

# What Nurses & Midwives Want:

## Findings from the National Survey on Workplace Climate and Well-being

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## **Contextual Overview**

Nurses are not only the largest body of employees in the healthcare system, spanning all segments of care with a workforce of over 307, 000 (AIHW, 2015), they are also the frontline of the health system. However, it is widely recognised that in Australia, like in many other advanced market economies, there is increasing concern regarding the ageing of this workforce with more than 40 percent of this workforce now 50 years or over (AIHW, 2015). This potentially can have an effect on this high-skilled labour market if these key resources exit the health sector in a short period of time (Holland, Allen & Cooper, 2011; Johnstone, 2007; Moseley, Jeffers & Paterson, 2008). As a recent report by the federal government stated that:

“The workforce planning projections... show that in the medium to long-term, Australia’s demand for nurses will significantly exceed supply (with a projected shortfall of approximately 85,000 nurses by 2025, or 123,000 nurses by 2030 under current settings)..... For nurses, this report concluded that population health trends, combined with an ageing nursing workforce and poor retention rates, will lead to an imminent and acute nursing shortfall.” (AFHW, 2014, p.3)

The report goes on to argue that focus needs to be on retention policies and practices to avert a potential crisis. Whilst figures indicate that the uptake of nursing at the graduate level remains high (AFHW, 2014), age continues to influence participation in the workforce with reported trends showing a significant proportion of nurses working part-time and a falling average number of hours worked by nurses per week as they get older. As recent figures indicate, those aged 45 and over are the largest category of nursing professionals working less than 35 hours per week (AIHW, 2015a). It should also be noted that recent evidence suggests that whilst nurses have been retiring at a lower than average rate, this has been linked to the current economic climate and if this improves, exit rates may increase to normal rates of around 20 percent for those aged 55 and over (AFHW, 2014, p.30).

These predicted shortages come at a time when demand for healthcare services is on the rise, in part because of the ageing population. Indeed as noted by the Productivity Commission (2008), it is clear that the aged care sector will see significant increased demands and challenges over the next four decades. It is estimated by 2047, the number of older Australians (the main users of aged care services) will increase four-fold by 2047. This trend will create significant increases in demand for healthcare services. Given these combination of factors the effective retention of skilled and experienced nurses is a highly salient issue. The focus of this study therefore examines controllable factors around the workplace culture and its impact on retention of these key employees.

There is evidence to suggest that changes to the healthcare system have fundamentally altered the nature of nursing/midwifery work and the organisational environments in which this work is performed. Specifically, the shift to a cost control approach to managing illness, injury and disease has served to increase patient throughput and decrease the average length of stay of patients in hospitals (Allen et al., 2015; Hogan et al., 2007; Drach-Zahavy & Marzuq, 2012). This has expanded the requirement for nursing services in hospitals but in most cases this has not been accompanied by an increase in staffing levels. From an employee retention point of view, this is extremely problematic as there is substantial research evidence to support a link between increases in job demands or work overload and increases in individuals' levels of job dissatisfaction and as a consequence, turnover intentions (e.g., see Holland, Allen & Cooper, 2013; Holland, Pyman, Cooper & Teicher, 2012; Jourdain & Chenevert, 2010; Leiter & Maslach, 1988). Indeed, dissatisfaction with working conditions and the workplace climate has broadly been identified as the key reason why nurses/midwives leave their jobs (Allen et al., 2015; Tzeng, 2002). As far back as 2001, a study of nurses in England by Shields and Ward (2001), found that job satisfaction was the most significant determinant of retention and more important than the attractiveness of opportunities outside of the occupation. Research evidence suggests that changes to the healthcare system have also further exacerbated longstanding problems such as the presence of shift work,

limited career prospects, poor pay and low status in the healthcare sector that have historically caused retention problems in the nursing/midwifery profession (Allen et al., 2015).

### **Focus of the Study**

This is the third and most comprehensive of the surveys carried out by the Monash University team on the nursing and midwifery profession. This study addresses the key indicators associated with workplace climate in this sector of the workforce through a comprehensive national survey designed to explore the working conditions, wellbeing and organisational and management practices that characterise the work environments of nurses/midwives. In doing so, this study illuminates in greater detail individual issues within the nursing/midwifery profession. The study identifies aspects of the work environment, which require interventions to facilitate the retention of this key healthcare workforce. As alluded to, the profession is facing increasingly stressful working conditions and with evidence of a future shortfall of nurses/midwives, there is a growing need to provide detailed research and evidence as a catalyst and platform for intervention strategies to address issues facing the profession.

### **Summary of Findings**

This report presents findings of an independent nationwide survey on nurses and midwives conducted over a six-week period in April and May 2016. The survey examined nurses and midwives' workplace well-being (e.g., workload, emotional labour, engagement, career satisfaction and occupational turnover), workplace climate (e.g., employee voice, organisational practices and support at work) and indicators of well-being beyond the workplace (e.g., resilience, life satisfaction and support from family). The results are set out in this report.

## **Workplace Well-being**

### **Workloads**

Overwhelmingly the majority of respondents reported very high workloads. In most cases, these key indicators had increased since the previous study conducted in 2013. The key determinants of the reported high workload included, inadequate staff levels, excessive amounts of administrative tasks and inappropriate skill mixes. Respondents also reported that workload issues arose because of a lack of consideration as to the acuity of patients in the determination of appropriate staffing levels. There was a strong feeling amongst respondents that not only did high workloads contribute to the already elevated levels of stress experienced by staff but workload pressures put patient care and safety at risk. Indeed, forty-seven percent of respondents indicated that they had more work than they could do well up to several times each day.

### **Emotional Labour**

Overall, the survey identified that respondents felt that their work is often emotionally strenuous. Over a third of respondents reported being burdened with having to put on a positive front when dealing with patients or residents. This can be linked to respondents also reporting that higher workload stemming from poor staffing policies were a large contributor to the perception that work is becoming increasingly physically, mentally and emotionally demanding. Such intensification of emotional labour does not only adversely impact the individual, but has been reported to affect their families as well. Respondents working in aged care and critical care/emergency specialisations reported significantly higher levels of emotional labour at their jobs.

### **Engagement**

A majority of respondents reported feeling engaged at their work and fifty-eight percent indicated that they were proud of their work every day. Specifically, the results indicate that nurses and midwives are passionate and proud of their work. However, qualitative data from respondents signposted

that chronic exposure to elevated workload and exhaustion, along with poor appreciation for their dedication to the job may be hampering levels of engagement at work. Issues associated with low levels of work engagement appeared to be pertinent among those employed in mental health.

### **Career Satisfaction**

Generally, respondents reported moderate levels of satisfaction with their careers as nurses/midwives. Consistent with findings of a similar study conducted in 2013, this current study found that respondents remained least satisfied with the progress they had made towards meeting their goals for income. Respondents also expressed relatively low levels of satisfaction in relation to the progress they had made towards meeting their goals for advancement. Qualitative data suggests that the combination of inadequate monetary compensation for increasingly intensive work, poor opportunities for advancement and professional development fuels frustrations and feelings of being under appreciated. This seems to be diminishing the satisfaction and passion nurses/midwives have in their work. Overall, there has been a relatively steady decline in career satisfaction reported on all dimensions since the previous study in 2013. Specifically, satisfaction with overall success in the occupation witnessed the steepest decline of eight percentage points.

### **Intentions to leave the Occupation**

A typical business might expect a turnover rate up to four percent. In a more demanding environment such as nursing, estimates may range between three to six percent (Cresswell, 2011). Building on the previous issues of work intensification, this study found that thirty-two percent of those surveyed indicated they have considered leaving the nursing/midwifery profession and twenty-five percent reported they were either likely or very likely to leave the profession. These findings are disquieting as they signify intentions to *leave the nursing profession* rather than merely just the respondents' current employing organisation. This potentially represents a significant drain of skilled and experienced staff, with increasing demands within the healthcare system, despite the relatively healthy inflow of graduates. These potential problems may be exacerbated given that the majority of the nursing/midwifery

workforce in Australia are already aged 47 years or older and thus a significant percentage of this sector's workforce will likely retire in the next decade. We believe this is a finding that needs further investigation.

## **Workplace Climate**

### **Employee Voice**

Employee voice arrangements in a workplace are not only key to fostering effective communication, employee involvement and the building of cooperative workplace relations, but have also been found to boost employee performance (Boxall & Purcell, 2016; Holland et al., 2013; Pyman et al., 2010). This survey found that the most common forms of communication and involvement were staff meetings, 'open door' policies and newsletters. In comparison with the first study conducted in 2012, there has been a general decline in several voice mechanisms. Specifically, the inclusion of nurses/midwives in solving daily operational issues that are likely to have a direct impact on their workplace well-being (down by 13% percent since 2012). Respondents reported that although there have been overt efforts to improve employee voice mechanisms (e.g., requesting for and encouraging feedback), this appears to be negated by the decline in decision-making at the workplace (noted). Findings related to employee voice, indicated that up to fifty-four percent of respondents were not confident of openly voicing their opinions and concerns due to fear of retribution. Of particular concern was that more than half of respondents felt that they have often been excluded from decision-making processes concerning issues important to them. Respondents have reported that this has resulted in a disconnection between management and nurses/midwives who are at the point of care. Seemingly, this has led to the covert effect of silencing nurses and midwives as they perceive such voice mechanisms to be ineffective. These findings should be seen as a concern by management, as collectively, this is likely to reinforce the study's findings in relation to nurses feeling overworked, overwhelmed and underappreciated.

## **Organisational Practices**

With the exception to 'specificity of goals in their work', respondents were relatively discontented with all other facets of organisational practices (e.g., job goal specificity, career progression based on meritocracy and employee involvement in decision-making processes pertaining to issues impacting them). This appears to have had an adverse impact on the quality of patient care respondents felt they were able to provide and thus, their own achievements in this profession. Similar to findings related to career satisfaction, forty-five percent of respondents felt that their organisation had not channelled much effort or resources into providing developmental opportunities. The nature of shift work and inadequate staffing ratios seem to perpetuate the struggles of achieving work-life balance, potentially placing additional strain on such a highly feminised workforce. In particular, respondents working in mental health reported significantly poorer perceptions of organisational practices as compared to those employed in paediatrics, aged care and rehabilitation/disability.

## **Support at Work**

Overall, there is a general perception of inadequate support and appreciation from management. This included over half the respondents reporting that their organisation lacks concern about their well-being. Although respondents indicated they took much pride in their own work, only four percent of respondents felt strongly that their organisations valued their work accomplishments. Qualitative data provided by respondents echoed the above observations, highlighting the lack of support at their work particularly with regards to flexible work arrangements, staffing, workload management and handling of cases related to physical, verbal and sexual harassment directed at employees. Specifically, respondents have also noted that little support and consideration is given to ensure the workplace safety and overall well-being of nurses/midwives. Such negative perceptions of levels of support received at work were most pertinent in New South Wales and the areas of mental health, critical care/emergency, maternity care and aged care as compared to those working in community nursing.

## **Non-work Indicators**

### **Resilience**

On the whole, the respondents seemed to be fairly resilient despite working in a relatively stressful and intensive environment. For instance, sixty-three percent of respondents indicated that they were able to recover quickly following tough times. However, qualitative data from respondents suggests some may still suffer from exhaustion stemming from the chronic strain of being overworked and insufficient chances for recovery due to poor scheduling of shifts. Additionally, it seems that there is an implicit expectation that nurses and midwives should be resilient regardless of the intensity of work demands and/or personal circumstances. Such expectations may deter nurses/midwives from taking sick leave or even reporting work injuries as they sought to avoid possible negative perceptions of their resilience or lack thereof, by management.

### **Life Satisfaction**

Generally, respondents reported being moderately satisfied with their lives with over sixty percent of respondents indicating that they have already obtained the things they deem important in life. Approximately thirty percent of respondents reported that their lives were not close to their ideals.

### **Support from Family**

Overall, the majority of respondents reported having received support from their families. Eighty-three percent of respondents indicated that their family members were supportive and understanding of their decision to work and the increased responsibilities that accompany such decisions. However, only sixty-three percent of respondents reported that their family members were reliable, should they require help with non-work responsibilities.

## **Overview**

In summary, the findings of this study reveal a decline in key workplace indicators since the previous studies. The findings suggest an increasingly over-stretched and undervalued workforce, with many more experienced staff contemplating leaving the profession. Many employed in this sector appear to feel stifled and trapped in an occupation they were initially passionate about. However, such passion appears to be being progressively eroded by the increasingly demanding work conditions, declining voice, poor income and advancement or developmental opportunities. Such deterioration of working conditions may also serve as a deterrent to potential entrants to the nursing or midwifery profession, if not addressed. In a sector expecting to expand considerably in the next decades, such evidence from this survey is indicative of major problems in the near future. The survey as such sounds a warning call to those charged with managing this workforce and this sector.

## **Methodology**

The findings in this report are based on data from an online survey conducted independently through the Australian Nursing and Midwifery Federation (ANMF) website and using social media between April and May 2016. Individual nurses/midwives who accessed the website were informed of the survey through a bulletin seeking their participation, which also contained a hyperlink to the survey. Potential respondents were advised that the survey was completely voluntary, anonymous, confidential and independent, and that they were able to choose not to complete any of the individual questions. A total of 3,005 usable responses were received from nurses, midwives and personal care workers currently engaged in paid work. All of the scales utilised in the survey had been previously validated and published.

## Respondent Demographics

On average, respondents were 47 years old (SD = 11.6) and the majority were female and registered nurses (RNs). Typically, respondents had nine years of occupational tenure (SD = 8.8) and worked in permanent positions on a part-time basis. The majority of respondents worked in public hospitals. Whilst the responses to the survey were National, the highest number of respondents came from Victoria and New South Wales. Table 1a, 1b and 1c provides more detailed information in relation to the demographic characteristics of the respondents.

