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The workforce climate of nursing and midwifery in country South Australia

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Abstract

Objective: To undertake and report a survey that investigates the workforce climate of nurses and midwives in Country Health South Australia Local Area Health Network (CHSALHN) to understand how nurses and midwives assess their work environment, their intentions to stay/leave the workforce, and the perceptions of organisational change and support.

Introduction: An effective and sustainable nursing and midwifery workforce is vital to ensuring a fit-for-purpose health system for country residents in rural, regional, and remote areas. Significant healthcare system changes across South Australia mean that country nurses and midwives must adapt to new healthcare models, processes, and technologies along with service relocation. Such events put substantial strain on nurses and midwives and could be linked to the recruitment, sustainability and retention of the country nursing and midwifery workforce as well as changes in the effectiveness and safety of care. It is vital to understand how these changes have impacted the nursing and midwifery workforce to inform the development of effective responses.

Methods: A seventy-one item online survey was conducted between August and October 2017 using an adapted tool from the RN4CAST studies. Quantitative and qualitative responses were collected across four domains: organisational factors, practice environment, individual outcomes, and patient quality of care.

Results: Three hundred and seventy-five respondents from CHSALHN filled out the survey including registered nurses and midwives and enrolled nurses representing a wide spectrum of ages, education, and years of experience. Participants reported having to do more with less in an environment where in most parts they feel unsupported by management and organisations. Although many nurses and midwives are satisfied with the profession, fewer were satisfied with their current position and aspects of their work environment—specifically chronic under-staffing. Nearly half of the respondents indicated that they were looking for another job or for opportunities outside the profession. There is a noted risk of burnout with nurses and midwives reporting emotional exhaustion. Feelings of personal accomplishment and positive work aspects like a supportive team environment were reported, which may reflect satisfaction with their role and the team they work with and interactions with patients, irrespective of the broader workplace issues.

Conclusion: In a climate of significant health reform the results suggest that country nurses and midwives have been negatively impacted by recent changes across the health system, their organisations, and work units. This study examines what participants perceive to impact their workplace culture and offers recommendations for addressing identified issues and challenges.

Introduction

An effective and sustainable nursing and midwifery workforce is vital to a fit-for-purpose health system. Significant healthcare system changes across South Australia (SA) mean that nurses and midwives must adapt to new healthcare models, processes, technologies, and service relocation. This puts substantial strain on nurses and midwives and could be linked to the recruitment, sustainability and retention of the nursing and midwifery workforce as well as changes in the effectiveness and safety of care. The impact of changes may put additional strain on the rural, regional, and remote workforce where issues with recruitment and retention can be exacerbated. It is vital to understand how these changes have impacted the nursing and midwifery workforce to inform the development of effective responses and strategies to reduce change fatigue.

The aim of the study was to investigate the work climate of nurses and midwives in SA in the context of significant health system reform. Key questions of the study were:

- How have nurses and midwives been impacted by direct healthcare setting changes and broader healthcare reforms?
- What are nurses' and midwives' perceptions of organisational change practices and support?
- What can we learn about nurses' and midwives' resilience in the context of major health reforms?

The primary target group for the general survey was all nurses and midwives working in healthcare settings in South Australia who were members of the SA Branch of the Australia Nursing & Midwifery Federation (ANMF). The present paper reports upon the results provided by a sub-population of these nurses and midwives who worked in Country Health SA Local Health Network (CHSALHN).

Background

Changes in healthcare organisations may lead to resource scarcity, restructuring of units, and increased workload and demand for efficiency, often creating a stressful work environment and inevitably affecting the working conditions of staff.[1] Subsequent risks of organisational change include increase in job strain, loss of social support, time pressure, lack of control, job dissatisfaction and role ambiguity; all of which have been associated with detrimental mental health outcomes such as distress, depression, and anxiety.[1-4]

Organisational change can negatively impact nurses' psychological wellbeing, and is associated with stress,[5] job dissatisfaction,[6] and burnout.[7] Burnout is a psychological response to prolonged chronic stressors that is particularly prevalent in nursing due to the mentally, emotionally and physically demanding nature of the profession.[8,9] High levels of burnout among nurses have been associated with inadequate staffing,[10] heavy workload,[11] high turnover of staff,[12] compromised quality of patient care,[13] and job dissatisfaction.[14] In a systematic review of the nursing shortage literature, job satisfaction, burnout and demographic factors were the overarching individual factors found to predict nurses' intentions to leave their employment or the profession.[15]

Job satisfaction, productivity and retention are important priorities for the nursing workforce in Australia.[16,17] Turnover of nursing staff is costly for organisations and the broader health system,[18] and negatively influences the roles, morale, workload, stress levels and productivity of remaining staff.[19,20] Faced with the challenges of an ageing nursing workforce and the imminent retirement of the Baby Boomer generation, efforts to address current and predicted nursing workforce shortages in Australia are focusing on supporting and retaining current employees.[21] Organisational factors that influence nurses' intentions to leave include workload, organisational climate, culture, and social support.[15]

