Nurses’ working conditions not only affect the health and well-being of individual nurses, but the efficiency of the entire system, including its capacity to attract and retain nurses. This article examines nurses’ current working conditions in light of changes to the health system in the past decade and also highlights the implications of increasing system demands for nurses’ health.

Canada has been experiencing a nursing shortage for some time. Research-based evidence suggests that this shortage will increase significantly in the next decade. As discussed in the interview on page 3, it is a problem that cannot be solved by simply recruiting more nurses—but, rather, by addressing the underlying causes. These include, among others, the quality of the conditions in which nurses practise, and their experiences in the nursing workforce as well as in their particular workplace.

Workplace and Work Force Issues

Two important components must be considered when looking at nurses’ working conditions: workplace and work force. Work force issues of education and training, scope of practice and health human resource planning all call for national and/or provincial action and approaches. On the other hand, workplace issues—such as workload, leadership, scheduling and safety—need to be addressed by individual employers.

Restructuring in the Health Care System—Impacts on Nurses’ Health

A number of health care restructuring initiatives that took place in the 1990s focused on system-wide fiscal restraint and had a direct impact on health care work environments. Inpatient hospital stays were shortened, care was transferred to outpatient and community settings, and nurse-to-patient ratios were reduced—as were those of nursing management, support staff and ancillary services. Patient acuity levels increased, inpatient, outpatient and community care became more complex, nursing responsibilities and accountabilities increased, and there was
more demand for higher educational levels for nurses. In short, fewer nurses were looking after sicker patients.

At the same time, the nurse-to-population ratio started to drop from its peak of 825 RNs per 100,000 in 1992, to 752 per 100,000 in 1998 (see Figure 1). However, when the federal government registered a budget surplus in the late 1990s, it once again increased payments to the provinces. Since then, the nurse-to-population ratio has increased slightly to 779 per 100,000 in 2004.5,6,7,8,9

To cope with shortages, employers began overusing their nurses. Nursing staff were required to work overtime and extra shifts, sometimes involuntarily, to provide reasonable patient care. Research began to show a link between working excessive overtime and increased absenteeism, illness and injury, as well as a correlation between the hours of overtime worked and the hours taken as sick time.10 It also became clear that nurses were less likely to be in good physical and mental health when they worked involuntary overtime.10

In Canada, an extensive literature review by McGillis Hall showed how inadequate nurse staffing levels and limited organizational support put nursing staff at higher risk of experiencing job dissatisfaction, burnout and workplace injuries.12,13,14 In turn, high levels of job dissatisfaction, stress, pressure, threat of job loss, burnout, workplace injuries (e.g., back injuries and needle injuries) and role tension affected the nurses’ overall well-being, which then had an impact on patient outcomes, quality of patient care and patient care costs.12,15

### Violence on the Job

The risk of violence (physical assault, verbal aggression or emotional abuse) in the workplace is an increasing concern in the nursing work force. Nurses are the health care workers most at risk, with female nurses considered the most vulnerable—as many as 72% of nurses do not feel safe from assault at work.11 While the evidence is still new, some factors that help explain this situation include:

- inadequate staffing levels and shift work
- shift work, including commuting to and from work at night
- interventions demanding close physical contact
- increased wait times in emergency departments and in clinics, which increase patients’ stress

### Working Conditions and Absenteeism

Comparing rates of illness and injury-related absenteeism between nursing and other occupations sheds light on the impact of poor working conditions for nurses. A comparison of publicly employed RNs to all occupations in Canada points to a substantial difference in absenteeism rates due to illness and injury (see Figure 2). In 2005, full-time nurses had a 58% higher rate of absence due to illness and injury than the overall full-time employed labour force (7.9% compared to 5.0%).2 Based on the 1991 Standard
Occupational Classification System, nurses have one of the highest rates of illness- and injury-related absenteeism of 47 broad occupational categories. In fact, the 2005 rate among RNs was second only to the group “Assisting Occupations in Support of Health Services.”

Nurses are at a particularly high risk for illness, emotional exhaustion and musculoskeletal injuries. In 2005, 16,500 publicly employed nurse supervisors and RNs were absent each week due to illness and injury. While this is slightly less than in 2002 (17,100 per week), it is significantly greater than the 9,400 absences per week in 1987.