**Table 1a: Demographic Information of Study Respondents**

<b>Age (Mean<sup>1</sup>)</b>		<b>Total Sample</b>
Years		47
<b>Gender (%)</b>		
Female		91
Males		8
Identifying as other		1
<b>Job Title (%)</b>		
Directors of Nursing/ Care coordinator		2
Nurse Unit Managers/ Charge Nurse		4
Clinical Nurse Consultants		4
Registered Nurses		55
Registered Midwives		9
Enrolled Nurses		13
Assistant in Nursing/ Personal Care Workers		2
Other		11
<b>Occupational Tenure (Mean)</b>		
Years		9

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<sup>1</sup> A mean is an average and is calculated by summing the responses of all the respondents and then

**Table 1b: Demographic Information for Study Respondents (cont.)**

<b>Employment Status (%)</b>	
Permanent/ Ongoing employment	81
Casual/ Temporary employment	12
Contracted to work here, employed by an agency	3
Other	4
<b>Full/ Part-time Employment (%)</b>	
Full-time	40
Part-time	60
<b>Minimum Staffing at Workplace? (%)</b>	
Yes	59
No	19
Don't know	22
<b>Type of Minimum Staffing Requirement (%)</b>	
Ratios	56
Nursing hours per patient day (NHPPN)	24
Other	20
<b>Organisation Type (%)</b>	
Public hospital	57
Private hospital	12
Residential aged care- for profit	5
Residential aged care- non-profit	7
Community-based organisation	8
General practice	3
Other	8

**Table 1c: Demographic Information for Study Respondents (cont.)**

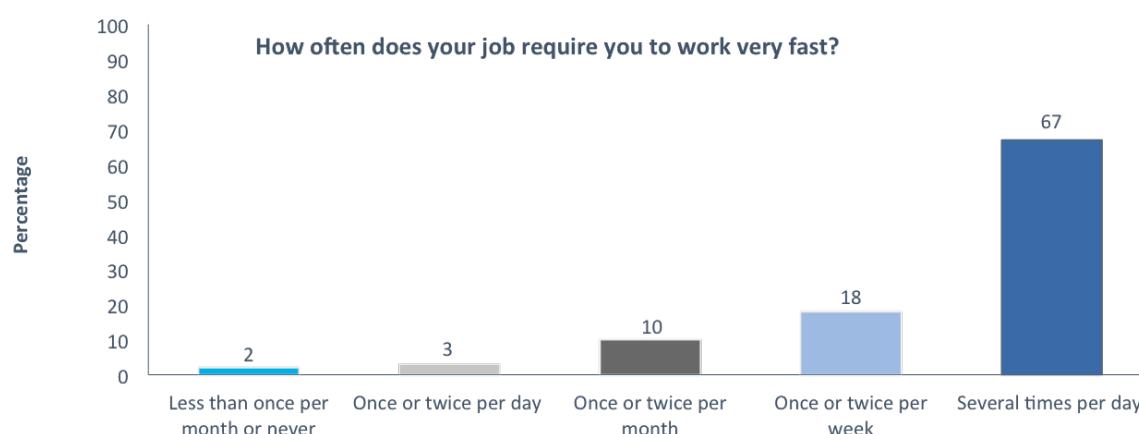
<b>Specialisation (%)</b>	
Medical/ Surgical/ Mixed	18
Critical care/ Emergency (ED)	11
Paediatrics	3
Maternity care	9
Mental health	7
Aged care	13
Community nursing	6
Rehabilitation/ Disability	3
Other	30
<b>State (%)</b>	<b>Total Sample</b>
Victoria	32
Queensland	16
Australian Capital Territory	5
Tasmania	3
South Australia	8
New South Wales	22
Western Australia	11
Northern Territory	3

# Workplace Well-Being

## Workloads

This section of the survey asked respondents to explore the intensity of their work, by indicating how frequently their job required them to work very fast, very hard, with little time to get things done, and with a great deal to be done, and how often there was more work than could be done well. Respondents used a 5-point scale (1 = less than one per month or never to 5 = several times per day) to answer these items.

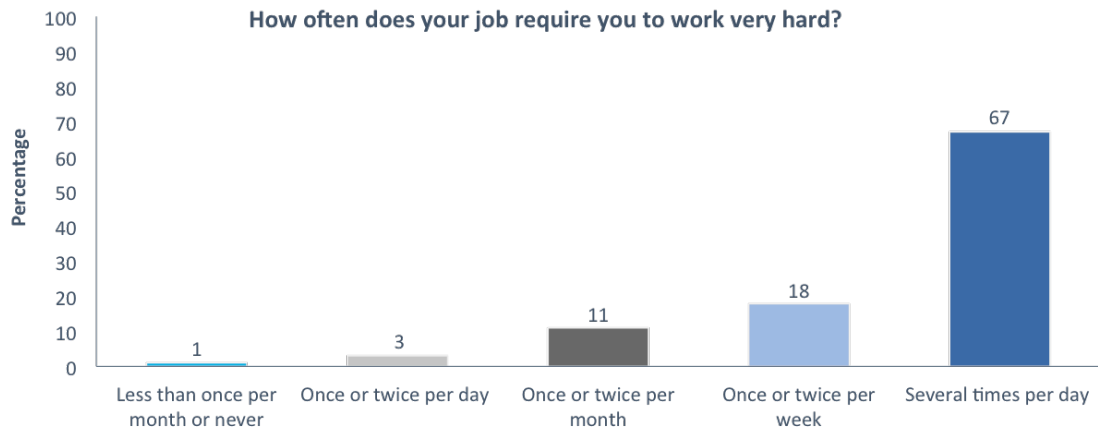
Overall, a large majority (85%) of respondents felt that their jobs required them to work very fast, very hard and there is often a great deal to be done at work at least once or twice per week to several times per day. In the three years since the last study (2013), all indicators have increased in terms of work intensification<sup>2</sup>. Of particular concern were the areas of increased speed of work (increased by six percentage points<sup>3</sup>) and (less) time to do the job well (increased by seven percentage points). The underlying concern here is the increased pressure on quality when completing the job.



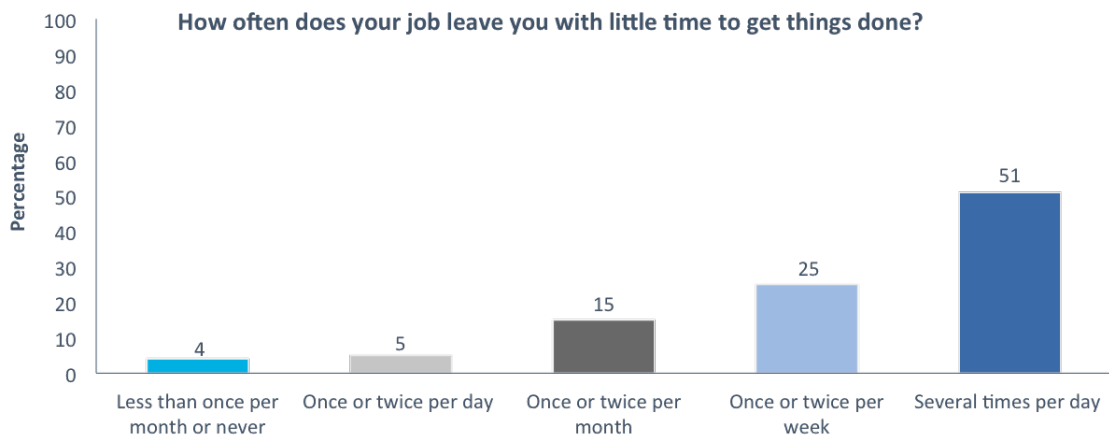
Sixty-seven percent (61% in 2013) of respondents indicated that their job required them to work very fast at least several times per day.

<sup>2</sup> Percentage increased calculated based on respondents who've indicated 'Several times per day'.

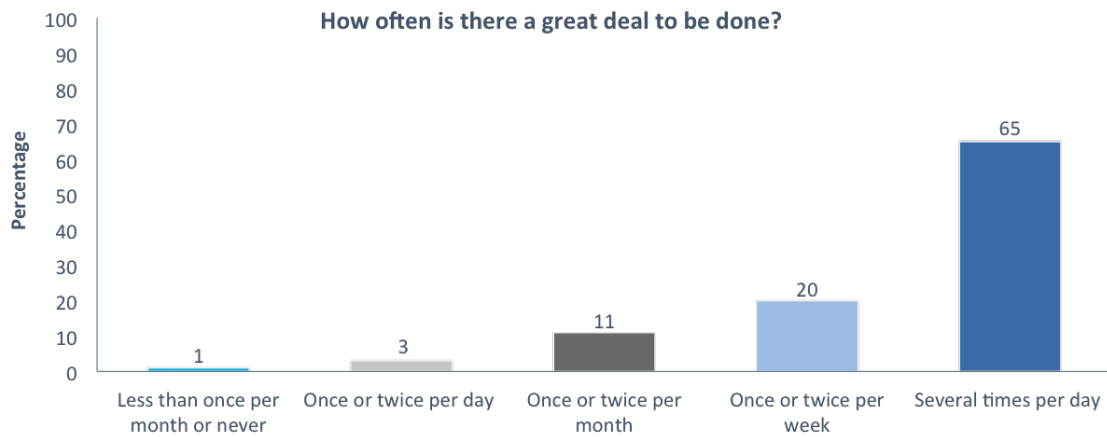
<sup>3</sup> Percentage point is the unit for the arithmetic difference between two percentages.



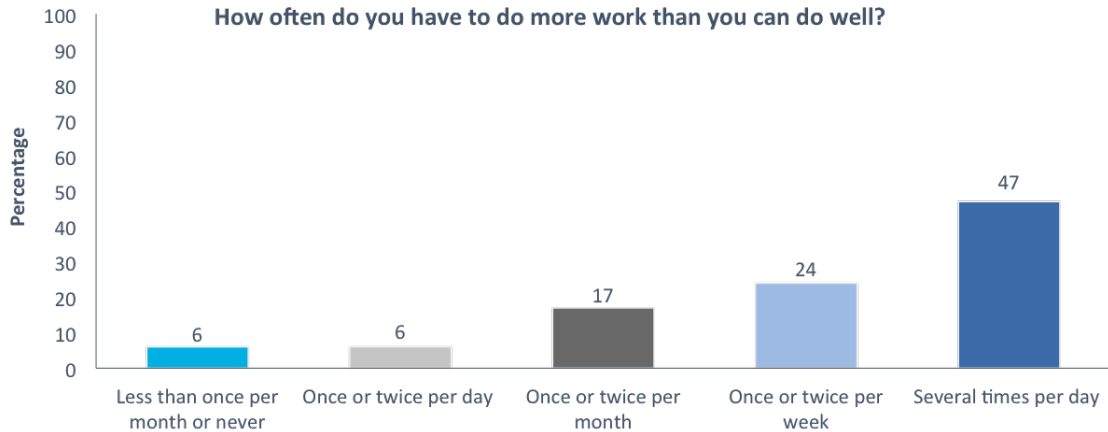
Sixty-seven percent (63% in 2013) of respondents reported that their job required them to work very hard at least several times per day.



More than half (51%, up from 50% in 2013) of respondents felt that their job left them with little time to get things done at least several times per day.



Sixty-five percent (62% in 2013) of respondents indicated that there was a great deal to be done as part of their job several times per day.



Seventy-one percent (64% in 2013) of respondents felt that they often have to do more work than they could do well (e.g., 'once or twice per week' and 'several times per day').

## State & Territory Comparisons

There were no significant differences across respondents from the different states and territories with all respondents reporting similarly high workloads.

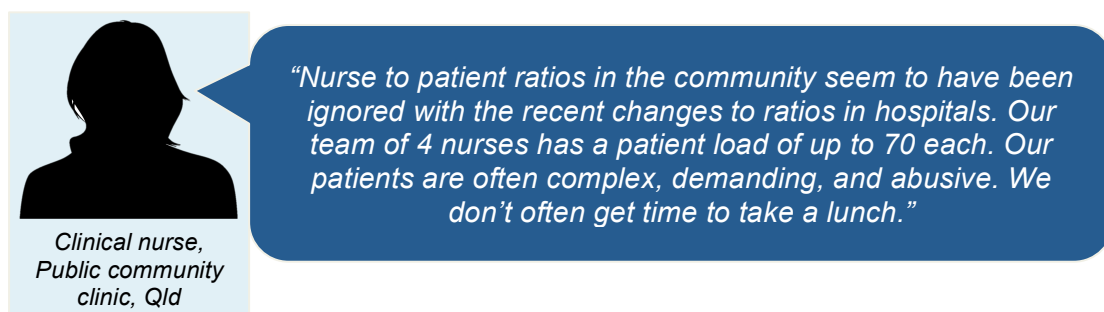
## Specialisation Comparisons

Respondents working in the area of critical care/emergency and aged care reported significantly higher levels of workload issues as compared to those in mental health and community nursing. In contrast, those employed in community nursing reported significantly lower levels of workload issues when compared to respondents from medical/surgical/mixed, maternity care, aged care, critical care/emergency and rehabilitation/disability.

## Quotes from Respondents

Qualitative data provided by respondents indicated that inadequate nurse-to-patient ratios remain a key contributor of high workload<sup>4</sup>. Additionally, respondents have also highlighted the increase in administrative work responsibilities and unrealistic expectations of nurses/midwives to shoulder added work tasks without the provision of additional time or resources as a source of work intensification. Nurses and midwives working in a variety of different specialisations (e.g., mental health, medical/surgical/mixed, and aged care) and settings (e.g., private and public healthcare) reported such concerns. Respondents consistently expressed concerns that inadequate staffing levels and mixes, along with the added pressure of administrative work not only contributed to heightened stress amongst staff but also put patient safety and care at risk.

5



<sup>4</sup> A similar study conducted in 2013 also identified poor nurse-to-patient ratios as a key source of workload intensification.

<sup>5</sup> Silhouette images used here are purely for illustration purposes. They do not correspond or denote the gender or appearance of the respondent being quoted.

