial. For example, many respondents could not afford the fees (47%;n=129) or could not afford to take unpaid leave (33%;n= 91). Other barriers included lack of time to undertake further education activities (40%;n=110), difficulty in accessing courses because of distance (29%;n=78) and unavailability of relief staff (28%;n=77).

Aged Care Specific Related Issues

It was apparent from the data analysis that the context of practice in the aged care sector was quite different to the other sectors. As a result, there were issues raised by this sector that were not raised in the other sectors. This section aims to provide information about these important issues. These relate mainly to documentation in aged care. For example, in the question focusing on suggestions for QNU activities, 16% (n=25) of RNs and 65% (n=8) of ENs who provided a response to this question stated that documentation related to RCS was problematic. For example:

The major problem in (private) aged care facilities is the time required to complete documentation and although funding is increasing, this funding goes to providing documentation hours instead of clinical care hours. Therefore nurses are pressured to work more hours of unpaid overtime to complete clinical care for residents.

The documentation required for the RCS is overwhelming. RNs do hours of unpaid work to meet these needs. Government needs to know that professionally trained people are leaving the industry in droves because of this excessive need to document. People at the end stage of life need care, people with time to talk, to touch, to care, but they can't do this because of the overwhelming need to document, document. Document!!!

Nurses commented on local management issues that adversely affected their ability to fulfil their aged care nursing role adequately. There was concern expressed, for example, over the necessity to place the balancing of budgets before resident's needs and the consequent under-resourcing of the basic equipment necessary to ensure resident's quality of life. For example:

Budget restraints such as \$1.87 per day for incontinence pads and \$3.25 per day for meals means some residents in some facilities lie in wet beds and don't get enough fresh fruit and vegetables.

Finally, these respondents are concerned with the people for whom they care, discussing many of these issues in terms of the way they adversely affect the quality of care delivered to elderly people. Twenty-six respondents (19%) raised this issue without prompting. The following example is typical of the way in which nurses view their current role in aged care and its impact on residents:

When I started caring for aged people 11 or 12 years ago, I really enjoyed my work. I even felt a bit guilty on payday because I felt it such a privilege to share their life and care for them at the same time. Nowadays it is the exact opposite! Not enough time to care properly – showering is in and out before they know what's happened. Hardly time to toilet them, no time at all to get to know them anymore. It is a real 'wham-bam' situation. Evening staff don't have time to feed slow eaters properly (day staff too come to think of it). I often think back to my early days and think how lucky

those clients were, compared to now. Now I feel embarrassed when I attend to my clients because I don't have any time to treat them as real people anymore.

Summary of the Aged Care Sector

It is apparent from these data that the major issues for this sector include workload (comprising staffing ratios and skill mix), remuneration and poor morale. The majority of qualitative comments (which were unsolicited) indicate a workforce in crisis. The qualitative data supplied from nurses included pleas for the QNU to address these issues not only in the interests of the participants but to improve their ability to improve client care. The following quotes aptly describe the overall impressions left by the qualitative analysis of the data:

...for 99 patients, being the (only RN in) the entire nursing home from 7pm to 10am. This must result in a greatly diminished quality of care for our residents and subsequently a poorer public perception of [proprietor's name] professionalism and reputation.

I like so many in aged care work extremely hard for the betterment of our residents. Many hours extra care worked, unpaid because of many circumstances. This is not a problem at all for myself or my family. However, many times I wonder why I am doing this especially when all we do is questioned by the "vigilantes" of the accreditation team who have totally demoralised me and have made my work so much harder than ever. They state they can see the residents are well looked after and the residents confer this but the paperwork isn't done correctly so they cannot be! And people wonder why experienced nurses are leaving aged care in droves – I certainly will be!

Main Issues Arising in the Private Acute Sector

It is apparent from these data that the major issues in the private acute sector were workload (including staffing ratios and skill mix), remuneration, and poor morale.

Working Conditions

Approximately 55% (n=271) of nurses in this sector reported that they could 'mostly' or 'always' or 'nearly always' complete their job to their professional satisfaction within the paid time available. In contrast 14% (n=69) reported they 'never', 'very seldom' or 'seldom' completed their work to their professional satisfaction in the paid time available.