A positive practice environment has been associated with lower turnover, higher retention of nurses and higher job satisfaction, as well as greater patient satisfaction and perceptions of quality of care.[18,22]

Recent significant changes to the healthcare system in SA have included significant reorganisation and reallocation of services across several Local Health Networks. These changes have required nurses and midwives to adapt to new models of care, organisational and clinical processes and technology as well as relocation of services. With inadequate or inappropriate support, these changes can have a significantly disruptive effect on the nursing and midwifery workforce, leading to increased stress, job dissatisfaction and burnout. A 2013 online survey of 1,365 nurses and midwives in SA investigating flexible work arrangements found most of these nurses and midwives were reasonably satisfied with their workplace, although at least half reported that their workload was too heavy.[23]

This study sought to assess the health workplace climate from the perspective of nurses and midwives including measuring burnout, job satisfaction and intention to leave, as well as current perceptions of the practice environment and quality of patient care, and whether there are any significant mitigating or exacerbating factors influencing climate outcomes. Understanding the workplace climate will provide opportunities to address identified issues and make appropriate changes, hopefully leading to the creation of a more positive practice environment and improved job satisfaction, productivity and quality of patient care, and minimal levels of burnout.

Methods

Participants

The primary target group was nurses and midwives working in healthcare settings in South Australia who were members of the ANMF (SA Branch). Estimated membership of the ANMF (SA Branch) at the time of the survey was 20,000. The secondary target group was all other nurses and midwives working in SA. According to Australian Institute of Health and Welfare data, the total number of nurses and midwives in SA was 32,075 in 2015; however, it was not possible to know the number of nurses and midwives the survey reached, do to some onboarding and therefore a response rate was not calculated. The present paper reports upon the results provided by a sub-population of these nurses and midwives who worked in Country Health SA Local Health Network (CHSALHN).

Materials

The survey included 71 quantitative and qualitative questions. The survey consisted of a mixture of demographic and validated nursing and midwifery workforce instruments, including those assessing: workforce and shift profile, workplace change, attitudes towards work, opportunities for career progression, and plans for job change or retirement questions. A range of question types were used including binary response (yes/no), multiple choice, Likert-type rating scales and open-ended questions. The study was designed to assess multiple domains of the nursing and midwifery

professions (Table 1). The Maslach Burnout Inventory and Practice Environment Scale (PES) were also included in the survey, but reporting upon these is beyond the scope of the present paper.

Table 1 Domains assessed within the SA nursing workforce climate survey

Organisational factors	Practice environment	Individual outcomes	Patient quality of care
Perceptions of support received	Support	Work-related stress	Views of patient safety
Adequacy of training	Relationships	Coping and resilience	Views of quality of care
Engagement in shared vision	Staffing	Intentions to stay/leave job	Views of quality of care
	Job satisfaction		

Procedure

The web-based survey was conducted between 22 August and 16 October 2017 after first piloting the survey to eight nurses and midwives. Recruitment of participants was coordinated through the ANMF (SA Branch). A cover letter from the ANMF (SA Branch) CEO/Secretary endorsing the study and a survey explanation from RBRC was emailed to the nursing and midwifery ANMF (SA Branch) membership. The survey was advertised in ANMF bulletins and newsletters prior to the email. Ethical approval for the study was granted by the UniSA Human Research Ethics Committee (Application Number 200184).

Results

In total, 1,811 individuals completed at least one question and 1,076 (59%) participants completed the survey in full. Of CHSALHN participants, 375 completed at least one question and 246 (65.6%) of these completed the survey.

Profile of respondents

Survey respondents included registered nurses (RNs) (n= 212, 56.5%), enrolled nurses (ENs) (n= 92, 24.5%), midwives (n= 14, 3.7%), dual registration nurses/midwives (n= 48, 12.8%) and other respondents (n= 9, 2.4%), specifically nurse practitioners and RNs and ENs with additional specialist qualifications.

Most RNs, Midwives and ENs and worked in direct patient or client care (n= 334, 89%), with the remainder working in administration (n=28, 7.4%), teaching/education (n=4, 1%) or other (n=9, 2.4%). Due to the similar pattern of findings across RNs, ENs and midwives, results are presented together.

Respondents were asked to categorise their age according to a series of age range options. Nearly all respondents were aged 25-64 years (Table 2 depicts the ages of CHSALHN respondents in comparison to those from all LHNs combined).

