Nurses’ Work and Health:

New Findings

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From October 2005 through January 2006, nurses across Canada participated in a groundbreaking investigation—the first nationally representative survey on working conditions and the health of nurses. This article highlights some of the newly released findings that tell us about the nursing workforce, nurses’ workplace environments and their physical and mental health.

Canada’s Nurses

In 2005, an estimated 314,900 Canadians were employed as regulated nurses representing 2% of the total Canadian workforce; female nurses accounted for 4% of all employed women. Eight in ten (79%) of Canada’s employed, regulated nurses were registered nurses (RNs), one in five (20%) were licensed practical nurses (LPNs) and less than 2% were registered psychiatric nurses (RPNs)—who practise in the four western provinces.

Nurses’ Income

Overall, the household income of nurses placed them at an advantage compared with employed people in general. Only 7% of nurses were in households with incomes that placed them in the lowest income quintile (i.e., the lowest 20%) for the general employed population within their own province/territory. In contrast, almost three in ten (29%) were in households with incomes in the highest quintile. However, a closer look at different types of nursing professionals showed some major differences. For example, a much larger proportion of LPNs (16%) than RNs (4%) or RPNs (3%) were in households classified in the lowest income quintile for their province/territory. Nurses’ relative household income also differed across the country. In Québec, for example, nurses had a greater likelihood of being in a household with income in the lowest quintile than did nurses elsewhere in the country (see Figure 1).

Why a survey?
• spearheaded by Health Canada’s Office of Nursing Policy to learn more about nurses’ working conditions in relation to their physical and mental health

A collaborative effort
• collaboratively developed by professional nursing organizations, nursing unions, health care researchers, health information specialists and federal government departments
• conducted by Statistics Canada in partnership with Health Canada and the Canadian Institute for Health Information

Many surveyed, high response rate
• a total of 18,676 regulated nurses completed the Survey, representing licensed practical nurses (LPNs), registered nurses (RNs) and registered psychiatric nurses (RPNs) employed in a variety of settings
• 80% of sampled nurses responded to the Survey; only 7% refused to participate

Are nurses more likely than the general working population to report work-related stress? Do nurses across the country face similar working conditions? What are the physical and emotional risks that nurses encounter at work? Results of the recently released (December 2006) National Survey of the Work and Health of Nurses’ shed light on these and similar issues—a timely addition to the discussion on the working conditions of Canada’s nurses.

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Employment, Job and Workplace Characteristics

Findings indicate that nurses’ working conditions differ by region, among types of nurses, and between nurses and the total population of employed Canadians.

Hours of work per week vary regionally

Not including overtime, Canadian nurses (including part-time workers) worked an average of 32.2 hours per week at their main job (defined as the job at which the nurse spent the most hours per week). The average work week for female nurses was 32.0 hours, slightly shorter than for male nurses (34.7 hours).

When both paid and unpaid overtime are taken into account, the average work week for a nurse was 35.7 hours. Nurses in Newfoundland and Labrador, Nova Scotia, New Brunswick, and the territories averaged more hours at their main job than nurses elsewhere (overtime included)—especially in the territories where a nurse’s average week was 47.8 hours with overtime.

Overtime rates are higher for nurses

Despite widespread union coverage, nearly half (46%) of nurses reported that they were expected by their employer to work overtime. Three in ten reported that they usually worked paid overtime at their main job—an average of 5.4 extra hours per week. Working paid overtime was more common among nurses employed in a hospital (37%) than among those employed in other settings.

Compared with Canadian workers overall, much higher proportions of nurses worked paid overtime. For example, 30% of female nurses worked paid overtime, compared to only 13% of employed women in general. Similarly, 37% of male nurses worked paid overtime, while the rate was only 28% for employed males in general.

Unpaid overtime was even more common than paid overtime among nurses. Nearly half reported that they usually worked unpaid overtime at their main job—an average of four hours per week. Unpaid overtime was more common among nurses in Alberta, Manitoba and Ontario, where over half of nurses reported usually working unpaid overtime at their main job.

Changes in Nursing Care—Quality, Risks and Workload Pressures

When asked if the quality of care delivered in their workplace had changed over the past year, opinions varied. More than half (57%) of nurses surveyed said they felt it had remained the same, slightly more than one quarter (27%) reported deterioration in quality of care, while less than one fifth (16%) felt that quality of care had improved.

Opinions varied regionally. British Columbia nurses were more likely than their counterparts elsewhere to report that quality of care had worsened. More than one quarter (27%) reported deterioration over twice the proportion (15%) in Prince Edward Island. Among nurses who said that quality of care had improved, the most common reasons given were improved management or reorganization, more staff, and more or improved training.