*"Management often does not comply with ratios, which causes a huge amount of stress on the staff in my working environment and makes it difficult to provide quality care."*



Registered Midwife,  
Maternity care,  
Public hospital, Vic



Registered nurse,  
Paediatrics ED,  
Public hospital,  
WA

*"Serious budget cuts like never seen before has had a negative effect on patient care. Wards increasing nurse to patient ratio which leads to safety concerns, fatigue and **burnout!** Ratios were 1:4, now 1:6."*

*"The workload is getting harder and harder, which then compromises **patient safety** and doesn't allow nurses to provide the basic patient care, e.g., hygiene, and doing the extras that make our patients feel important. I know this makes me feel like I'm not doing my job properly, it causes **anxiety and worthlessness...**"*



Registered Midwife,  
Maternity care,  
Public hospital, Vic



Enrolled nurse,  
Aged care,  
Residential, non-  
profit, Vic

*"In aged care, there is no staff to resident ratios and so management keeps cutting nursing staff and even domestic/kitchen. Everyone is **stressed to breaking point**. Management does not care and says 'go work elsewhere'. Do not appreciate the work you do."*

*"Documentation has taken away hands on nursing. Quality patient care is deteriorating due to low staff levels, paper work and poor rostering. Work stress!!"*



*Registered nurse,  
Aged care  
(residential, non-  
profit), Qld*



*Registered nurse,  
Critical  
care/Emergency,  
Private hospital, Vic*

*"The workload does **NOT** fit into the time frame of any allocated shift. Paperwork is time consuming and is often completed after the shift is over, in the staff member's own time and is therefore, unpaid. I have observed that staff is expected to stay on after their shift to complete or attend to further nursing duties, etc. The time "allowed" to shower or feed a resident is often unrealistic and residents are hurried and things are missed. In my view, it is an extremely poor way to treat people."*

*"Chronic understaffing and poor skill mix. We are short of nurses when the roster comes out, even worse with sick calls etc. Skill mix is not ideal, poor recognition of prior learning."*



*Registered nurse,  
Paediatric  
emergency, Public  
hospital, Qld*



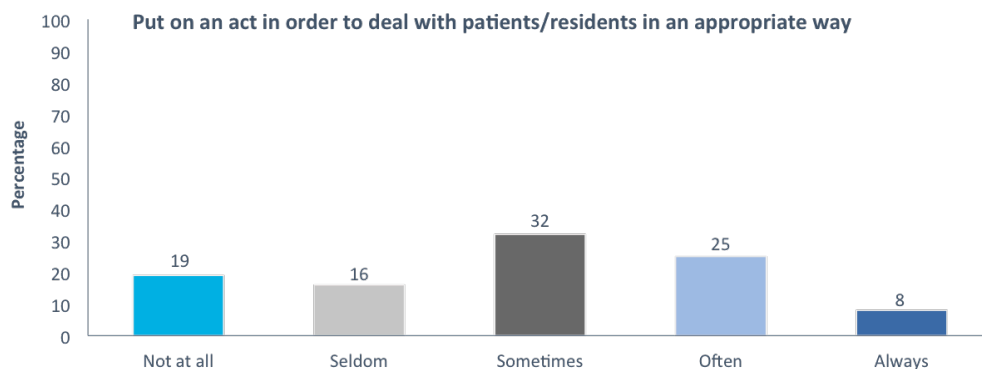
*Registered nurse,  
Aged care  
(residential, for-  
profit), Qld*

*"The aged care system is broken. The deprofessionalisation of aged care by increasing PCWs and reducing RNs & ENs. Med management by PCWs is shocking. Rotting of ACFI, poor skill mix, bureaucracy-based healthcare instead of knowledge-based healthcare is shocking. Vague legislation pertaining to staffing "adequate no. of appropriately-trained staff" is open for interpretation & abuse. Aged care has become a money-making business which has to stop as the quality of healthcare is suffering and putting the safety of residents and staff at risk. **Something needs to be done fast!**"*

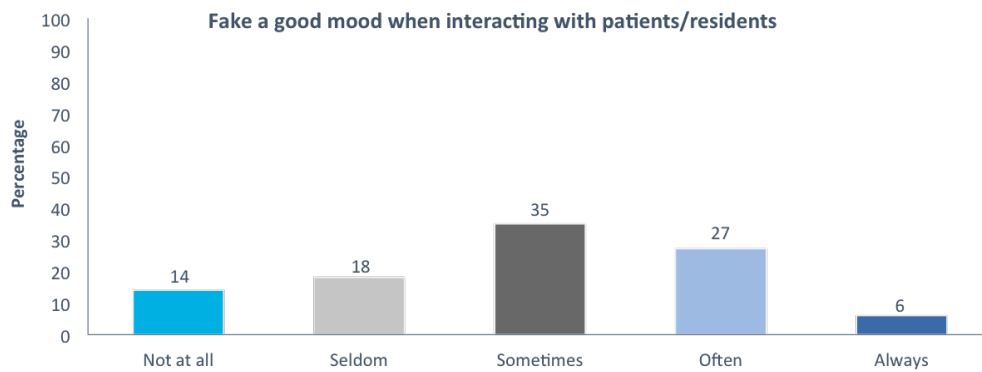
## Emotional Labour

In this section of the survey, respondents were asked to think about how often they are required to manage their observable expressions and emotions in order to do their jobs. Such activities could include putting on an act or faking a good mood to suppress felt emotions that may be inappropriate to display in order to perform their jobs.

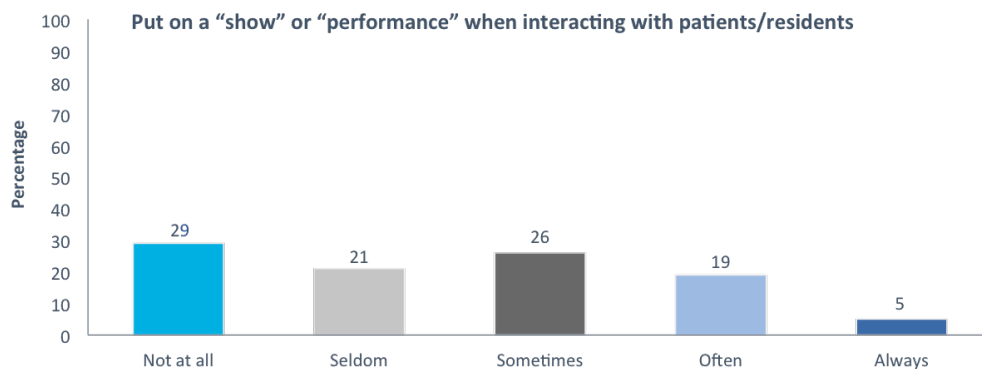
Overall, more than a third of respondents felt burdened with having to put on a positive front when dealing with patients. In the face of high work intensification, this is likely to be a potent combination that significantly increases the propensity to reach the critical burnout stage (Allen et al., 2015). This was particularly concerning for those employed in aged care and critical care/emergency as these groups have reported significantly higher levels of both workload and emotional labour.



Approximately a third (33%, e.g., 'often' and 'always') of respondents reported having to put on an act in order to deal with patients or residents in an appropriate way.



Similarly, thirty-three percent of respondents indicated that they often or always had to fake a good mood when dealing with patients or residents.



Twenty-four percent of respondents reported that they had to put on a 'show' or 'performance' frequently (e.g., 'often' and 'always') when interacting with their patients or residents.

### State and Territory Comparisons

There were no significant differences across respondents from the different states and territories with all respondents reporting similarly high levels of emotional labour.

## Specialisation Group Comparisons

Respondents working in aged care and critical care/emergency reported having to engage in more frequent emotional labour as compared to those in community nursing.

## Quotes from Respondents

Overall, comments from respondents indicate that the nursing job in itself is not only physically and mentally intensive, but it is also highly emotionally demanding. Resonating with sentiments shared pertaining to the key drivers of chronic work intensification, respondents have similarly reported that poorly designed or enforced staffing ratios continue to compound the emotional stress on nurses and midwives. Respondents reported that the adverse impact of such heightened and prolonged stress is often not limited to respective individual nurses or midwives, but overflows to negatively affect their families as well. This is particularly the case in critical care/emergency and aged care specialisations where respondents either work in a highly stressful or poorly staffed environment. Aged care respondents have indicated having to work with large number of residents (up to 80 residents with just two nurses) with complex medical conditions (e.g., dementia).



Registered nurse,  
Critical  
care/Emergency,  
Public hospital, SA

*"Working in nursing is **emotionally intense**. It is a profession that requires us to be our best at all times, in order for those who are not at their best. This often takes its toll on nursing/midwifery staff and their families."*

*"Specifically in the area of ED- dangerous levels of staffing during times of multiple Resus' and critically unwell patients cause increased stress- **physically, mentally and emotionally**."*



Registered nurse,  
Critical  
care/Emergency,  
Public hospital, WA



Registered nurse,  
Aged care  
(residential, for-  
profit), Vic

*"The only reason I cope with my job as a nurse is because I choose to do less hours. Otherwise, I would find it too hard to balance home life with work. Nursing is **so draining physically, mentally and emotionally.**"*

*"Patients in hospitals are becoming more acute as others are a part of hospital in the home programs. This leaves the sickest of the sick with no respite for staff. It's **emotionally and physically demanding work**, feeling understaffed (although ratios are covered, we actually need more help) and overworked every day I work. **Unsatisfying.**"*

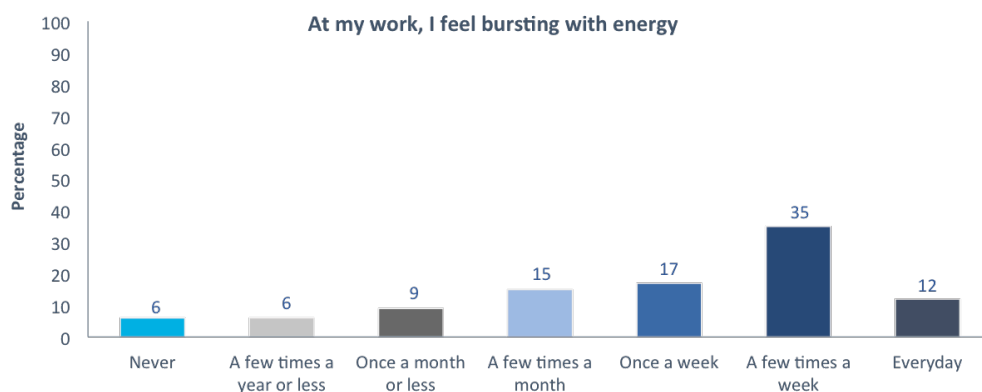


Enrolled nurse,  
Medical/Surgical/Mix  
ed, Public hospital,  
Vic

The key long-term issue is burnout of these critical staff who have prolonged exposure to stressful situations and work intensification depleting their emotional and physical resources. The danger signs for those managing this workforce are clearly highlighted in this report.

## Engagement

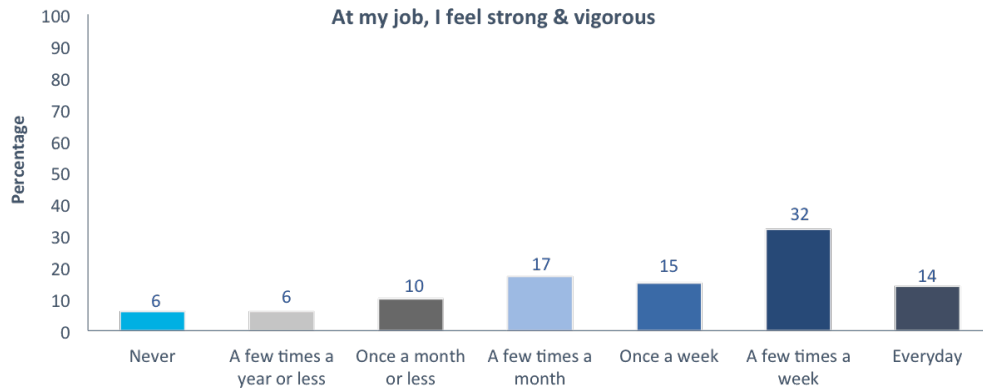
Engagement has been defined as a positive, fulfilling, work-related state of mind that is characterised by vigor, dedication, and absorption in the work itself (Schaufeli & Salanova, 2008). Respondents were asked a variety of questions that capture how they experience their work in relation to three areas. These characteristics can be defined as: vigor - if work is stimulating and energetic; dedication - if work is a significant and meaningful pursuit and absorption - if work is engrossing. Responses were recorded on a 7-point scale (0 = never, 6 = everyday). Overall, responses signal that the workforce is passionate and proud of their work, but demands from high levels of workload and emotional labour, declining levels of voice<sup>6</sup> and satisfaction with career advancement and skills development<sup>7</sup> appear to be undermining levels of engagement among nurses and midwives. This may be evident particularly for those employed in mental health as respondents in this specialisation group reported significantly lower levels of engagement as compared to those in aged care and community nursing.



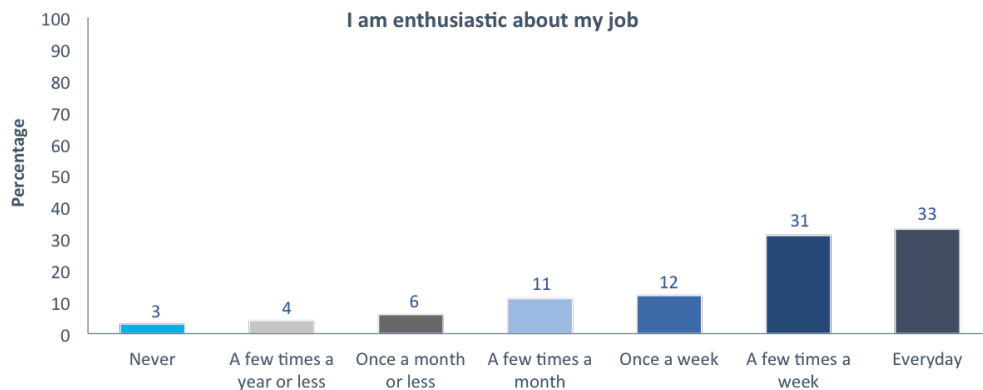
Forty-seven percent of respondents reported they were bursting with energy at least a few times a week to everyday at work. However, only twelve percent felt like this everyday.

<sup>6</sup> See page 43-46 for analysis on Employee Voice.

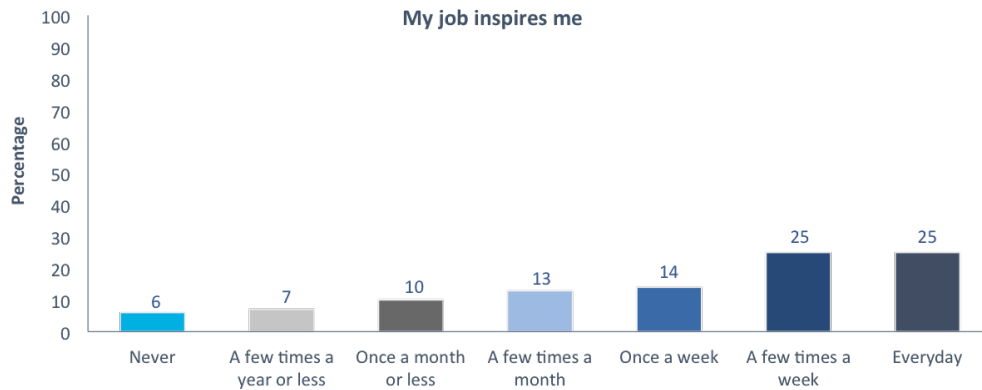
<sup>7</sup> See page 33-38 for analysis on Career Satisfaction.



