

Perceptions, Attitudes, and Expectations of Registered Nurses and Licensed Practical Nurses in Nova Scotia

Nova Scotia Government
and General Employees Union (NSGEU)

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Key Findings

BACKGROUND

The Nova Scotia Government and General Employees Union (NSGEU) is the largest union in the province of Nova Scotia and is the recognized bargaining agent for 29,000 public and private sector employees. Members work in the civil service, school boards, universities, hospitals, liquor stores, correctional facilities, Regional Health Boards, municipalities, and other establishments across the province. The NSGEU is an active affiliate of the Nova Scotia Federation of Labour (NSFL), the National Union of Public and General Employees (NUPGE) and the Canadian Labour Congress (CLC).

PHASE ONE – FOCUS GROUPS

As the first phase of a two phase research project, the NSGEU conducted qualitative research (focus groups) to better understand the perceptions, attitudes, and expectations of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) working in a NSGEU position in Nova Scotia.

More specifically, the research sought to address work/life issues by exploring factors perceived as impediments to the ability of RNs and LPNs to deliver quality nursing care. This phase of research helped the NSGEU understand the way in which nurses speak of work/life issues, or the “language” they use through anecdotal, personal narrative (focus groups).

Key Findings

While the majority of nurses spoke passionately and with great emotion about how much they *loved* being a nurse, with some describing the practice of nursing as “calm, soft, and easy,” or “comfortable, caring, and kind,” the prevailing attitude toward their work environment was often quite negative. It was described as “rigid and demanding,” “frustrating and stressful” which has contributed to “uncomfortable” feelings of being “overwhelmed, stretched, and bombarded.” Nurses are feeling overworked and burned out as a result of unmanageable expectations and workloads.

As well, nurses are experiencing conflict between their role as a nurse (which they all purport to love), and the “dynamic roller coaster” environment in which they work. As a result, many expressed a “love/hate” relationship with their profession – one that stirs up conflicting emotions. This “double-edged sword” speaks to nurses feeling “out of control” and at the mercy of their employers’ workplace policies and practices designed to better meet the changing needs of the patient population, while at the same time designed to contain costs. Two contradictory ideas.

Many older nurses spoke wistfully of days when patient-centred care was the norm – when they had time to build rapport and develop a relationship with their patients. Today, excessive paperwork and being pulled in many directions at once has eroded the ability of nurses to practice what they love – to take care of their patients from a holistic perspective – emotionally and physically – the reasons they became nurses in the first place. The confidence, security, and job satisfaction nurses once attributed to their profession has diminished.

Unlike RNs, many LPNs spoke of “uniformity and stability” and described nursing as neat and organized (nursing for them is filled with formality and routine, an organized structure or concept). This may suggest the role LPNs play within the healthcare system, in general, and nursing, in particular, is less demanding, comes with fewer responsibilities, and greater oversight and scrutiny. LPNs view themselves as an integral part of the team; their role appears, for the most part, clearly defined.

The study revealed the following key issues faced by nurses today:

- The environment in which nurses work is chaotic, uncertain, impersonal, and budget driven with a focus on bed turnover and in a culture that is inflexible, rigid, with a lack of cohesion and teamwork, where individuals in positions of power (managers, supervisors, charge nurses) sometimes segregate themselves away from front line workers (either physically or emotionally). Nurses feel alone and isolated with little organizational, managerial or peer support. They have low control over their job performance and there is a general lack of trust and collaboration among co-workers.
- Nurses want to work in a collaborative, team-based, patient-centred environment that is respectful, appreciative and supportive – where nurses’ roles and skill sets are acknowledged – an environment that fosters open communication and strong leadership, where bullying is not tolerated.
- Nurses are experiencing difficulty planning and managing their time in a proactive manner – time is consumed by reactive measures, such as putting out fires constantly. Nurses are pulled in multiple directions at the same time. Excessive paperwork is taking nurses away from patient care and putting them in roles that do not consider or take into account their training.
- Nurses’ scope of practice continues to increase to fill the gap associated with nurses leaving the profession or retiring. Nurses continue to assume greater responsibility without enhanced authority (an issue of liability).
- Nurses are infrequently consulted or asked for their input into important decisions that affect them. Nurses often do not have access to timely information on policies and procedures necessary to perform their job effectively and appropriately.