With regard to having sufficient staff available in the participant's work unit to meet patient/client needs 6.5% (n=32) believed this was 'always' or 'nearly always' the case. In contrast, 30% (n=149) of nurses believed that there were 'never', 'very seldom' or 'seldom' sufficient staff on their ward or unit to meet the physical, social and mental health needs of the patient/client.

With regard to the adequacy of **skill mix in the work unit**, 12% (n=59) of nurses reported that this was 'always' or 'nearly always' adequate. While only 3% (n=14) believed that skill mix was 'never' or 'very seldom' adequate, a further 15% (n=74) believed it was 'seldom' adequate and 31% (n=154) believed it was 'sometimes' adequate.

Nurses who believed that the skill mix was 'sometimes', 'seldom', 'very seldom' or 'never' adequate were asked to identify the variables influencing the adequacy of the skill mix. Over sixty percent (n=140) of nurses stated that there were 'too few experienced staff'. Other major factors identified were 'too many inexperienced staff' (43%; n=97), too many agency staff (34%; n=78) and too few relief staff (34%; n=77).

The second last question on the survey tool aimed to gather data on what the participants believed should be the future **focus of QNU activities**. Eight-two (26%) nurses believed the QNU should address workload activities. This was often linked to workload/patient load/patient dependency. In particular, nurses believed the QNU should work to ensure there was 'adequate staffing of nurses so they are able to give full care to their patients'. Similarly, they believed the QNU should address 'the issue of unsafe workload – eg up to 12 patients per nurse per shift'.

In the last question, inviting general comments, a total of 45 (23% of those who answered this question) respondents employed terms such as 'high workload', 'too much work' and 'high patient loads'. They believed that the major factor contributing to overwork is the need to compensate for inadequate staffing levels and skill mix. For example:

Severe problems of staff shortages, poor skill mix, expectations of unpaid overtime on a regular basis, and poor peer support due largely to poor unit leadership and rolling resignations. Without staff replacement and [the] high [numbers] of aging and casual staff... the staff morale was very poor.

Limit to number of patients a nurse should care for on a shift. We are often given half a ward to look after. The shift is very busy and patients aren't given enough quality time with the nurse.

There has been anecdotal evidence concerning the increasing tendency for nurses to be asked to work **double shifts**. Certainly there were some reports of this in the qualitative data, however it is apparent from the quantitative data that only 4% (n=17) of respondents 'often' worked double shifts. However, a further 20% (n=93) of respondents reported 'sometimes' working double shifts.

With regard to factors influencing the hours or shifts that the participants were working, the major influence for this sector (as it was for the other sectors) were 'family responsibilities' (60%; n=166). The other major influences were leave, such as annual leave and sick leave (29%; n=81) and study commitments (17%; n=48).

Twenty-eight percent (n=136) of the nurses in this sector stated they required childcare. This was a higher percentage than in the aged care sector, but a lower percentage than in the public sector. Only 2% (n=6) of respondents for whom this question was relevant stated that their employer provided support or assistance with childcare. With regard to the adequacy of current childcare arrangements (whether supported or not by the employer) for those who responded to this question the main factors that influenced their perceptions of adequacy were the limited hours of operation (40%; n=30); and the high cost (33%; n=25).

Workload

The issue of workload was explored in several ways in this study. The first issue explored was the presence of workload workplace processes and/or committees. Thirty-two percent (n=156) of nurses noted there was a workload committee/process at their facility. The respondents who had indicated that processes were in place were then asked if this workload process was effective. Eighteen percent (n=22) believed it was 'never' or 'very seldom' or 'seldom' effective. In contrast 37% (n=46) believed that it was 'mostly' or 'always' or 'nearly always' effective.

The nurses were then asked to provide comments relating to workload management processes in their workplace. Two-hundred and six (40%) nurses provided a response to this question. There were two themes identified – formal mechanisms (committees and meetings) and informal mechanisms (deployment, change of skill mix). In the majority of cases, participants identified that committees or meetings occurred but made little comment on the effectiveness of these. However, those who did comment, with the exception of one nurse, believed there were poor outcomes from committees and meetings. For example:

Team meetings (ward) with quality and management staff – work on issues if current dependency system (Trendcare) not adequate.