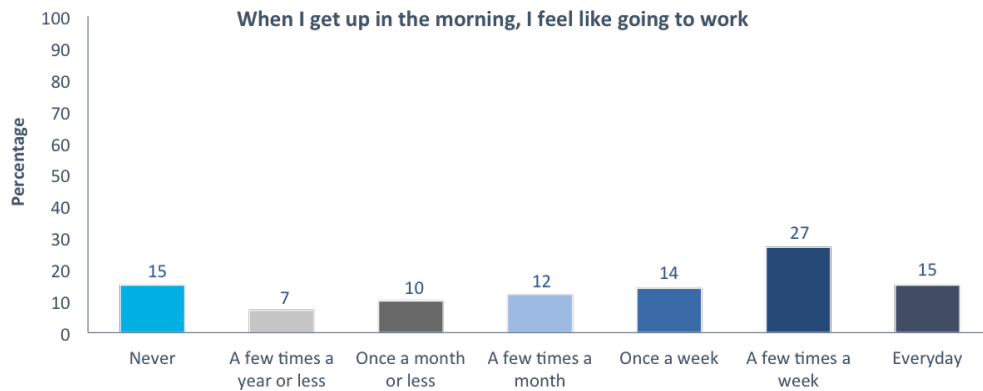
Forty-six percent of respondents reported feeling strong and vigorous at their jobs at least a few times a week to everyday.



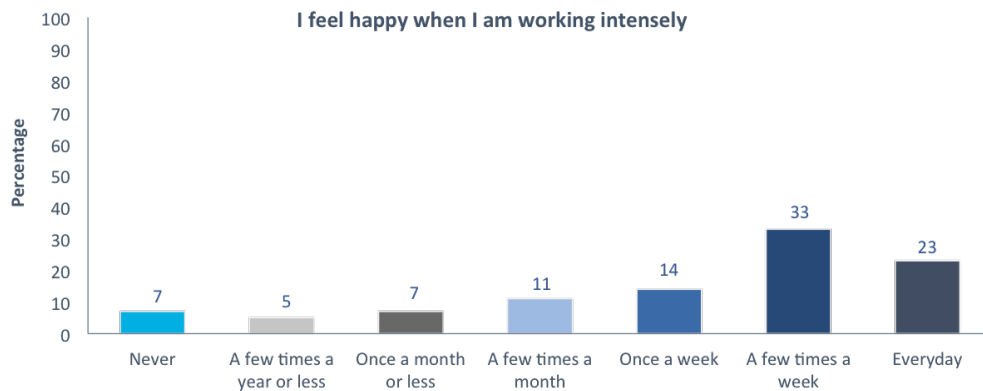
A majority (64%) of respondents were often enthusiastic (e.g., ‘a few times a week’ & ‘everyday’) about their jobs. Thirty-three percent reported having such enthusiasm everyday.



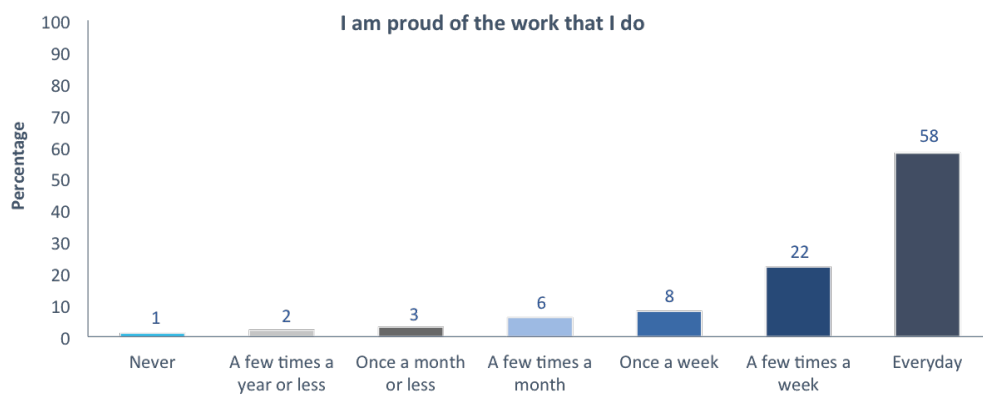
Half of the respondents often (e.g., 'a few times a week' & 'everyday') felt that their jobs were inspirational.



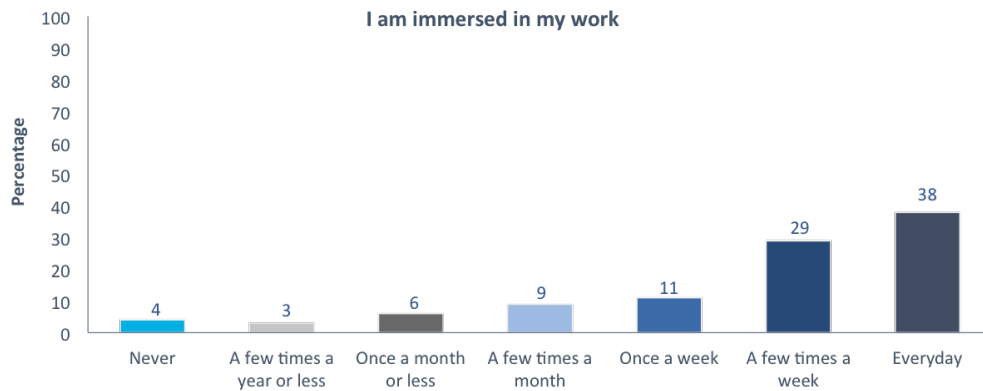
Forty-two percent of respondents often (e.g., 'a few times a week' and 'everyday') felt like going to work when they get up in the morning. Interestingly, only fifteen percent reported having such sentiments everyday. This may be due to the manifestation of high levels of workload, shiftwork and emotional labour reported.



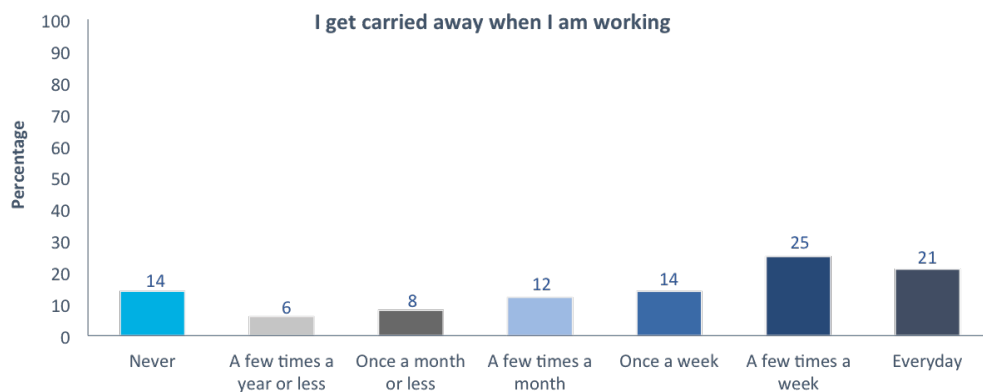
A little more than half (56%) of respondents were often (e.g., 'a few times a week' and 'everyday') happy when they are working intensely.



A large majority (80%) of respondents were often (e.g., 'a few times a week' and 'everyday') proud of their jobs. Almost sixty percent reported feeling such pride everyday.



Sixty-seven percent of respondents indicated often (e.g., ‘a few times a week’ and ‘everyday’) feeling immersed in their work. More than a third (38%) reported being engrossed in their work everyday.



Forty-six percent of respondents reported that they often (e.g., ‘a few times a week’ and ‘everyday’) get carried away when they were working (i.e., being overly engrossed, excited or involved with work).

### State and Territory Comparisons

There were no significant differences across respondents from the different states and territories with all respondents reporting similarly moderate to high levels of engagement.

## Specialisation Group Comparisons

Specifically, respondents working in mental health specialisation have reported significantly lower levels of engagement at work as compared to those in aged care and community nursing.

## Quotes from Respondents

Respondents have reported being highly passionate about their jobs. However, the high workload, less-than-ideal working conditions and poor voice have made many nurses and midwives voice a concern that they are undervalued. Respondents have also indicated signs of chronic exhaustion as a result. This again is a signal to potentially higher turnover rates in this sector should working conditions remain unchanged.

*"We as a group are exhausted by the demands that employers and patients are making. These expectations are unreasonable and will not be met without more staff in Mental Health."*



Registered nurse,  
Mental health, Public  
hospital. Vic



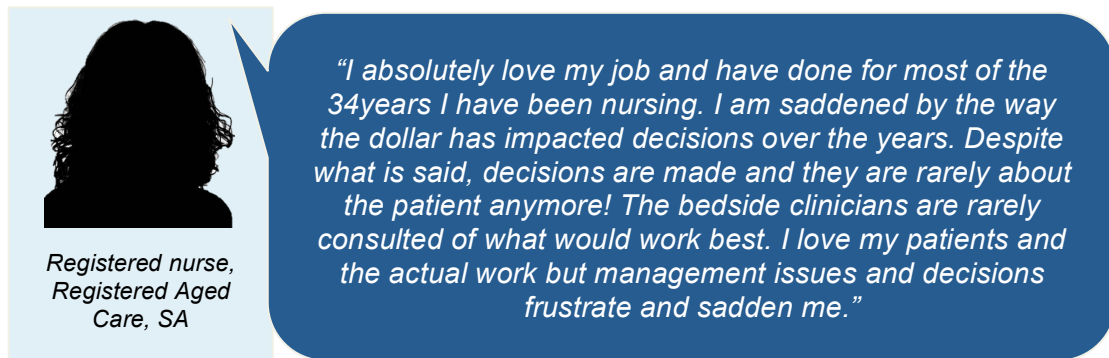
Registered nurse,  
Medical/Surgical/Mixed,  
Public hospital,  
NSW

*"We are an overworked and underpaid profession. You will never find a nurse who says they do the job for the money! We do it because we are passionate about nursing. We get walked over because we are a passive group of employees and not militant!!"*

*"Too much too do. Poor staffing particularly in private hospital setting. Consider standards of care disgraceful in many hospitals. Nursed for 47 years and have enjoyed it but with deterioration in ability in giving good quality care. Would not recommend any one take up nursing as a profession."*



Registered nurse,  
Paediatrics, SA

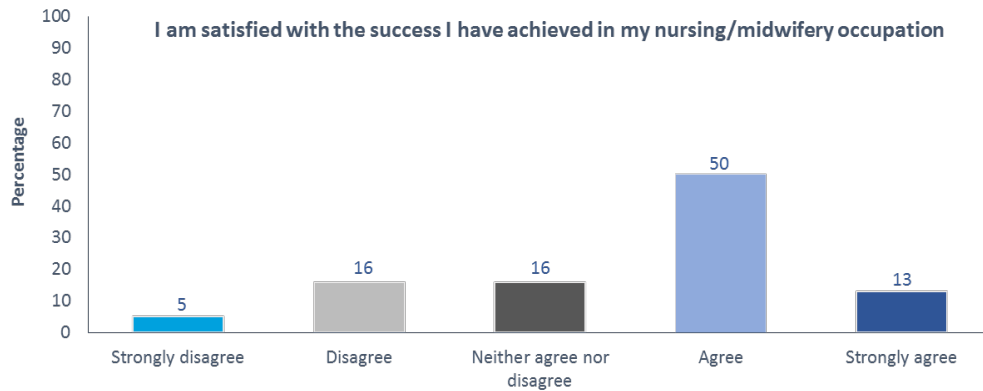


## Career Satisfaction

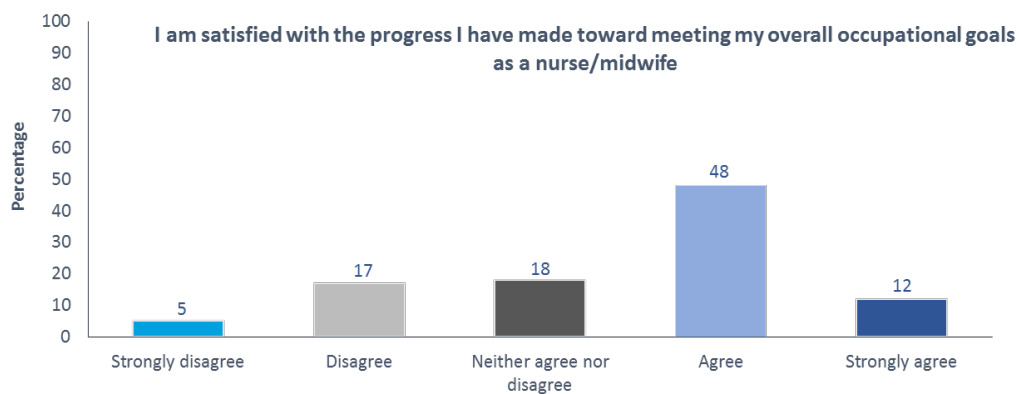
The five items in this section of the survey were designed to encourage respondents to reflect on how satisfied they were with the achievements and progress they had made so far as a nurse/midwife. Respondents used a 5-point scale (1 = strongly disagree to 5 = strongly agree) to answer all of these items.

Overall respondents reported being moderately satisfied with their occupation as a nurse/midwife, but this is in decline from the last survey. Respondents reported the highest levels of satisfaction with the success they had achieved in nursing/midwifery and the lowest levels of satisfaction with the progress they had made towards meeting their goals for income.

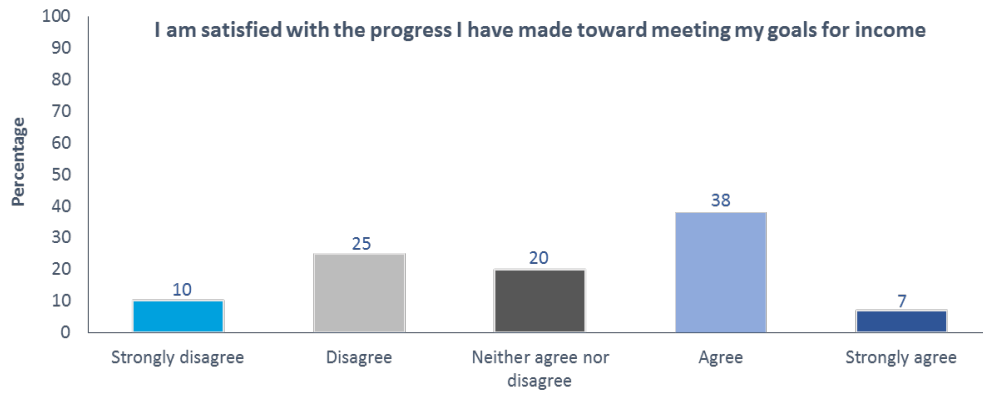
Following on from the findings on work intensification, it was not surprising that levels of career satisfaction across all indicators have significantly dropped since the 2013 survey. Of most concern, respondents are increasingly dissatisfied with key aspects of their careers including their overall success in their occupation which can be linked to skill development and advancements. All three indicators were approximately six to eight percentage points lower than levels reported in 2013.