Table 2 **Age of CHSALHN respondents compared with respondents from all LHNs combined**

Local Health Network	Ages						
	18-24	25-34	35-44	45-54	55-64	65-74	75+
CHSALHN	21 (5.6%)	69 (18.4 %)	57 (15.2%)	45 (28.8%)	116 (30.9%)	4 (1.1%)	0 (0%)
All LHNs	79 (4%)	372 (20.4%)	339 (18.8%)	536 (30%)	453 (25%)	31 (1.7%)	1 (.1%)

Employment type

In CHSALHN, 74.2% worked part-time and 19.2% worked full-time in comparison to 65.8% and 28.5% for all LHNs combined, respectively. Other working hours such as causal hours and on call arrangements represented 6.7% of CHSALHN and 5.7% of all other LHNs combined employment type.

Permanent employment was similar between CHSALHN and all LHNs combined (CHSALHN permanent employment = 78.9%, All LHN = 80.5%, CHSALHN contract employment = 10.6%, All LHN = 9.5%, CHSALHN Casual employment = 8.1%, All LHN = 8.2%, CHSALHN 'other' employment = 2.5%, All LHN = 1.8%).

Job satisfaction

Participants were asked 'Overall how satisfied are you with your present position?' Results suggest that half (50.83%) of respondents (n=183) were either satisfied or very satisfied with their present position. In total, 90 were dissatisfied or very dissatisfied (25%).

Participants were asked to comment on their answer. In total, 151 CHSALHN participants provided comments. Most participants felt positively about their present position. However, the open-ended response elicited comments that appeared critical or negative including those provided by participants who had indicated that they were satisfied with their position. Themes were developed from the responses from participants from examination of longer in-depth responses (e.g. 1-3 sentences) and checked against short responses to ensure saturation (Table 3).

Table 3 **Common themes relating to satisfaction with current position**

Themes
Staff shortages, staff : patient ratios (lack of time for patient care)
Lack of permanence (dissatisfied with contracts, rostering)
Lack of support from management (lack of recognition)
Inappropriate skills mix (staff ratios)
Paperwork and administrative burden (lack of time for patient care)
Workload burden (stress, exhaustion, burnout)

Feelings of responsibility to teammates and patients were cited as positive motivators to remain in roles despite being generally unhappy, feeling overworked, or unsupported by management. Similarly, those who were very satisfied with their position tended to refer to the positive experiences of working with supportive teammates and managers and being rewarded and fulfilled through the provision of patient care. It could be that while most participants work within stressful

environments with numerous challenges, those that feel most supported by colleagues and management were better able to cope.

Intentions to leave

Respondents were asked whether they had any intention to leave their current position within the next five years. Out of 360 CHSALHN respondents, just over half (50.6%) of CHSALHN respondents and 53.3% of respondents from all LHNs combined (n =1,421) had no plans to leave their current position in the next 5 years. Just over 11% of CHSALHN respondents and 12.5% of respondents from all LHNs combined had plans to leave their current position within the next 12 months. Almost 40% (38.3%) of CHSALHN respondents and 34.1% of respondents from all LHNs combined had plans to leave their current position within the next one to five years.

Respondents who intended to leave their current position within the next five years were then asked whether they were planning on leaving the nursing or midwifery profession. Out of 176 CHSALHN respondents 39.2% of CHSALHN respondents and 36.4% of respondents from all LHNs combined (n =653) had no plans to leave the professions. Almost 10% (9.7%) of CHSALHN respondents and 13.3% of respondents from all LHNs combined had plans to leave the profession. Thirty percent of CHSALHN respondents and 32.6% of respondents from all LHNs combined were undecided about leaving the professions and 21% of CHSALHN respondents and 17.6% of respondents from all LHNs combined were retiring.

To gather further insight into why people would be choosing to move onto another profession, respondents were asked: 'If you intend to exit the profession to move to another field can you please comment on the reason(s) why?' 58 people provided responses. Most of those who reported intending to leave the profession felt neutral, dissatisfied, or very dissatisfied with their present position; however, even those who reported being satisfied or very satisfied still cited issues such as burnout, heavy workloads, stress, and lack of staffing as reasons for leaving the professions.

Lack of support, respect, and recognition by management was one of the most commonly reported reasons for intending to leave the nursing profession. Some participants also appeared to link this perceived lack of support to pressures from hospital or health system managers, government or industry bodies. Inability to cope with work was most frequently linked to feelings of exhaustion (physical and emotional) and inability to provide a suitable level of patient care due to increasing workloads, lack of staff, inadequate skills mix and poor rostering.

Lack of teamwork and mutual support between staff was noted by many participants, with issues of toxic work culture, horizontal bullying and harassment, and lack of understanding and forgiveness arising as some of the more serious concerns raised. This lack of support and respect also appeared to be linked frequently with feelings that nursing and midwifery had moved away from clinical practice and providing care to patients and was now overly focussed upon what were perceived to be 'non-nursing' work such as paperwork, administration, and onerous and frequently poor quality or irrelevant education tasks. Many participants resented the amount of time they felt was devoted to paperwork away from the patients and felt that nursing mangers received greater recognition for this sort of work rather than providing care.