Discussion at ward meetings... very little outcomes. Sometimes issues are resolved. Budget restraints are the reason for unresolved issues.

Sixty-three nurses noted they raised workload issues with the Nurse Unit Manager (NUM), Clinical Nurse Consultant (CNC) or Director of Nursing (DON). While there were some positive comments, the negative comments outweighed the positive ones. Examples of comments were:

Nurses discuss it with their managers – who in turn discuss it with their Assistant Director of Nursing – who then discusses it as a group. It is ad hoc with little or no measurable outcomes and no change to practice processes.

Each shift reports workload to Nurse Manager who deals with it if able to.

Another question focused on whether nurses believed that the workload in nursing was either 'heavy' or 'light'. Seventy-nine percent (n=358) stated it was either 'extremely' or 'quite' heavy, with only 3% (n=13) stating it was 'extremely' or 'quite' light.

A further question examined the physical nature of nursing work. Similar to the response above, 69% (n=309) of participants believed it was 'extremely' and 'quite' physically demanding, with only 3% (n=15) stating it was either 'quite' or 'extremely' not physically demanding.

Job Satisfaction

Nurses were asked to respond to either a negative or positive statement regarding the nature of nursing work. There were several questions that were related to job satisfaction.

The majority of nurses in this sector believed that nursing work was 'extremely' or 'quite' challenging' (77%; n=345). With regard to work stress, 75% (n=337) believed that work stress was 'extremely' or 'quite' high. Morale is linked to perceptions of stress in nursing and job satisfaction within the workplace. Only 18% (n=83) of respondents believed that nursing staff morale was 'extremely' or 'quite' good compared to 43% (n=192) who believed that nursing staff morale was 'extremely' or 'quite' poor. Further, 42% (n=186) of respondents noted that morale was 'extremely' or 'quite' deteriorating compared to 16% (n=71) who believed that it was 'extremely' or 'quite' improving.

In the final question, fifty-six nurses (29% of those who provided comments), three of whom were Enrolled Nurses, spontaneously employed terms such as 'burnout', 'frustration', 'low morale' and 'high stress' in their responses to this question. Their disillusionment with their role is related to the following factors:

- ? Lack of recognition for the nursing role (both financial and valued by the health sector);
- ? Workload constraints; and
- ? Local management issues.

Remuneration

Nurses were asked to respond to a statement asking whether the pay rate was 'good' or 'poor'. Seventeen percent (n=78) of nurses believed the pay rate was 'extremely' or 'quite' good. In contrast, 40% (n=178) believed it was 'extremely' or 'quite' poor. Related to this question was a further item asking nurses to respond to whether they believed skills and experience were adequately rewarded. Eighteen percent (n=79) of respondents believed it was 'quite' or 'extremely' well rewarded compared to 42% (n=190) who stated skills and experience were 'extremely' or 'quite' poorly rewarded.

Remuneration for nursing work was also a major theme in the last two questions of this survey. In particular, 178 (55% of those who provided a comment) respondents to the question regarding desired QNU activities stated that the QNU should assist in improving pay rates. For example:

Pay issues – a continual battle for fair pay – nurses work hard and have increased responsibility.

With regard to parity, 68 (21% of nurses who commented in this section) nurses responded that the QNU should focus on, for example:

Pay standardization. Why should Qld nurses be paid less than nurses in NSW etc? Why also should the private acute sector nurses be paid less than the public sector?

Wages to be commensurate with the responsibility carried and level of expertise required in nursing today.

Fifty (26%) nurses provided further comment in the last question, for example:

... have worked all the difficult shifts of late earlies, weekends, night duty etc and have gained postgraduate qualifications. I am responsible for over 30 staff and over \$1million budget per annum and am paid \$15.00 per hour less than my partner, whose only qualification is a 3 year certificate after senior ... He has not done any further study, nor has he participated in any professional organisation etc. This is not justice, nor does it encourage anyone to do the hard yards ...

Staffing issues were also raised by 48 (15% of those who responded) nurses in the final item. These were often linked to adequate remuneration for nursing work. For example:

Remuneration for the extremely hard and frustrating job of caring for patients, giving good and safe care with minimum of staff. Whether young or old, nurses are finding the hospital working conditions impossible and fear they will not be able to keep going at this pace!!