- Nurses want equitable, fair hours of work, reasonable workload, and, reasonable vacation and time off. They believe poor utilization of staff and poor assignment of patients to nursing staff are some factors contributing to excessive workloads. Nurses denied time off often take sick leave instead thereby increasing costs, absenteeism, incidences of working short.
- Input into work scheduling allows nurses to coordinate their professional and personal lives. Nurses would like to see the implementation of an innovative and flexible work schedule that consistently allows nurses to meet their personal/family needs while satisfying the needs for quality patient care.
- Nurses want adequate levels of staffing to provide quality care. Nursing shortages and working short adversely impact patient care and safety. Nurses want changes to policies regarding hours of work for nurse casuals and the implementation of standardized nurse-to-staff ratios (similar to California). Nurses believe staffing is only a management priority when money is available in the budget.
- Cost cutting has become the number one priority of hospitals in Nova Scotia, often leading to internal conflicts between nurses and their managers over cost regulations and measures to control health costs (e.g., hospitals using lower paid healthcare staff to perform some nursing tasks; primary focus on “bed turnover,” not patient care). Cost cutting has contributed to reduced quality of patient care and safety. Nurses believe when hospitals are run like corporations or businesses, patient care becomes depersonalized and demoralizes those tasked with delivering care. Nurses would like to see an increased focus on bedside nursing (patient care).
- The role nurses play is more ambiguous than ever with new “types” of nurses coming on board with differing but *overlapping* scopes of practice). Whereas once registered nurses were considered the front line of patient care, nurses feel their roles and responsibilities have become diluted, leading some to feel diminished and unimportant. There is a lack of role clarity (more specific to RNs).

Phase two, or the online survey component, provided the NSGEU the opportunity to statistically validate some of the qualitative data collected during Phase one (focus groups), while at the same time provided the opportunity to explore new avenues or lines of enquiry which arose during the focus groups. The online survey focused on exploring the following issues:

- Job satisfaction; the *most important* element nurses' correlate with job satisfaction including the most important issue facing nurses today.
- Nurses leaving the profession in the next twelve months and the reasons why; implications of removing the ability of retired nurse casuals to choose hours of work;
- Quality of patient care provided;
- Staffing, nursing shortages, and the implications of working short on nurses and patients including the percentage of adverse patient events and near misses as a result of working short;
- Scheduling, flexibility and control over work schedule, including vacation and time off;
- Workload; correlation between nurse burnout and higher-than-average rates of absenteeism; openness to standardized (legislated) policy on nurse-to-patient ratios;
- Communications;
- Cost cutting measures and its impact on patient care and level of conflict between nurse and nurse managers who have been given the responsibility of implementing measures to control healthcare costs; and,
- Work environment including the degree to which nurses perceive their work environment is mentally or physically healthy, collaborative and team-based, respectful, and one in which bullying is not tolerated; how current work environment could be improved.

Sample Characteristics

To place the results of the online survey in proper context, it is important to bear in mind some of the key characteristics of the sample population.

- While Registered Nurses (RNs) comprised 82% of the overall sample population, Licensed Practical Nurses (LPNs) made up the remaining 18%.
- Nurses who participated in the study worked in a wide variety of settings, institutional, clinical, hospital, and community. More than eight in ten (84%) nurses worked in a hospital/institutional environment¹ whereas 16% worked at a community health facility².
- The majority of nurses in this study had 21 years or more of service (59%), followed by 10 years or less (25%), or 11 to 20 years of service (16%). Of the two populations, LPNs had lower levels of service compared to their RN counterparts, with 44% LPNs having less than 15 years of nursing experience (17% had less than 5 years). This suggests that as a group they represent a younger cohort of nurses.
- In terms of employment status, most nurses who participated in the survey were employed on a permanent full-time (70%) or permanent part-time basis (20%), with 8% self-described as casual (4%) or casual retired (4%). Considerably more RNs than LPNs were employed on a permanent full-time basis (72% versus 63% respectively), while LPNs constituted a higher proportion of casual/casual retired nurses in the overall sample.

¹ An institutional environment, used in this context, refers to hospitals offering full range of patient care (e.g., The Victoria General Hospital, Halifax Infirmary), and also includes psychiatric, rehabilitation, and correctional facilities (e.g., Nova Scotia Hospital, East Coast Forensic Hospital, Mount Hope, Nova Scotia Rehabilitation Centre, Nova Scotia Corrections Facility, etc.) operating under the Capital Health banner.

² A community health facility or community-based environment was the term used to describe a type of satellite healthcare workplace, distinct and apart from a hospital or clinical environment. It includes areas such as Public Health, community outreach programs including continuing care, ambulatory care, and long term care delivered at smaller community health centres, etc. Similar to institutional settings described above, these organizations also fall under the Capital Health banner.