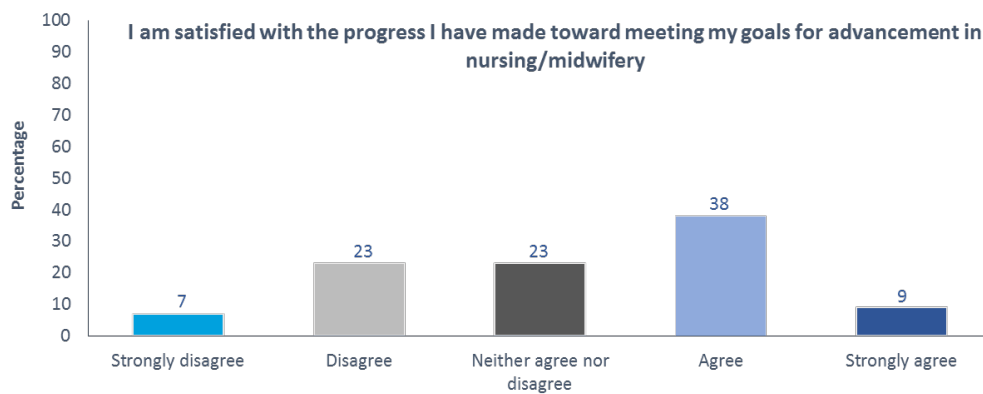
Sixty-three percent (71% in 2013) of respondents were satisfied (e.g., 'agreed' or 'strongly agreed') with the success they have achieved as a nurse/midwife.



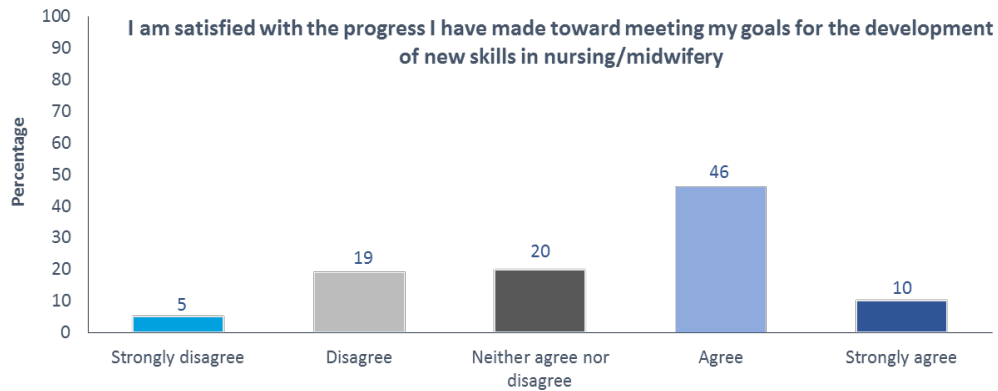
More than half (60%, down from 61% in 2013) of respondents were satisfied (e.g., 'agreed' and 'strongly agreed') with their career progression toward meeting their overall occupational goals.



Only forty-five percent of respondents (47% in 2013) were satisfied (e.g., ‘agreed’ and ‘strongly agreed’) with the progress they had made toward meeting their goals for income.



Only forty-seven percent (53% in 2013) were satisfied (e.g., ‘agreed’ and ‘strongly agreed’) with progress they had made towards meeting their goals for advancement.



Fifty-six percent (63% in 2013) were satisfied (e.g., 'agreed' and 'strongly agreed') with their progression in meeting their goals for skills development.

### State and Territory Comparisons

There were no significant differences across respondents from the different states and territories with all respondents reporting comparable levels of career satisfaction.

### Specialisation Group Comparisons

There were no significant differences across respondents from the different specialisation groups, with all respondents indicating comparable intentions to leave the nursing/midwifery occupation.

### Quotes from Respondents

Whilst some respondents expressed satisfaction with their careers as nurses/midwives, some have also reported feelings of general disillusionment with their jobs and to a certain extent, the entire profession. Particularly, respondents pointed out their dissatisfaction with inadequate pay for the increasing volume and intensity of work, along with poor training, developmental and career advancement opportunities.



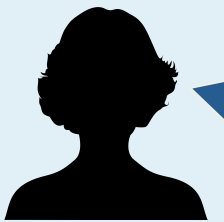
Mental & child health  
nurse, Community  
nursing, Vic

*"Loved almost every minute of my nursing career. I get asked to do more work but have a great arrangement with the other staff and we cover for each other. I feel very blessed and lucky."*



Registered nurse,  
Rehabilitation/  
Disability, Public  
hospital, Vic

*"I am older I have found an organisation that I am compatible with and an area of nursing that I love. I have had many personal stresses over the past few years and it has been my job that has sustained me."*



Registered nurse,  
Critical  
care/emergency,  
Public hospital, Vic

*"I am about to retire after 46 years of nursing in ED, CCU and 15 years of management before going back on the floor in CCU. Very proud and pleased with my career and that I am still able to contribute as a valued team member."*



Registered nurse,  
Mental health,  
Community-based  
organisation, NSW

*"The **salary offered** to nurses for the important work they perform is **very unfair and disappointing** in this day and age. Superannuation leaves many nurses including myself **vulnerable to poverty** after a life of dedication to my career. Over 40 years of nursing."*



Enrolled nurse,  
Rehabilitation,  
Private hospital,  
Northern Territory

*"Pays are regularly incorrect in favour of the employer. Seldom get breaks and regularly do unpaid overtime up to half an hour. Up to 13 patients at night. Never have enough time to do the job well. As an EEN, I'm supervising and teaching grad RNs. I hate my job."*

*"I hate nursing as a career. It is the worst profession for satisfaction. The whole profession needs an overhaul. It is too stressful, too demanding, and work satisfaction is non-existent. I hate the profession and cannot wait to get the hell out of it. My place of employment is the pits. I mean the pits. Do something about it AHPRA. Mowing lawns is more appealing."*



Registered nurse,  
Medical/Surgical/Mixed,  
Public hospital,  
Qld



Nursing practitioner,  
Palliative care,  
Private hospital,  
NSW

*"It is **difficult to advance in nursing because of the few clinical positions available and lack of mentorship.** Ongoing education can be expensive and it can be difficult to get time off so you use annual leave for conferences etc."*

*"**Severe lack of support to nurses up-skilling.** Medication carers should not exist in this industry or carers should be registered and accountable. Have seen many dangerous mistakes made by carers that get too big for their boots. This places residents in grave dangers. This is not acceptable."*



ENM, Aged care  
(residential, non-profit),  
Tasmania



*Clinical nurse consultant, Mental health, Community-based organisation, NSW*

***"The lack of permanent employment opportunities. Employers that are unwilling to train new staff for positions and request years of experience in particular areas. As a result, this provides little opportunity for graduates to get jobs and for nurses to learn skills in different areas."***

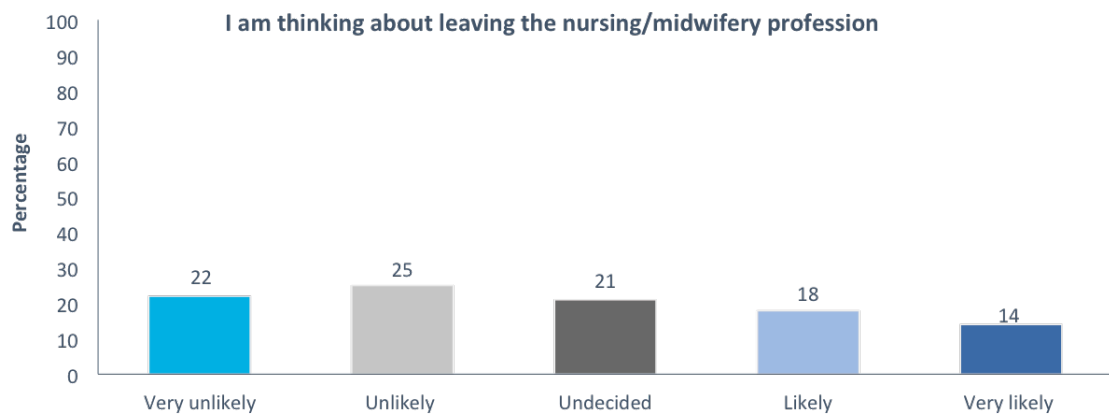
***"No room for career advancement and no ability to permanently increase hours with the job freeze even though I'm working full time hours on a part-time contract of 3 days a week and have been for 3 years."***



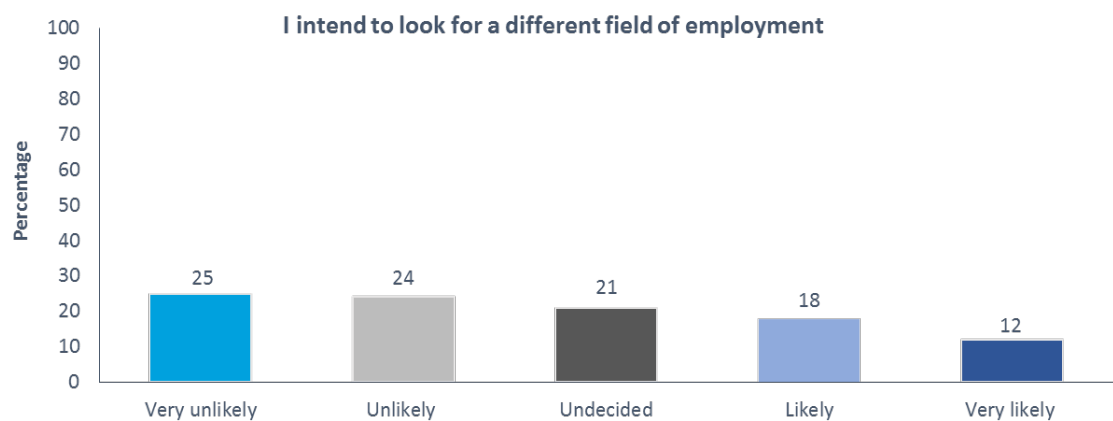
*Registered nurse, Medical/Surgical/Mixed, Public hospital, WA*

## **Occupational Turnover Intention**

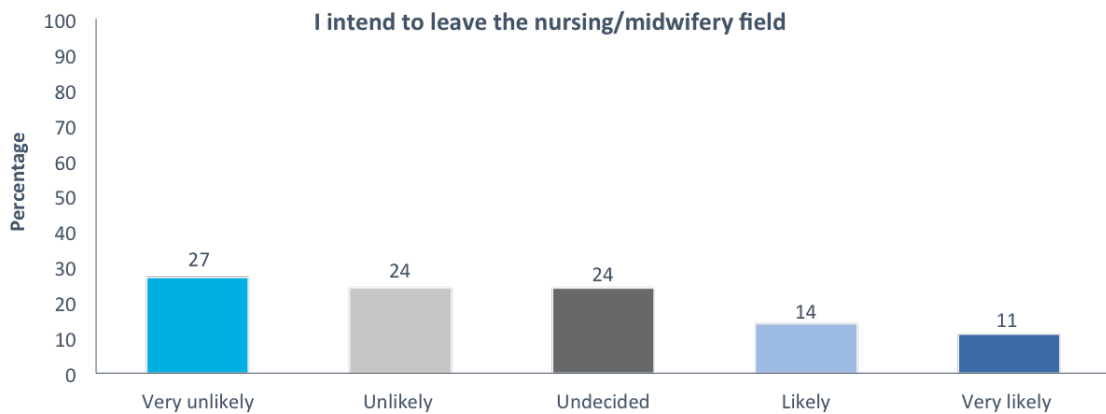
Three items were used to assess the likelihood that respondents would leave the nursing/midwifery occupation. Respondents used a 5-point scale (1 = very unlikely to 5 = very likely) to answer these items. Overall, as depicted in the following charts, more than a third of respondents expressed that they were thinking about leaving the nursing/midwifery profession. Considering this with the findings on workload intensification, this is not surprising but potentially reversible. As noted, with the average respondent being 47 years old, natural attrition combined with high levels of occupational turnover intention may exacerbate the problem of a loss of skilled and experienced nurses and midwives.



Thirty-two percent (e.g., 'likely' and 'very likely') of respondents are considering leaving the nursing/midwifery profession.



Thirty percent (e.g., 'likely' and 'very likely') of respondents have expressed intentions to seek work in a different field of employment.



Twenty-five percent (e.g., 'likely' & 'very likely') of respondents have expressed a likely intention to leave the field of nursing/midwifery.

### State and Territory Comparisons

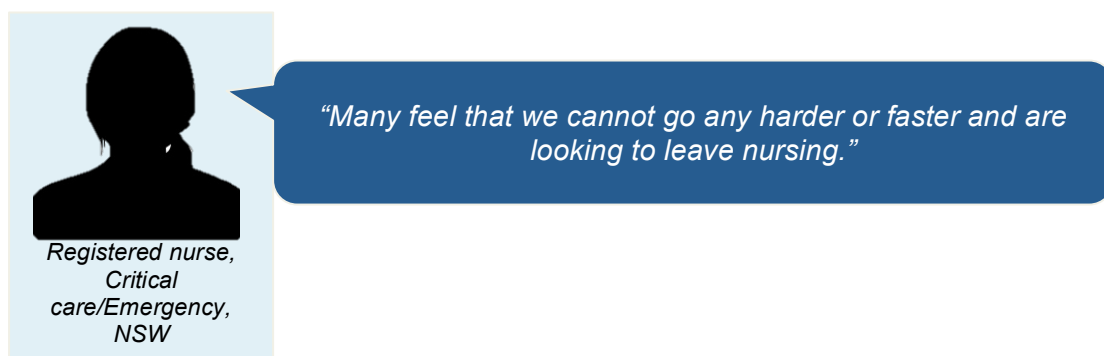
There were no significant differences across respondents from the different states and territories with all respondents reporting similarly high intentions to leave the occupation.