The rate of illness- and injury-related absenteeism in 2005 (7.6%) was considerably higher than the estimated rate in 1987 (5.3%). From 1987 to 2005, the absenteeism rate increased by 2.3 percentage points, representing an increase of 43% in the overall rate. In the latter part of this period (1997–2005), the rate rose from 6.8% to 7.6%; an 11.7% increase in the overall absenteeism rate. Figure 3 provides an aggregate picture of these increases from 1987 to 2005.

**Some nurses are more affected**

While both full-time (30 or more hours per week) and part-time nurse supervisors and RNs have experienced an increase in illness- and injury-related absenteeism since 1987, the rate of absenteeism for full-time workers is approximately 50% higher than for part-time workers. Rates of illness- and injury-related absenteeism have also increased among nurses of all age groups, although in 2005 there was a slight decrease in the rates of nurses less than 45 years old and an increase among nurses over 50.

**Working Conditions and Overtime**

Overtime work is directly related to absenteeism and nursing hour shortages, and publicly employed nurse supervisors and RNs are more likely than the rest of the employed labour force. The 2005 overtime rate was higher than the estimated rate of 26% in 2002, and considerably higher than the 1997 rate (15.3%). Working overtime increased by 58% between 1997 and 2005, although the average hours of overtime worked each week did not change (6.4 hours).

While a significant amount of overtime is unpaid, paid overtime in 2005 amounted to the equivalent of 7,468 full-time positions. When unpaid overtime is factored in, 10,054 full-time equivalent positions (FTEs) are filled by nurses working overtime. That is an increase of 144% since 1997, when hours of overtime
worked equalled 4,125 FTEs.\(^2\) Figure 4 shows the aggregate annual overtime hours worked by nurses for selected years between 1997 and 2005.\(^2\)

**Implications of Absenteeism and Overtime**

Needless to say, the cycle of increasing workloads, illness- and injury-related absenteeism, and overtime hours needed to fill the gap is taking its toll on both the health care system and on nurses and their families.

**Cost to the system**

The dollar cost of such high rates of absenteeism to the health care system is tremendous and comes in the form of productivity costs, wage replacements and disability pay-outs. In 2005, 16,500 nurses were absent an average of 20.0 hours each week due to illness or injury for a total work-time loss of 340,000 hours per week. This translates into 17.7 million hours per year or 9,754 full-time nursing positions.\(^2\) Such a loss overtaxes a health care system that is already distressed with nursing hour shortages.

**Strain on the family**

The increasing workload and overtime hours puts a strain on personal and social relationships and reduces the capacity to cope with the emotional and physical stress encountered by nurses in their work and family roles.\(^3\) On top of this—and in light of the fact that the vast majority of nurses are female—shift work, overtime and hours of work limit the time nurses’ can devote to their families, not to mention social and leisure activities.\(^16\)

**Patient Care Is Affected**

As discussed in the article on page 20, long work hours and heavy workloads are detrimental to patient care.\(^10\) In the 2005 Nursing Sector Study, nurses cited onerous workloads as a barrier to patient care.\(^4\) In another study, hospital nurses working more than 12.5 hours at a time were three times more likely to make mistakes. Moreover, errors and medical incidents increased significantly when nurses worked more than 40-hour weeks, or when they worked overtime.\(^4\)

When nurses cannot complete (or are prevented from completing) their duties, medication errors and patient falls may result.

**The Challenge Ahead**

Workplace and work force issues call for collaboration and input from all levels of government, in partnership with front-line health care providers, professional organizations and other stakeholders. The challenges of aligning efforts across organizational, jurisdictional and issue lines are evident. However, as discussed in the article on page 36, significant investments are being made, including those under the umbrella of the *Pan-Canadian Health Human Resource Strategy*.

**A Final Note**

This article has summarized evidence of serious problems in nurses’ working conditions, some of the reasons behind them, as well as the complex issues involved. Although there has been some progress, front-line nurses continue to work overtime, are injured or ill, lack support and become discouraged, stressed and burnt out. A closer examination of the links between working conditions and nurses’ physical and mental health is critical and will be highlighted in the next article featuring the results of the *National Survey of the Work and Health of Nurses*.

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