Some participants spoke about common reasons for leaving for a career that did not necessarily relate to the nursing or midwifery professions specifically. Growing older and desire for a less physically demanding role, struggling to manage work/life balance or young families with shift work were raised. Older nurses also felt that they were unable to stay in nursing as younger nurses were

able to take on new roles at lower cost over more experienced staff attempting to move to a new nursing field.

Notably, aside from some comments regarding feeling physically unsafe due to inadequate staffing in mental health settings or from drug and/or alcohol intoxicated patients, very few participants explained that their reason to leave the profession was linked to their experiences caring for patients.

Discussion

The aim of the study was to investigate the work climate of nurses and midwives in SA in the context of significant health system reform. This paper has focussed on selected results received from respondents working in CHSALHN.

Just over half of respondents were satisfied or very satisfied with their current position, while approximately one quarter were dissatisfied or very dissatisfied. Irrespective of their current position, around three-quarters of respondents were satisfied or very satisfied with their profession. These data suggest that there is greater satisfaction with being a nurse or midwife in the community, but that the present position held by people is not necessarily meeting their expectations.

Around one third of respondents planned to leave their current employment within the next one to five years while just over 10% planned to leave within the next 12 months. This is comparable to the estimated annual rate of nurse turnover in Australia of 15.1%, [24] as well as the 10-20% range documented in studies in England,[25] and Canada.[26] Of those who intended to leave, around 30% planned to retire or leave the professions while another 30% were undecided whether they wished to leave the profession or not. Participants who reported intending to leave the profession frequently reported being neutral, dissatisfied or very dissatisfied with their present position. Even among participants who were presently satisfied or very satisfied with their employment; burnout, heavy workload, stress, and lack of staffing were issues commonly cited as reasons for leaving the profession. This is problematic for future workforce retention given the substantial evidence supporting a link between increases in job demands or work overload and burnout, which is a key predictor of nurses' intentions to leave.[15]

Many participants appeared to be disillusioned with the profession due to its shift from focusing on delivering patient-centred care to undertaking such tasks and frustrated by the resulting lack of time available to provide basic patient care.

Conclusion

This study identifies that nurses and midwives working in CHSALHN, while generally satisfied with their role and the profession, experience a range of challenges that may impact upon retention and general workforce climate.

Reporting having to do more with less in an environment where they feel unsupported by management and other support structures. Although many are satisfied with their chosen profession, fewer appeared to be satisfied with their current position and aspects of their work environment and in particular chronic under-staffing. Nearly half of those surveyed indicated that they were looking for another job or for opportunities outside the profession.

Feelings of personal accomplishment and positive work aspects like supportive team environment were reported in the survey, which may reflect satisfaction with their chosen profession and interactions with patients, irrespective of the broader workplace issues.

Recommendations

- Review nursing and midwifery workload and skills mix to ensure capacity fosters an environment of providing quality and safe standards of care.
- Recognise and celebrate activities that foster a healthy organisational culture and climate for nurses and midwives.
- Develop strategies to create career advancement opportunities; and meaningful ongoing education and training for junior nurses and midwives.
- Invest in the development and deployment of leadership training for middle managers. This training program to be evaluated for translated benefit with measurable key performance indicators.
- As part of demonstrating leadership, establish and commit to a shared vision of quality nursing/midwifery care and a strategy for how this can be achieved. Invest in the implementation of the strategy to embed it at all levels of nursing and midwifery.

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Presenter

Dr Micah Peters is inaugural National Policy Research Adviser for the Australian Nursing and Midwifery Federation (ANMF). Micah has led high-profile research projects for the Stillbirth Foundation Australia and the United Kingdom Department for International Development, as well as the New South Wales and Victorian Health Departments, and has developed over 200 rapid reviews and evidence-based recommended clinical practice resources. Micah has taught courses in systematic reviews and the implementation of evidence-based practice in clinical settings around Australia and internationally. Micah is Adjunct Senior Lecturer, Adelaide School of Nursing, University of Adelaide and Associate Editor for BMC Medical Research Methodology and the JBI Database of Systematic Reviews and Implementation Reports. Micah has been an invited speaker at several international and national conferences, meetings, and workshops and has published over 50 articles in peer-reviewed journals. Micah is interested in using evidence synthesis and implementation to identify and embed safe, effective, feasible, and appropriate knowledge into practice and to enable the engagement and uptake of evidence across the nursing and midwifery workforce. Micah is also passionate about ensuring that the health and wellbeing of diverse and marginalised individuals are supported and that residents in rural, regional, and remote areas receive equitable care to their metropolitan counterparts.