Also 38 (20% of those who responded) nurses commented that there is limited recognition of the skills required to nurse and the level of responsibility it entails. For example:

I have been working as a nurse for about 33 years ... things have changed over the last 10-15 years. There is no job satisfaction ... no respect from other medical workers and patients, visitors, management and the community. This is probably the most thankless, dirty and stressful job around, and the lack of respect for us as a profession is compounding all the issues.

Workplace Violence

Approximately 29 percent (n=144) of nurses in the private sector reported that they had been abused at the workplace within the last three months. For those who reported some form of abuse, doctors were identified as the source by 32% (n=45) of the participants. This was considerably higher than in the public sector (n=36; 16%). However, similar to other sectors, nurses were most likely to identify clients (48%; n=68) as the main source of this abuse (though much lower than in the other sectors) followed by other nurses (36%; n=51) and nursing management (16%; n=22). In contrast to the 34% (n=76) of public sector nurses who identified visitors/relatives, only 14% (n=19) of private acute sector nurses identified this as a source of abuse.

In addition to the responses in these questions nurses also provided comments related to workplace violence in the final two questions of this survey. The following responses are examples:

I have been physically assaulted during the course of doing my job more times than I can count. This attitude that "it happens, deal with it" has caused me to leave 2 jobs... I know in some instances it does happen and it can't be helped but I do not consider it acceptable and I would like to see a workplace that supports this. I have sustained tennis ball sized bruises yet been expected to turn up to work the next day. I had a threatened miscarriage as a result of one such incident and was offered no support by more than a few of my peers. There are many reasons I will leave nursing when my kids start school. Physical abuse is a huge one.

[During my] postgraduate year I experienced patient overload, lack of nursing staff support with issues of harassment from nurse unit managers. This harassment included issues outside work, such as missing 1 day of work due to floods. My practice was criticised by the NUM eg "I would not make a nurse's arsehole".

Professional Development

The majority of respondents (88%; n=428) reported they had access to training and/or professional development opportunities at their workplace.

With regard to employer support for education and training activities, only 24% (n=92) stated they received no financial support from their employer. In contrast, of those nurses who were currently involved in a course of study related to their position, 50% (n=63) noted their employer was providing no support.

The major barrier to accessing education and training activities was financial. For example, 48% (n=141) of nurses stated they 'could not afford the fee involved' and 34% (n=100) stated they 'could not afford to take unpaid leave'. The lack of relief staff was not a major influence, with only 22% (n=65) stating that 'relief staff were not available'.

Perceptions of nursing work

Despite the fact that the majority of private acute sector nurses believed nursing work was valued by the community (54%; n=243), only 7% (n=30) believed that nursing was seen as a high status career. This compared to 38% (n=169) who believed that nursing was seen as a low status career.

Twenty-one nurses who provided qualitative comments expressed frustrations about their experiences in nursing. The following comment emphasises the way that a combination of the issues raised in this summary results in high nursing turnovers, resignation or respondents' deliberation of a career change (11%; n=21):

I see so many nurses of great potential who are leaving due to lack of support by upper management, frustration and case load and skill mix, frustration at pay parity. I see nurses with great skills and qualifications who are good at what they do that are not recognised by medicos and left to look like idiots. I see nurses making comments about equipment and facilities, saying that the facilities are inadequate I see good nurses going to upper management positions forgetting about the people they worked with the week before. I see hospital boards dictating to nurses how they should care for patients, without updating equipment and cutting spending.

Summary of the private acute sector

It is apparent from these data that the major issues for this sector were workload (including staffing ratios and skill mix); remuneration; and poor morale. The vast majority of qualitative comments, which were unsolicited, indicate a workforce in crisis. The qualitative data supplied from nurses included pleas for the QNU to address these issues not only in the interests of the participants but to improve their ability to improve client care. The following quotes aptly describe the overall impression left by the qualitative analysis of the data:

I love my work but am becoming increasingly frustrated by lack of job satisfaction due to poor staffing.

I have always enjoyed providing the best possible nursing care to my patients, but I am finding that increasing workloads, shortages of staff and a lack of support from management [make] it increasingly difficult to do this.