Staffing emerged from the Survey results as a major determinant of both positive and negative changes in quality of care. Having fewer staff was by far the most common reason cited for deterioration of care.
(mentioned by 67% of nurses who said they perceived that the quality of care had declined); similarly, “too many patients” was mentioned by 38% of nurses who reported deterioration in quality of care.

**Workplace injury, assault**

Nurses in British Columbia and in Saskatchewan were more likely than those in the rest of the country to have been injured on the job: one in eight BC nurses (12%) and nearly the same share of Saskatchewan nurses (11%) reported injuries—about twice the proportion as in Prince Edward Island. On-the-job injury was reported by only 7% of Québec nurses.

Over one quarter (29%) of nurses who provide direct care reported that a patient had physically assaulted them in the past year—over four in ten male nurses (44%) reported physical assault, compared with slightly less than three in ten female nurses (28%). Emotional abuse from a patient was reported by 44% of nurses of both sexes.

**Workload pressures**

Over half (54%) of nurses said that they often arrived at work early or stayed late in order to get their work done; 62% reported working through breaks. Two thirds (67%) often felt that they had too much work for one person, and 45% said that they were not given enough time to do what was expected in their job.

**Stress, Respect and Job Satisfaction**

The Survey assessed several dimensions of work stress, including job strain (i.e., when the psychological demands of a job exceed the worker’s discretion in deciding how to do the job). Compared with employed people in general, higher proportions of nurses were classified as experiencing a high level of job strain. Among females, 31% of nurses versus 26% of employed women were determined to have experienced such stress. Among males, the proportions are somewhat lower—27% of nurses versus 18% of employed men (see Figures 2A and 2B).

More nurses—45% of females and 51% of males—felt they had low co-worker support; a far different picture than for the employed population overall, where the estimate for males and females was approximately 33%. However, nurses’ perceptions of their working relations with physicians were overwhelmingly positive: 87% reported good relations; 81%, a lot of teamwork; and 89%, collaboration.

Job dissatisfaction was more prevalent among nurses than among the general employed population. About 12% of both female and male nurses were dissatisfied, compared with 8% of all employed women and men. At the same time, only 4% of nurses said they planned to leave nursing in the next year—most for retirement.

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* Significantly different from estimate for all employed females, combined (p<0.05).

* Significantly different from estimate for all employed males, combined (p<0.05).

Source: Shields and Wilkins, Findings from the 2005 National Survey of the Work and Health of Nurses.
Physical and Mental Health

Back problems were more prevalent among female nurses than among employed women overall, but no significant differences emerged for men. One quarter (25%) of female nurses said they had chronic back problems, compared with 19% of females in the employed population overall. The proportions of nurses reporting migraine, high blood pressure, asthma and thyroid disorder were also higher than for the general employed population.

Depression was more common among nurses than in the employed population overall. Nearly one in ten nurses (9% of women and men alike) said they had experienced depression in the 12 months before they were surveyed, compared with 7% of all employed women and 4% of all employed men.

Health and job performance

Nurses related their health problems to their ability to perform their jobs. About one in three nurses stated that at least some of the time in the month prior to being surveyed, physical health problems had made their workload difficult to handle—and nearly one in five said that mental health problems had interfered with their ability to do their job.

For nurses across the country, the average number of days taken off during the year (prior to the Survey) for health-related reasons was 14.5 days. Nurses who had taken time off due to health missed an average of 23.9 days. An estimated 14% of all nurses had been absent for 20 or more days during the previous year due to health problems. In Québec, nurses who had taken time off for health reasons averaged a total of 44 days, well over twice as many days as any other province or territory (where average absences ranged from 13 to 20.6 days). However, only 48% of Québec nurses had taken time off work because of a health problem; the figure for all Canadian nurses was 61%.

Links between Work and Health

The data were analyzed to examine whether nurses’ self-rated physical and mental health and health-related absences from work were associated with their work conditions. Multivariate analysis, controlling for potentially confounding effects (e.g., age, type of nurse, province/territory, etc.), was undertaken for both tangible factors of work organization and psychosocial factors of the job.

Overall, self-reported fair or poor general health, as well as fair or poor mental health in nurses, was linked to components of work stress, including high job strain and low support from their co-workers or supervisor. Other factors—low levels of autonomy, poor nurse-physician working relations, low levels of respect from superiors and high role overload—were also associated with poor or fair general and mental health. Being absent 20 or more days for health-related reasons was associated with high job strain, low supervisor support, low control over practice, lack of respect from superiors, and high role overload.

Further Analysis

The findings highlighted in this article provide a sampling of the variety of information collected by the 2005 National Survey of the Work and Health of Nurses. The results will continue to be analyzed to investigate the linkages between working conditions and nurses’ health, and to identify the challenges ahead for improving working conditions for nurses.