### Specialisation Group Comparisons

There were no significant differences across respondents from the different specialisation groups either, with all respondents indicating comparable intentions to leave the nursing/midwifery occupation.

### Quotes from Respondents

Qualitative data provided by respondents indicate that issues with overwhelming workload, inadequate opportunities for permanent positions, unfavourable working conditions (including workplace culture) and job security may be pushing nurses and midwives to consider exiting the profession.



*"It is becoming such a stressful job. Not enough time in a shift to get everything done. Poor and often unfair rostering leading to burnout, fatigue and errors. So much paperwork not enough time for hand on. Decisions made by people who don't do hands on work who have no idea. Complaints from patients and their families, threats of law suits. All this will eventually make me leave this job."*



Registered nurse,  
Critical  
care/Emergency,  
Public hospital, Vic



Registered nurse,  
Aged care  
(residential, for-  
profit), NSW

*"Staffing in residential aged care is **not safe** and staff are constantly burning out and quitting. No one wishes to work in this area because it is so bad and you are treated so badly by residents and management."*

*"I worked in Victoria for 13 years and overseas and nursing in South Australia is culturally archaic full of bullies, inflexible with the worst pay. I have left nursing for this reason. After 20 years of being a highly skilled nurse, I can earn more in an entirely new profession in an office with a kind of culture that is fairly stress-free. This makes me sad. I have always loved nursing but the conditions in SA are so not worth it- I'm OUT!!."*



Registered nurse,  
Immunisation,  
General practice, SA



Registered nurse,  
Aged care  
(residential, non-  
profit), NSW

*"I have been working in Aged Care for 40 years and have become very disillusioned with the system in general. I probably need to leave. I have lost my motivation and I have always loved furthering my education but when you get kicked out and not offered any respect from management. I was with my previous employer for 12 years and got treated very badly and so were a lot of RN's and we were told we were old wood and need to move on!!!"*

# Workplace Climate

## Employee Voice

Employee voice arrangements are a key means of employee involvement and participation and have been found to enhance employee performance (Boxall & Purcell, 2016; Holland et al., 2012; Pyman et al., 2010). This section of the survey contained items which asked respondents to indicate what processes were provided to facilitate employee voice regarding their opinions and having input into and receiving information about the operation of their organisation. Overall, the most common forms of communication and involvement identified by respondents were staff meetings, 'open door' policies and newsletters. The majority of respondents indicated that suggestion box or schemes, problem-solving teams between management and staff dealing with daily operational matters and surveys were not used in their organisation.

In comparison to the first study (2012), there has been an increase in dialogue in terms of staff meetings between senior management and employees (up seven percentage points from 59% in 2012). However, when drilling down further, we find that there is a declining trend in several other employee voice mechanisms. This includes 'open door' policies (down one percentage point from 57% in 2012) and team briefings (down four percentage points from 54% in 2012). Most significantly, there was a decrease in the use of work-groups or problem solving teams of management and staff in dealing with operational issues (down 13 percentage points from 48% in 2012) and the use of newsletters (down 18 percentage points from 73% in 2012). This may signal that whilst there may have been an increase in conversations between management and employees, the actual *active involvement* of employees in solving daily issues likely to be pertinent to nurses'/midwives' workplace well-being has declined. The following table summarises and compares levels of employee voice mechanisms available in 2012 and 2016.

**Table 2: Employee Voice Mechanisms**

	<b>Total Sample % (2016)</b>	<b>Total Sample % (2012)</b>	<b>Percentage change over 3 years</b>
<b>Staff meetings between senior management and employees</b>			
Yes	66	59	+7%
<b>'Open door' policy so employees can tell senior management about problems with their supervisors</b>			
Yes	56	57	-1%
<b>Team briefings</b>			
Yes	50	54	-4%
<b>Work group or problem-solving teams made up of managers and workers to resolve specific operational issues</b>			
Yes	35	48	-13%
<b>Suggestion box/scheme</b>			
Yes	31	43	-12%
<b>Workplace newsletter</b>			
Yes	55	73	-18%
<b>Survey of employees' views and opinions</b>			
Yes	45	N/A <sup>8</sup>	N/A

## State and Territory Comparisons

Interestingly, respondents from Victoria reported significantly higher levels of employee voice as compared to respondents from New South Wales.

<sup>8</sup> As the measure for Employee Voice has been updated since the 2012 survey, not all questions were included in the recent 2016 survey and some data may be unavailable. As such, we may be unable to make direct comparisons for each item.

## Specialisation Group Comparisons

Respondents working in aged care indicated significantly higher levels of employee voice as compared to those in mental health. With significantly lower levels of voice and exposure to high levels of workload, it is not surprising that respondents employed in mental health have also reported significantly lower levels of engagement at the workplace.

A key concern overall is that the increase in staff meetings may be passive in that it is a downward flow of information. The decline in active element of joint problem solving teams which deals with issue at the workplace is potentially of real concern. Reasons for this are beyond the parameters of this survey, but do suggest further investigation is required.

## Quotes from Respondents



Enrolled nurse,  
Medical/Surgical/Mixed,  
Public hospital,  
NSW

*"[Not] Being able to speak openly about the ridiculously understaffed environment that forces people to work too hard.... nurses have been talking about better conditions, pay and ratios for many years but nothing is happening. No one is really calling out with a personal voice. I don't understand this!"*

*"We are frequently asked to give feedback, makes no difference to working conditions. Lots of data gathering, nil result."*



Registered nurse,  
Australian Capital  
Territory



Registered nurse &  
midwife, ED &  
Maternity care,  
Public hospital, NSW

*"Staff being reprimanded for voicing concerns about unsafe staffing levels. Staff being ignored for voicing concerns about poor performance of other staff members, including new grads."*



Enrolled nurse,  
Rehabilitation/Disability,  
Private hospital,  
Qld

*"Although we are told we can openly/confidentially discuss problems that may arise at work re: conditions or staff (bullying, following nursing standards, organisational protocol) I have come to learn to keep my concerns to a minimum as I would suffer negative outcome."*



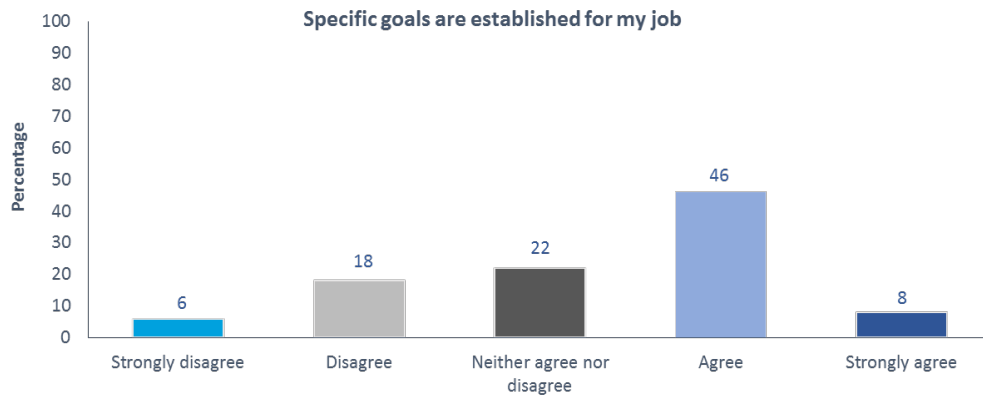
Registered nurse,  
Medical/Surgical/Mixed,  
Public hospital,  
NSW

*"It is not fear of retribution which prevents me from speaking to my manager, but the overwhelming sense of futility that it is not worth the effort."*

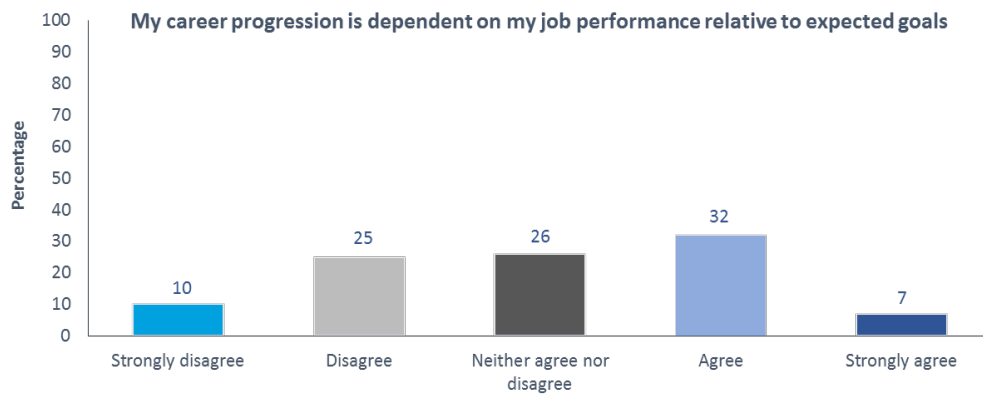
## **Organisational Practices**

In this section of the survey, respondents were asked their perceptions of several aspects of human resource management practices at their organisation. These include job goal specificity, career progression based on meritocracy and employee involvement in decision-making processes pertaining to issues impacting them. Respondents used a 5-point scale (1 = strongly disagree to 5 = strongly agree) to answer all of these items.

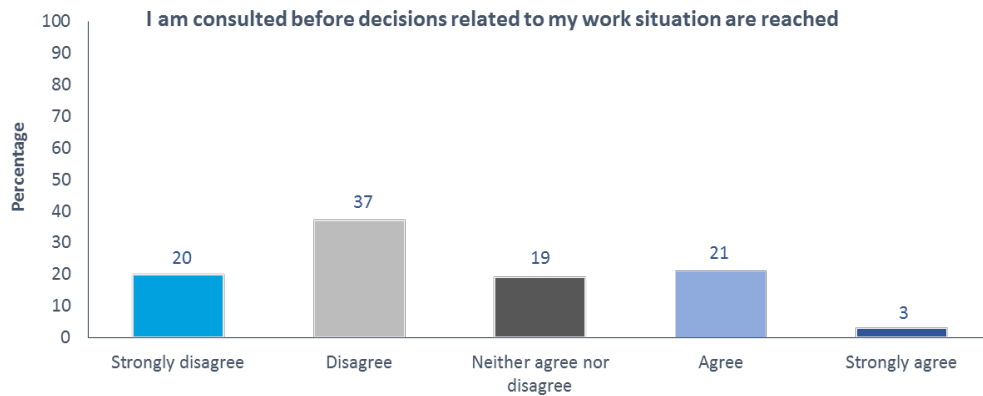
At first glance, respondents were relatively satisfied with the specificity of goals in their work. However, there was a general discontent with other indicators of organisational practices. Specifically, the majority of respondents felt that not only were their voice opportunities stifled by fear of potential retribution, the nurses/midwives were also often excluded from decision-making processes on issues that are important to them. This reinforces the previous findings of an overall decline in levels of employee voice mechanisms made available to nurses and midwives. Just over a third of respondents have indicated that organisational practices were not supportive of their career and professional development. A similar proportion of respondents also reported poor quality of experiences on the job such as the lack of work-life balance and job security. Those employed in mental health specialisations reported significantly poorer perceptions of organisational practices. Considering this group of respondents has reported lower levels of voice, it is not surprising that these respondents were significantly less engaged.



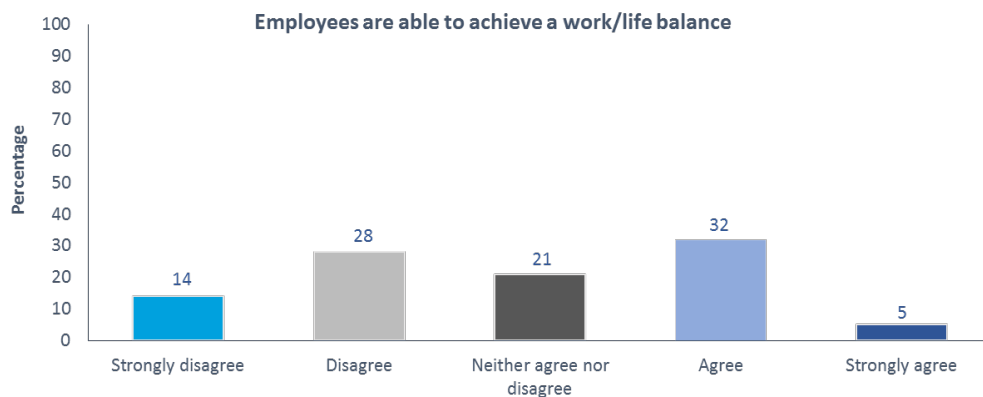
Majority (54%, e.g., 'agreed' and 'strongly agreed') of respondents indicated that their respective organisations tended to establish specific goals for their jobs.



Interestingly, over a third (35%, e.g., 'disagreed' and 'strongly disagreed') stated that there was no relationship between their job performance and career progression.

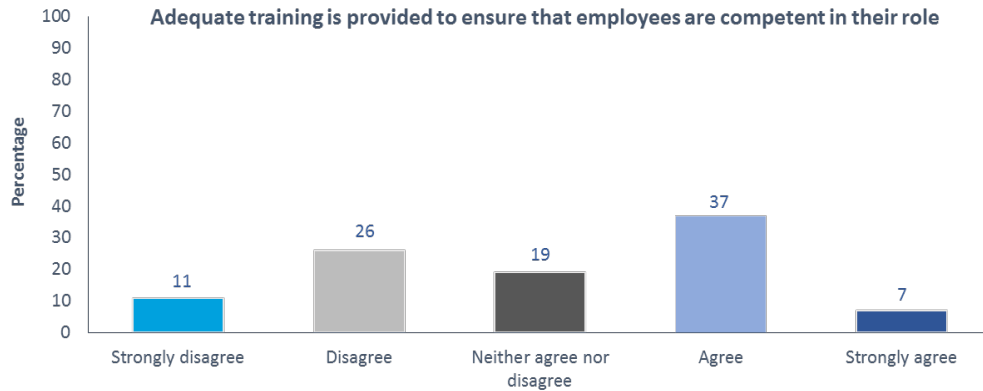


Less than a quarter (24%, e.g., 'agreed' and 'strongly agreed') reported that they were consulted before decisions concerning their work situation are reached. Similar pattern of findings were found in an employee voice indicator where sixty-five percent of employees indicated that there was no cooperation between management and staff in solving daily operational issues<sup>9</sup>.