If I were qualified to do something else ... I would no longer be nursing. I am currently exploring other options. The prospect of remaining in nursing, as it is today, for the next 20-25 years fills me with dread. I do not desire huge pay rises. I would just like to go to work and leave at the end of the day knowing that I have delivered the best possible care to my patients and that I have not been stressed to the max doing it. I would like to see the caring profession care more for its professionals. Nursing to me has never been just a job, a means to pay the bills. I have always been passionate about what I do. Sadly that passion is fading.

Main Issues Arising in the Public Sector

It is apparent from these data that the major issues for this sector were workload (including staffing ratios and skill mix), remuneration and poor morale.

Working Conditions

With regard to their **working hours** it was apparent that the public sector respondents:

- ? Were more likely (over 50%) to be continuous shift workers than any other type;
- ? If employed on a non-permanent basis, were more likely to express the need for increased employment opportunities (15%) in comparison with the participants from the private sector, but less likely than nurses in the aged care sector;
- ? Who were employed on a permanent full-time basis (48%; n=236), 24% reported working paid overtime in the four weeks prior to the study. The median paid overtime for this group over this period was 4.0 hours. In contrast 40% reported working unpaid overtime in the four weeks prior to the study with a median of 6.0 hours for this group. Thirty-six percent accrued TOIL but only 18% took TOIL during the previous four weeks;
- ? Twenty percent of respondents employed on a permanent full-time basis were on-call during the previous four weeks. The median total time on call of these respondents was 63.5 hours.

Approximately 55 per cent (n=269) of nurses reported they could 'mostly' or 'always or nearly always' **complete their job to their professional satisfaction in the paid time available**. This was the same percentage as the private sector. However, 17% (n=82) reported they 'never', 'very seldom' or 'seldom' could complete their work to their professional satisfaction.

With regard to sufficient nursing staff employed in the work unit to meet patient/client needs, 7% (n=34) stated 'always or nearly always'. In contrast, 32% (n=157) believed that there were 'never', 'very seldom' or 'seldom' sufficient staff on their ward or unit.

With regard to the adequacy of **skill mix**, 11% (n=55) of nurses reported that this was 'always' or 'nearly always' adequate. While only 3% (n=13) of nurses believed that the skill mix was 'never' or 'very seldom' adequate, a further 11% (n=52) believed it was 'seldom' adequate and 32% (n=156) believed it was 'sometimes' adequate. These findings are very similar to the reports from the private sector.

Nurses who had responded that the skill mix was 'sometimes', 'seldom', 'very seldom' or 'never' adequate were asked to identify the variables that influenced the skill mix in their workplace. Over fifty-four percent (n=125) of nurses who responded to this question stated that there was 'too few experienced staff'. Other major factors identified were 'too many inexperienced staff' (41%; n=93), too few relief staff (34%; n=78); and lack of funding (34%; n=78). The category 'too many agency staff' was not as high as in the private sector, with only 22% (n=50) identifying this as a factor.

The second last question aimed to gather data on what the participants believed should be the future **focus of QNU activities**. Ninety-three (30% of nurses who provided comment) nurses believed the QNU should address staffing issues, particularly the improvement of the number of staff rostered, the associated staff to patient ratio, skill mix, and the adequacy of patient dependency systems to predict workloads. For example, the QNU was asked to address issues such as:

Increasing staff generally. The workload just seems to get worse.

Raising the profile of nursing problems associated with high staff/patient ratios, unpaid overtime and lack of experienced staff within Qld.

In the last question, inviting general comments, a total of 45 (23% of those who commented) respondents employed terms such as 'high workload', 'too much work' and 'high patient loads'. They believed that the major factor contributing to overwork is the need to compensate for inadequate staffing levels and skill mix. For example:

Severe problems of staff shortages, poor skill mix, expectations of unpaid overtime on a regular basis, and poor peer support due largely to poor unit leadership and rolling resignations. Without staff replacement and [the] high [num-

bers] of aging and casual staff... the staff morale was very poor.

Limit to number of patients a nurse should care for on a shift. We are often given half a ward to look after. The shift is very busy and patients aren't given enough quality time with the nurse.