Background

This phase of the research study explored the influence of work environment and conditions (including management style, communications, staffing, workloads, and scheduling) as key determinants of job satisfaction.

Data was collected and analysed from two distinct target populations – registered nurses (RNs) and licensed practical nurses (LPNs). The findings are based on online data collected over a two-week period (March 5th to 20th, 2013). The data was thoroughly reviewed, weighted, statistically interpreted and broken down into thematic areas, and then structured into categories.

- The sample size ensured reasonable statistical precision and confidence in the study results. While the overall sample achieved a margin of error of $\pm 3.8\%$ at a 95% confidence level, higher margins of error were obtained for the sub-sample populations (RNs and LPNs - $\pm 4.6\%$ and $\pm 8.5\%$ respectively).

Our goal in preparing this report was to identify opinions, attitudes, and views of two distinct populations, RNs and LPNs, through hard statistical evidence. The findings are to be considered as an adjunct to the preliminary qualitative research (focus groups), or phase one of the research. As such, it provides the NSGEU with hard numbers which serve to augment and strengthen the findings obtained during the focus groups.

The key findings are presented in bullet form below.

- Overall, roughly two in ten (18%) nurses indicated they were “very satisfied” with their job, while half (50%) indicated they were “somewhat satisfied.” Four areas having the greatest impact on nurses’ overall job satisfaction were staffing; workload; respect, support, and recognition; and, management practices.
- The three most important issues facing nurses today were heavy unmanageable workloads/added responsibilities/non-patient work/extra paperwork/reporting tools cutting into patient time; providing quality care/positive patient outcomes; and, lack of respect in the workplace.
- Eighty-six percent (86%) of nurses described the quality of nursing care delivered by their nursing team as “excellent” (44%) or “good” (42%). The top three reasons nurses described the quality of nursing care delivered by their nursing team as “fair/poor” (12%) were a result of having not enough staff (55%); heavy workloads (17%); and poor management/leadership support (17%).
- Seventy percent (70%) of nurses agreed with the statement “cost cutting has become the number one priority of hospitals in Nova Scotia; 54% agreed “the hospitals in Nova Scotia are currently being run in such a way that patient care has become secondary in importance;” and, 38% agreed “there are often conflicts between nurses and their managers over cost regulations or measures to control health costs.”

- While most nurses agreed that their work environment and culture was one of respect with their colleagues (73%) and that they work in a collaborative, team-based environment (70%), they were less likely to agree that their work environment and culture is one of respect with their superiors (47%), their work environment is mentally and physically healthy (31% versus 39% respectively), they are respected and encouraged (44%), and that bullying is not tolerated in their work setting (45%).
- In terms of communications, nurses were most likely to agree that most of the time they have the necessary information to perform their job effectively and appropriately (75%), but less likely to agree that there is an effective and efficient flow of information and sharing of knowledge (36%); that their workplace fosters open channels of communication (40%); that their opinion is valued (40%); and, that they are usually asked to provide input into important decisions that affect them (38%).
- Roughly six in ten (59%) nurses were of the opinion that the level of staffing in their work setting is unacceptable for them to do their job effectively.
- In the past 12 months, 37% of nurses surveyed reported their amount of overtime has increased and 48% indicated it had remained the same. In only 8% of cases, it had decreased. In 65% to 77% of cases, nurses *often* arrive early or stay late to get their work done; work through their breaks to complete their assigned workload; have too much work for one person to do; and, leave work worrying about the patients they left behind.
- Almost three-quarters (73%) of nurses surveyed believe there is a nursing shortage in Nova Scotia with the top five perceived causes cited as the inability of nurses to obtain full-time permanent work; low wages, benefits and poor incentives compared to other provinces; nurses leaving the province for better prospects; staffing cutbacks; and, aging/retiring workforce.
- Of the nurses surveyed, eight percent (8%) indicated they had planned to leave the nursing profession in the next twelve months, with the majority citing retirement as the primary reason, followed by management practices, burnout, physical demands of nursing, and lack of respect.
- Of those retiring, one in four (42%) plan to return to the profession on a casual basis. And, almost half of the nurses who planned to leave the profession in the next twelve months, would *delay* leaving nursing if working conditions improved.
- When we probed nurses on what they thought would happen if retired casual nurses could no longer choose their hours of work, the top three impacts cited were – they would choose not to work/they would fully retire; healthcare would lose casual staff/create staff shortages/increase nursing shortages; and, they would choose to work elsewhere.