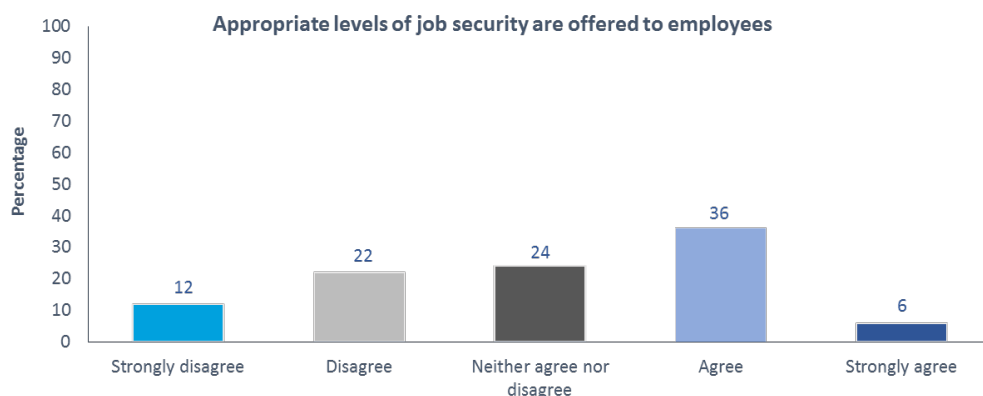


Despite a large percentage of respondents indicating adequate support from family members, more than forty percent (e.g., 'disagreed' and 'strongly disagreed') of respondents did not believe they were able to achieve work-life balance.

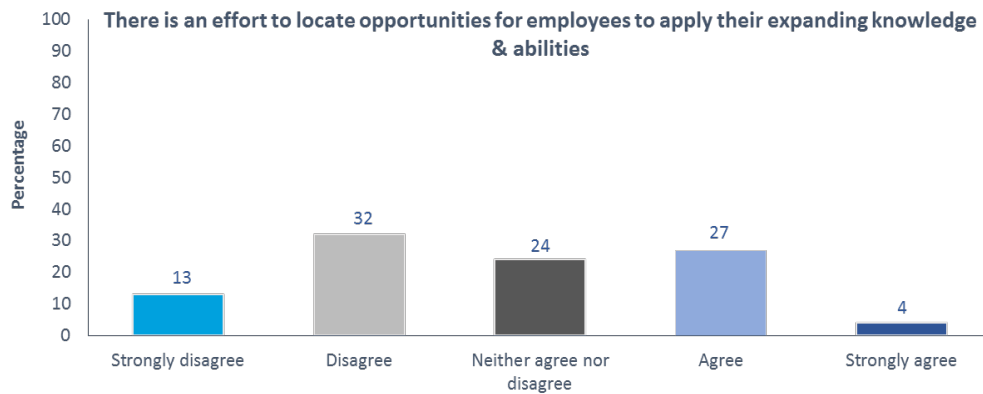
<sup>9</sup> See Table 2 Employee Voice Mechanisms on page 44.



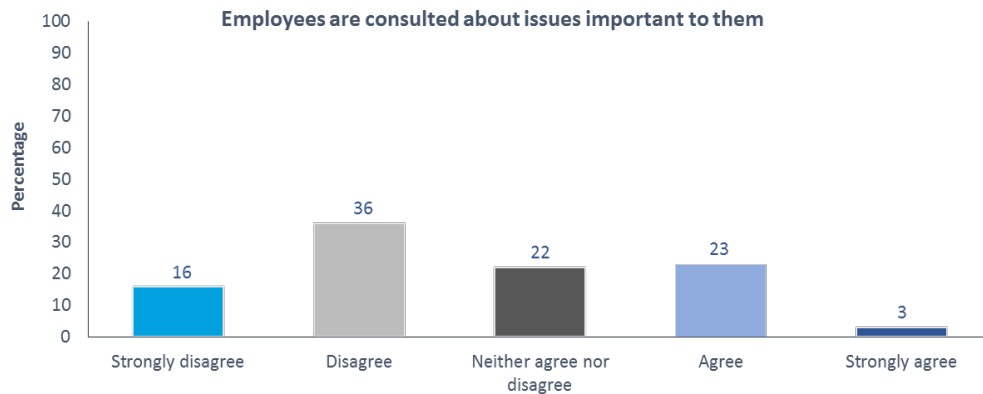
Over a third (37%, e.g., ‘disagreed’ and ‘strongly disagreed’) of respondents perceived that their organisations did not provide adequate training for them to be competent in their role. This is a concern at two levels in that it could impinge on the quality of care and impede nurses and midwives from achieving desired career advancements as indicated by the significant decrease in satisfaction with progression towards meeting goals for advancement and skill development since the previous study (2013). It can also be a potential catalyst for turnover.



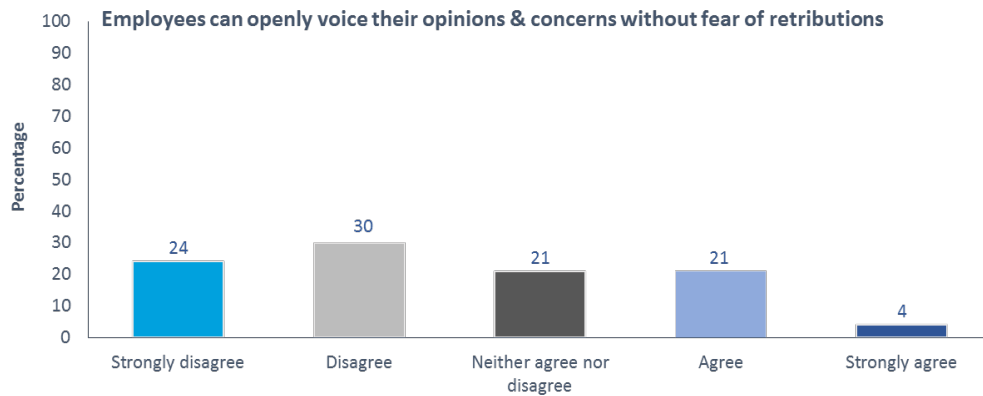
Up to thirty-four percent (e.g., ‘disagreed’ and ‘strongly disagreed’) of respondents reported a general lack of job security. In a sector likely to expand this needs to be further investigated.



Forty-five percent (e.g., 'disagreed' and 'strongly disagreed') of respondents reported that there is a lack of focus on the provision of career developmental opportunities. This is likely to be linked to respondents' negative sentiments on issues associated with advancement and skill development.



The majority (52%, e.g., 'disagreed' and 'strongly disagreed') of respondents did not feel that they have been consulted about issues that are important to them. This is of concern and does warrant further investigation.



Fifty-four percent (e.g., 'disagreed' and 'strongly disagreed') of respondents felt that they were not able to freely voice their opinions or concerns without fearing retribution. This is not surprising given the decreasing nature of 'open door' policies and declining use of team briefings, suggesting declining cooperation between management and staff where employees may provide feedback to their supervisors in solving daily operational issues. It can also be seen in the context of high levels of perceived job insecurity.

### **State and Territory Comparisons**

Consistent with findings concerning employee voice, respondents from Victoria reported significantly better perceptions of organisational practices as compared to respondents from South Australia and New South Wales.

### **Specialisation Group Comparisons**

Respondents working in mental health specialisations reported significantly poorer perceptions of organisational practices compared to other specialisation groups, of medical/surgical/mixed, critical care/emergency and community nursing.

## Quotes from Respondents

Respondents indicated discontent with the disregard for dialogue/consultation between decision-makers and those nurses/midwives affected by decisions made. This has often resulted in a disconnection between management and the point of care. Nurses and midwives also reported the adverse impact of high work intensification and poor rostering systems on work-life balance. Respondents also highlighted the issues of poor job security and overall support for training opportunities.

*"The increasing middle management with little experience making changes to nursing practice and environment, without considering the impact on the nurses having to implement these changes. The lack of a consultative input from nurses decreases the morale of the nurses at the point of care."*



Registered nurse,  
Medical/Surgical/Mixed, Public hospital,  
WA



Residential nurse,  
Recovery room,  
Residential aged  
care for-profit, SA

*"I absolutely love my job and have done for most of the 34 years I have been nursing. Despite what I said, decisions are made and they are rarely about the patients anymore! The bedside clinicians are rarely consulted of what would work best. I love my patients and the actual work but management issues and decisions frustrate and sadden me."*

*"Poor management is leading to the loss of great people...Years of experience walking out the door...And at the other end of the spectrum, it's sad to see new grads not getting positions or being supported well enough."*



Registered nurse,  
Theatre, Public  
hospital, WA



Registered nurse,  
SA

*"Nurses are not getting permanent jobs, only short-term contracts. It's very hard to plan your career and home-life with the uncertainty of contracts....."*

*"The constant grind of working women/mothers who are trying to balance working with life/family balance. I watch other women who walk around like "zombies" so fatigued, being asked to work extra and double shifts and if they dare decline being given the cold shoulder by management."*



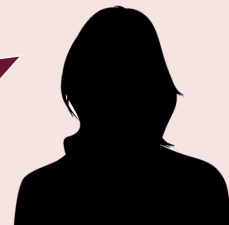
Nurse practitioner,  
Community nursing,  
Public hospital, NSW



Clinical nurse,  
Mental health,  
Private, WA

*"The training given to nurses in Australia for the specialty of mental health is appalling. This area is a specialty such as midwifery but it is not treated as such, as a result of this, our community suffers from an extremely under-utilised, poorly educated mental health workforce."*

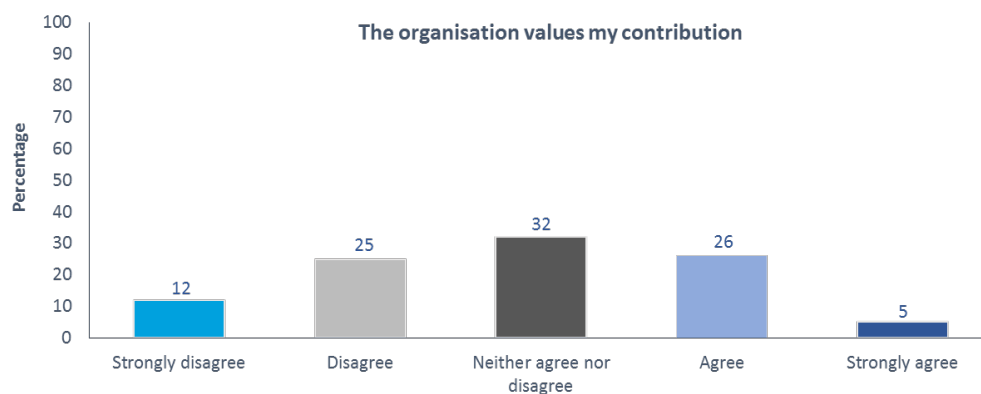
*"I am completely jacked off with the entire selection process based on "merit"...bloody joke."*



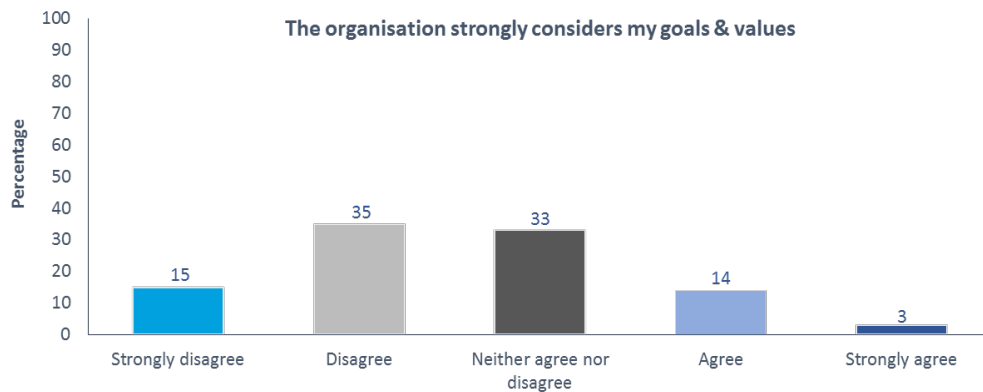
Clinical nurse  
educator, Public  
hospital, NSW

## Support at Work

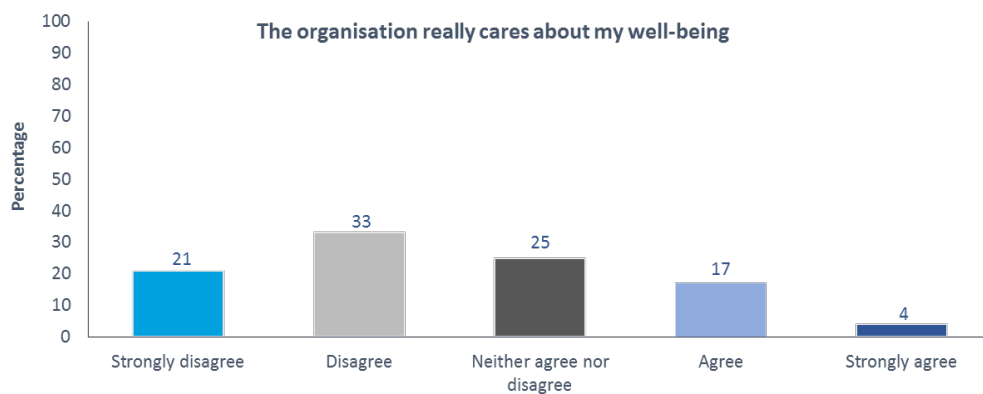
A total of twelve items were used to assess the extent to which respondents felt they received support from their employing organisation and supervisors. Respondents used a 5-point scale (1 = strongly disagree to 5 = strongly agree) to answer these items. The following graphs depict the responses for each of the twelve items. Overall, a considerable amount of respondents felt that they did not receive support at work from their respective organisations. However, a comparatively smaller percentage of respondents reported such negative sentiments with regards to support from supervisors. In the face of poor support at work, poor perceptions of organisational practices, declining availability of voice mechanisms, career satisfaction and increasing levels of work intensification. In particular, those employed in the areas of mental health, critical care/emergency, maternity care and aged care reported significantly lower levels of support at work as compared to those in community nursing. Whilst this may show the resilience of this workforce, the long-term trends indicate this is not sustainable as a work model to maintain such engagement.