In the final question, 35 RNs (21% of registered nurses who responded to this question) and 8 ENs (36% of those who responded to this question) specifically used the terms 'heavy' or 'high' or 'unrealistic' to describe their current public sector workloads, while many described a stressful workload in more general terms. Additionally, 48 RNs (29% who responded to this question) believed that the current management policy in their place of work led to deliberate understaffing of wards. For example:

I do believe... the greatest concern to nurses at present is the lack of experienced staff at the bedside, which ultimately creates a vicious cycle in which further staff leave due to the added demands and responsibilities placed on them in these situations, where an RN may be responsible for many patients as well as having to orientate new staff, who in the case of AINS, may never have worked in care settings before.

There has been anecdotal evidence concerning an increasing tendency for nurses to be asked to work **double shifts**. Certainly there were some reports of this in the qualitative data, however it is apparent from the quantitative data that 1% (n=5) of respondents 'often' worked double shifts. However, a further 14% (n=63) reported 'sometimes' working double shifts. The tendency to work double shifts was higher in the public sector than the two other sectors.

With regard to factors influencing the hours or shifts that the participants were working, the major influence for this sector (as it was for the other sectors) was 'family responsibilities' (61%; n=172). The other major influences were leave, such as annual leave and sick leave (31%; n=88) and study commitments (16%; n=46).

When asked further to nominate the type of **family responsibilities** the respondents had, 51% (n=250) nominated 'dependent children' and 8% (n=40) identified a dependent elderly relative. Further, respondents in the public sector were more likely to have dependent children aged less than 5 years (29%; n=82) than respondents in the other two sectors.

In the final question, **non-family friendly rostering** practices were raised by 23 (14% of those who answered this question) respondents. The following example describes the difficulties nurses experienced with balancing childcare, their nursing role and other family responsibilities.

I have always believed that nursing was a great career for women who planned to have a family. This I have found to be a fallacy. I am a CN with 2 young children, since my baby has turned 2 years old I have been forced to increase my hours from 32 to 40 per fortnight. This might not sound much, but my husband is also a shift worker and that extra shift is impossible to roster in. After hours child care is very hard to find. The hospital's answer is to resign my position as a CN and work back in the Emergency Department as an RN and continue to work 32 hours a fortnight. Not a career really, just a job!

Reflecting the younger age of the dependent children of nurses in this sector, 54% (n=158) nurses stated they required **childcare**. Only 4% (n=11) of respondents for whom this question was relevant stated that their employer provided support or assistance with childcare. With regard to the adequacy of current childcare arrangements (whether supported or not by the employer), the main factors influencing this were the limited hours of operation (50%; n=56), the high cost (47%; n=52), the inadequate hours (35%; n=39), inflexibility (28%; n=31), and the lack of emergency care (30%; n=33). These results are quite different to the aged care and private sectors, possibly reflecting the greater number of continuous shift workers in this sector.

Workload

The issue of workload was explored in several ways in this study. The first issue explored was the presence of workload workplace processes and/or committees. Thirty-seven percent (n=177) of nurses noted there was a workload committee/process at their facility. The respondents who had a workload committee/process in place were then asked if this was effective. Thirty-nine percent (n=52) believed it was 'never', 'very seldom' or 'seldom' effective. In contrast, 23% (n=30) believed that it was 'mostly', 'always' or 'nearly always' effective.

The nurses were then asked to comment upon workload management processes in their workplace. Two-hundred and nine (40%) nurses provided a response to this question. There were two themes identified – formal mechanisms (committees and meetings) and informal mechanisms (deployment, change of skill mix). In the majority of cases, participants identified that committees or meetings occurred but made little comment on the effectiveness of these. However, those who did comment, with the exception of one nurse, believed there were poor outcomes from committees and meetings. For example:

A workload management committee was set up following EB4. To my knowledge no one knows what its function is and to date it has done very little.

A meeting is held in ward setting. Concerns are viewed (the same old ones every time). We are instructed that there are no funds available and therefore no changes will happen.

Forty-four (21%) nurses noted they raised workload issues with the NUM, CNC or DON. Whilst there were some positive comments, the negative comments outweighed the positive ones. Examples of comments were:

Addressed as they arise by the senior nursing staff ie CN and NPCs.

Negotiation with line manager, which for small issues and day-to-day issues is effective. Larger issues are governed by District Management and are subject to funding.