- Eighty-three percent (83%) agreed that a legislated nurse-to-patient policy would be beneficial because it would increase patient safety (fewer mistakes/near misses); ensure enough nurses are available to meet patient needs/no more working short; and, improve quality of care.
- Over the past 12 months during their regularly scheduled shift, 37% of nurses reported their unit was working short 26-50% of the time, followed by 33% reporting their unit was working short 1-25% of the time.
- In the past 12 months, according to 59% of nurses, the incidence of working short has increased. In 34% of cases, the incidence of working short has remained the same, and in only 2% of cases the incidence of working short has decreased. Overwhelmingly, the majority of nurses (96%) believed that working short adversely affects patient safety.
- In the past three months, six in ten nurses (61%) reported near misses or adverse patient events occurred between 1% and 25% of the time at their place of work as a result of working short, with most incidences occurring between 1% and 10% of the time (39%).
- As a result of working short in the past 12 months, 45% of the time a patient received the wrong medication or dose; 75% of the time complaints were received from patients or their families; 33% of the time a patient was injured; and, 41% of the time the nurse was injured.
- In general, the majority of nurses reported knowing their schedule more than one month in advance (more than 31 days) (34%), or 22 to 31 days in advance (22%). For the remainder, the number of days in advance in which their schedule was known fluctuated between less than one day (2%) or anywhere from one to seven days (2%), or two or three weeks in advance (11%).
- Roughly four in ten (39%) nurses reported their employer offers them flexibility in the days in which they choose to work. Over fifty percent (54%) most often have input into their work schedule, and roughly six in ten (59%) are able to get vacation and time off they request.
- In 40% of the cases, work is self-scheduled, followed by a work schedule drawn up by supervisor/manager (10%), or by staff (8%). Nurses are looking for a work schedule that takes the following elements into account – greater flexibility to switch shifts/hours in general as well as time off, vacation, holiday and sick days in particular; a set, predictable and consistent schedule; short week-long week rotation (four on, five off rotation) and more time off after long shifts/work weeks.
- Most nurses agreed with the statement “when nurses are denied time off for personal reasons, most will take a sick day instead” (83%) and “there is a correlation between nurse burnout and higher-than-average absenteeism” (96%).

To determine important drivers of nurse dissatisfaction, additional analysis was performed on the data to determine key variables which strongly correlate with, or contributed to, overall job satisfaction. The first step of the analysis was to select the potential key drivers from the list of all questions that were asked in the survey (each question represented a factor that may have influenced satisfaction). The second step was to format the variables in a way to make the data suitable for multivariate analysis. Finally, a multivariate stepwise linear regression was applied to the initial list of 79 potential key drivers; the final model consisted of 8 variables (see table below).

Key Satisfaction Drivers	Standardized Beta
I feel respected and encouraged	0.204
My work environment is mentally healthy	0.199
I often go home after a shift and worry about the patients I left behind	-0.110
The level of nursing care provided by my nursing team is high	0.152
I often know my weekly hours of work well in advance	0.065
My work environment and culture is one of respect with my superiors	0.143
It often seems like I have too much work for one person to do	-0.082
In the past 12 months, I was injured while working short	0.079
Adjusted R Squared	0.47

The 47% of variance in satisfaction can be explained by the eight factors or variables. The direction of the relationship within each factor determined the following – nurses who are *more satisfied* with their job share some common characteristics:

- They feel respected and encouraged;
- They describe their work environment as mentally healthy;
- They often worry about patients they have left behind at work when they go home;
- Their nursing team performs at a comparatively higher level than other nurse teams;
- Their schedules are often known in advance; and,
- Their work environment and culture is one of respect with their superiors.

And, in contrast, nurses who are *less satisfied* with their job share the following characteristics:

- They often feel they have too much work for one person to do; and,
- They have been injured at work in the past 12 months, as a result of working short.

If the factors described are improved, significant improvement in nurse job satisfaction will result.

RECOMMENDATIONS

In conclusion, this study clearly indicates there is a strong correlation between working short, high nurse-to-patient ratios, and adverse patient/nurse events and incidents. The data also indicates that job satisfaction among nurses can be significantly increased by:

- Adopting a supportive leadership style that incorporates effective communication, feedback, support, respect, and recognition;
- Ensuring nurses work as part of a well functioning team;
- Reducing unmanageable workloads through the hiring of staff and legislating nurse-to-patient ratios; and,
- Implementing a fair and equitable work scheduling system.

Job satisfaction has a positive effect on quality of care, patient outcomes, and retention and recruitment of nursing staff.