Discussed with and assessed by Level 3 who uses her common sense. Availability of staff effects outcome.

The outcome of the mechanisms used was also seen to be ineffective. For example:

Nurses required to report issues, however short term solution is to just be happy with what you have because there is no staff experience in [speciality] to replace shortages.

To date they have been poorly addressed but mechanisms are being put into place to address this in a positive way.

They are not addressed, but management continue to strip clinical budgets and limit staff numbers which impacts on care delivery.

Another question asked nurses to indicate whether their workloads were 'heavy' or 'light'. 73% (n=328) stated it was either 'extremely' or 'quite' heavy, with 2% (n=8) stating it was 'extremely' or 'quite' light. A further question examined the physical nature of this workload. Similar to the response above, 57% (n=255) of participants, believed it was 'extremely' and 'quite' physically demanding, with 6% (n=28) stating it was either 'quite' or 'extremely' not physically demanding.

Job Satisfaction

There were several survey items that were linked to job satisfaction, such as the challenging nature of nursing work; the stress of nursing work; the morale of nurses and other unsolicited comments about nursing work such as 'burnout' and 'frustration'. The majority of nurses in the acute sector believed that nursing work was 'extremely' or 'quite' emotionally challenging (81%; n=358). Two percent (n=9) believed that nursing was 'extremely' or 'quite' emotionally unchallenging. With regard to work stress, 73% (n=327) of respondents believed that work stress was 'extremely' or 'quite' high. Two percent (n=9) felt that there was low stress in the workplace.

Workplace morale is related to stress in nursing and job satisfaction amongst respondents, 14% (n=60) of whom believed that nursing staff morale was 'extremely' or 'quite' good. This is contrasted to the 48% (n=214) who believed that nursing staff morale was 'extremely' or 'quite' poor. Further, 45% (n=202) of respondents noted that morale was 'extremely' or 'quite' deteriorating compared to 14% (n=64) who believed that it was 'extremely' or 'quite' improving. Nurses also commented spontaneously on low morale in the final question. For example:

I hate my job. It is dangerous, demeaning and most don't realise what we have to put up with. We are always being threatened with litigation of varying types, whether it be by patients or management. The pay and conditions are very poor, considering the responsibility we have. If I didn't have financial commitments and mortgage etc I would leave nursing today. I'd rather be employed scrubbing lavatories.

Local management issues are also related to job satisfaction. As one EN stated:

...nurses today are not treated as a valued employee and the whole attitude is if nurses are discontented and leave a place of employment it does not matter, because another nurse will come along and replace that person. The turnover of staff in all areas of nursing in Queensland is at the highest level ever. Costing is put above everything, including the clients that we are caring for.

Remuneration

Nurses were asked to respond to a statement relating to whether the pay rate was 'good' or 'poor'. Twenty-five percent (n=112) of respondents believed the pay rate was 'extremely' or 'quite' good. This response was higher in this sector than in the aged care or private sectors. In contrast, 29% (n=127) believed it was 'extremely' or 'quite' poor. Respondents were also asked to indicate whether they believed their skills and experience were adequately rewarded. Forty-two percent (n=189) believed their skills and experience were "extremely" or "quite" poorly rewarded compared to 16% (n=72) who indicated they believed they were "quite" or "extremely well" rewarded.

The issue of remuneration for nursing work also arose in the last two questions of this survey. For example, 107 (29% of those providing a response) RNs responding to the question regarding QNU activities stated that the QNU should assist in

improving pay rates. For example:

Lobbying for better working conditions and pay for nurses. Lobbying for equality with other professionals. Working on equal pay for public and private institutions. Rewards for specialist nurses [who have undertaken] extra studies [and have] practical expertise.

Wage parity – if I were to return to Victoria my pay would increase markedly. Queensland needs to follow suit, recognizing post grad certificates and degrees and being paid for it.

Additional comments with regard to remuneration related to working conditions in the public sector, with 45 (15% of those who answered this question) requesting the QNU to address these issues. Issues such as leave entitlements were highlighted. Comments included:

Staffing levels increased to ensure annual leave can be accessed when required.

More paid maternity leave eg 12 weeks like Commonwealth [government] working people.

Workplace violence

Approximately 47% (n=228) of nurses in the public sector indicated that they had been abused in the workplace in the last three months. This result contrasts with the 29% (n=144) of nurses in the private sector who answered 'yes' to this question. Similar to other sectors, of those nurses reporting abuse, mostly identified clients (63%; n=140) as the main source of this abuse, followed by visitors/relatives (34%; n=76), other nurses (25%; n=56), and nursing management (15%; n=33).

The qualitative data further indicated entrenched patient, nursing and management cultures within respondents' places of work that were rife with overt and covert violence, harassment and preferential treatment. For example:

I am a 48 year old dedicated nurse who is sick of the system and poor management styles. I have had enough of being bullied, harassed and not being rewarded, so I have given notice to my employer. I have a good job to go to but feel upset that I have had to leave after 16 years in the same hospital... Staff morale is not good and my colleagues stay on as they need to work. Given when I gave notice I was told that I "chose a shit of a time to get a new job" ... She also rang my new employer without my permission and told her I was needed longer, as a result the new employer said my starting date could be extended from 2 weeks to 4. I am sure I will go through 4 weeks of punishment. I do not want to burn my bridges by making a fuss. As usual nurses tend to shut up and put up. This is the first time I have ever complained to anyone but I hear similar stories. What can we do????

Professional Development

The majority of respondents (91%; n=440) reported they had access to training and/or professional development opportunities at their workplace.

With regard to employer support for education and training activities, 19% (n=77) of nurses stated they received no form of financial support from their employer. Further, of those nurses who were currently involved in a course of study related to their position, 51% (n=74) noted their employer did not provide them with any support.

The major barrier to accessing education and training activities is financial. For example, 44% (n=150) of nurses stated they 'could not afford the fee involved' and 27% (n=92) stated they 'could not afford to take unpaid leave'. A further 33% (n=111) stated they lacked the time required for education and training activities. In contrast to the private sector, the lack of relief staff was also an influence with 33% (n=100) stating that 'relief staff were not available'.

Perceptions of nursing work

Despite the fact that close to 50% of nurses believed that nursing work was valued in the community (47%; n=212), only 6% (n=28) believed that nursing was seen as a high status career. This compared to 38% (n=170) who believed that nursing was seen as a low status career. Further, nurses in the public sector also believed that nursing work was less likely to be valued within the health sector, with 34% (n=154) believing it was 'quite' or 'extremely' poorly valued compared to 17% (n=78) who believed it was 'extremely' or 'quite' well valued. The qualitative data provided an insight into nurses' perceptions of their work. For example:

Basic nursing work is not getting any better, more and more paperwork, staffing numbers reduced, very little or no discussion with 'on ground' nurses re: changes.

Things get changed aggressively and quickly with no discussion (or very little). The decision is made prior to the discussion, so the discussion is not really worth anything anyway.

The biggest struggle for me in my working life is dealing with “quasi-health professionals”. Representatives at a departmental level [are] involved in policy and projects [and] have no concept of the workforce. Think rigidity and a need for structure – time lines, process outcomes have taken the creativity out of nursing. They continue to view nursing as a set of tasks to be completed. I feel that I am constantly defending, explaining and justifying nursing to others in the work place.

Summary of public sector issues

It is apparent from these data that the major issues for this sector were workload (including staffing ratios and skill mix); remuneration; and poor morale. The majority of qualitative comments (which were unsolicited) indicate a workforce in crisis. The qualitative data indicate a need for the QNU to address these issues, not only in the interests of the participants but to improve their ability to deliver client care. The following quotes aptly convey the overall impression left by the qualitative analysis of the data:

I used to love this job now it is an effort to get there every day.

Besides the fact that I have been nursing for over 25 years – in the past 3 years I do have to wonder if I will continue with nursing in the near future. Anyone under an RN qualification has to worry about their future with nursing. Once we were needed – but are we now?

I'm frustrated by the money driven nature of health facilities. Patients are treated as commodities. Management lose their compassion because of pressure on bed numbers. Patients are sent home too early.

Yes - this is yet another questionnaire that I have filled out and I have done many over the years! Like all the others nothing will ever come about or change. This is just more wasted time and paper. Here is hoping that this time around you [the Queensland Nurses' Union] all actually do something about it.