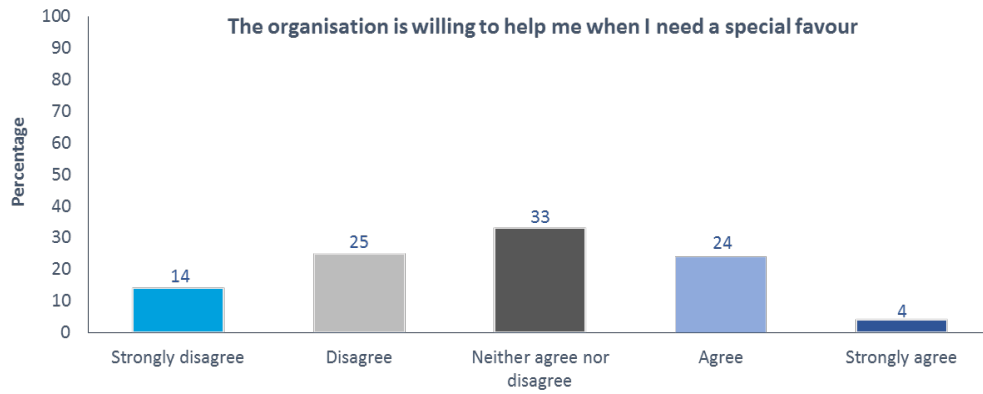
Sixty-nine percent (e.g., 'neither agreed nor disagreed', 'disagreed' and 'strongly disagreed') of respondents were either unsure or did not believe that their contributions were valued by their organisation.



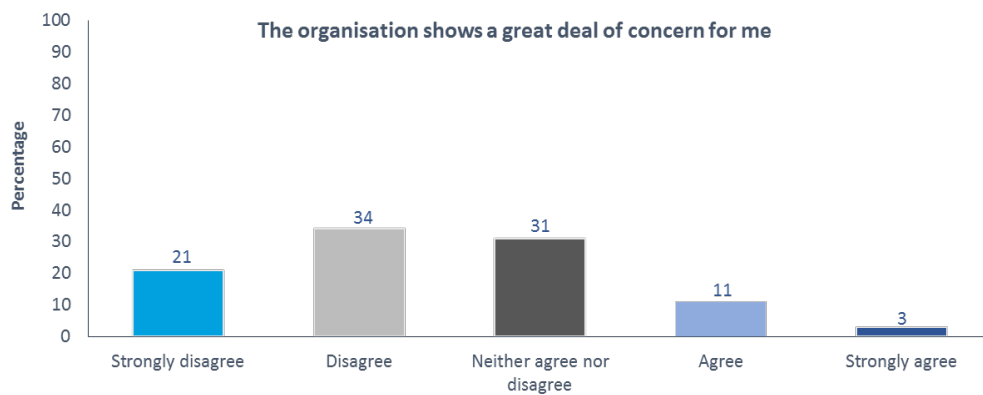
Half (e.g., 'disagreed' and 'strongly disagreed') of the respondents did not feel that their respective organisations have been taking their goals and values into consideration, with only seventeen percent able to endorse this point.



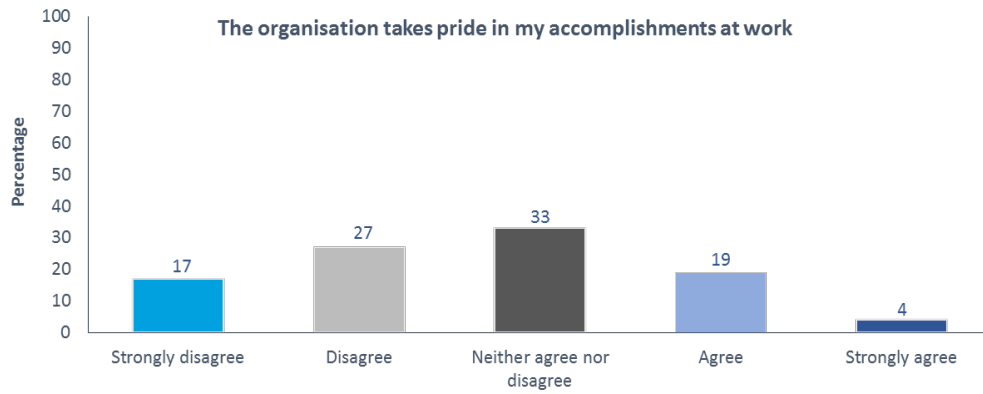
Fifty-four percent (e.g., 'disagreed' and 'strongly disagreed') of respondents felt that their organisations did not really care about their well-being, with only twenty-one percent agreeing.



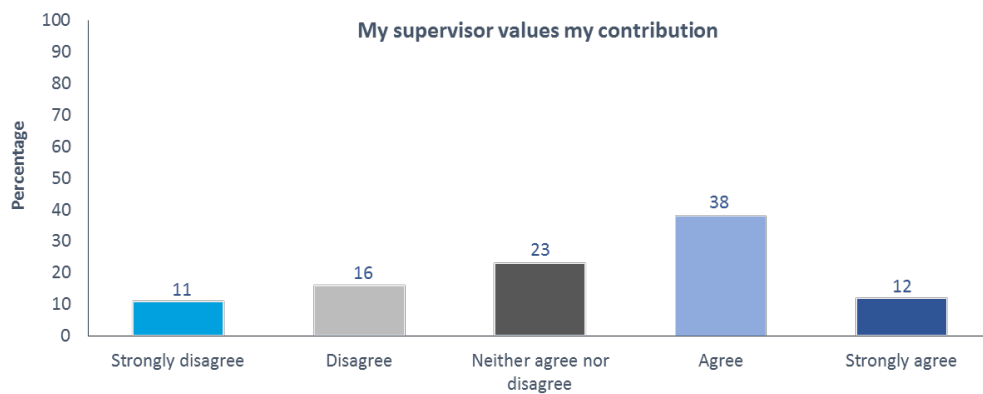
A little over a third (39%, e.g., 'disagreed' and 'strongly disagreed') of respondents indicated that when they needed a special favour, their organisation was unwilling to help them.



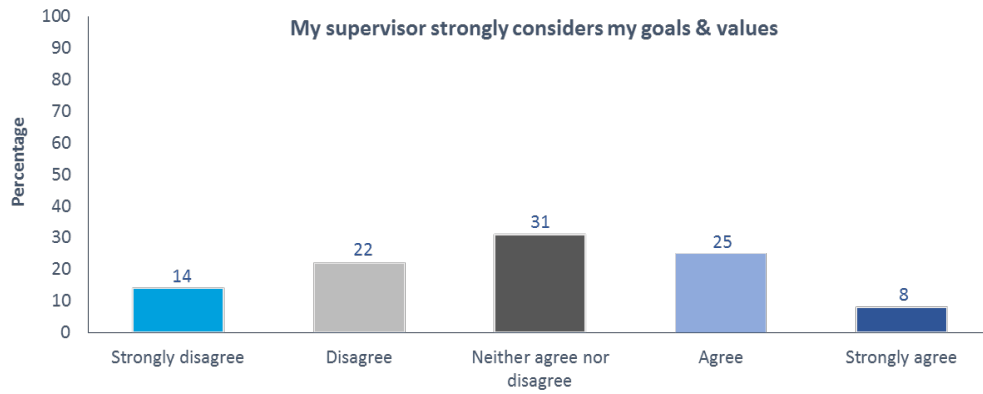
More than half (55%, e.g., 'disagreed' and 'strongly disagreed') of the respondents reported that their organisation have shown a great deal of concern for them.



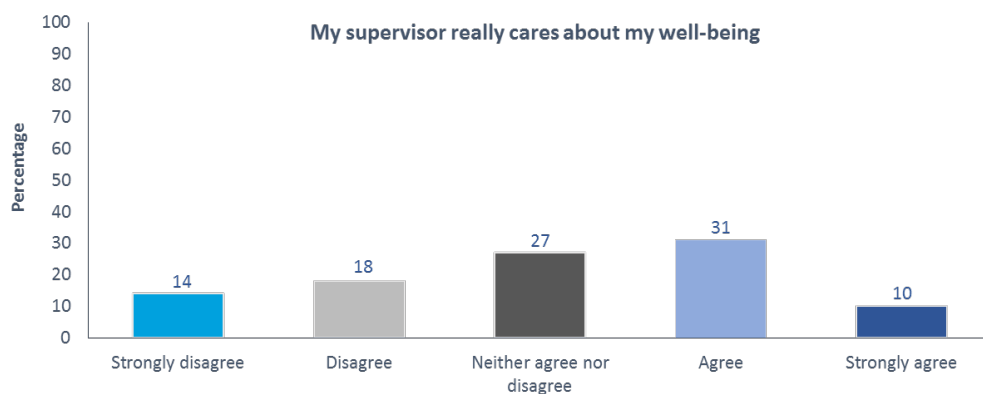
Despite a significant segment of respondents reporting being often proud of their work (80%), only four percent (e.g., 'strongly agreed') of respondents felt strongly that their organisation has taken pride in their accomplishments at work.



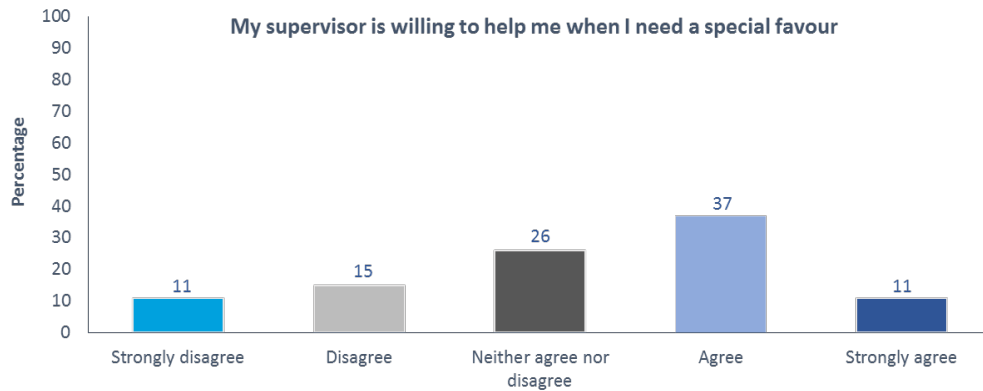
A positive aspect in workplace support and climate came from a large percentage (50%, e.g., 'agreed' and 'strongly agreed') of respondents felt that their supervisors valued their contribution as opposed to their employing organisations (31%, e.g., 'agreed' and 'strongly agreed').



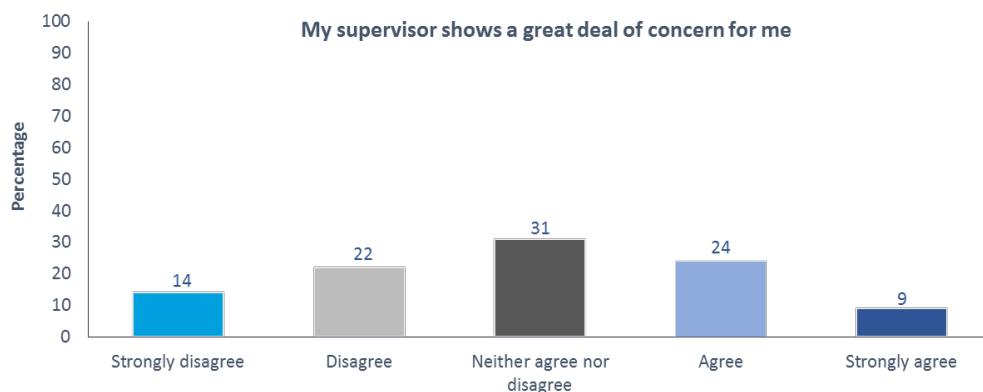
However, similar to the proportion of respondents who reported their organisation did not consider their goals and values, thirty-six percent of respondents reported that their supervisors did not take their goals or values into consideration.



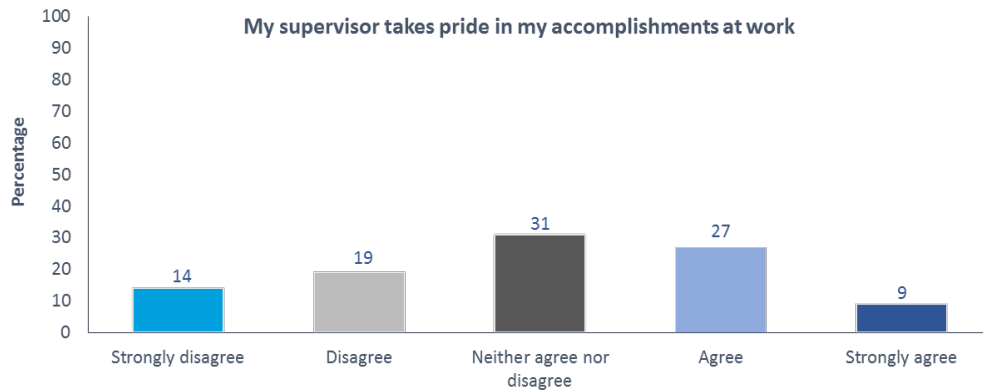
Comparatively, a larger percentage (41%, e.g., 'agreed' and 'strongly agreed') of respondents reported that their supervisors cared about their well-being as opposed to their organisations (21%, e.g., 'agreed' and 'strongly agreed').



Similar to the above item, a higher percentage (48%, e.g., ‘agreed’ and ‘strongly agreed’) of respondents reported that their supervisors were willing to help them when they needed a special favour as compared to their organisation (28% e.g., ‘agreed’ and ‘strongly agreed’).



More than a third (33%, e.g., ‘agreed’ and ‘strongly agreed’) of respondents felt that their supervisors displayed concern for them. Comparatively, a much larger percentage of respondents felt their supervisors showed concern for them compared to the organisation (14%, e.g., ‘agreed’ and ‘strongly agreed’). However, thirty-six percent indicated a lack of supervisory support.



Thirty-six percent (e.g., 'agreed' and 'strongly agreed') of respondents reported that their supervisors took pride in their work accomplishments. Similar to all five other indicators concerning support from supervisors, a larger percentage of respondents felt that their supervisors took more pride in their accomplishments at work as compared to their organisations. Although a similar percentage (33%) indicated a lack of supervisor support in this context.

### **State and Territory Comparisons**

Respondents from New South Wales reported perceptions of significantly lower support at work as compared to those from Northern Territory.

### **Specialisation Group Comparisons**

Respondents working in mental health, critical care/emergency, maternity care and aged care specialisations reported perceptions of significantly lower support at work as compared to those employed in community nursing.

## Quotes from Respondents

Reports of inadequate appreciation and support from both management and supervisors.



Registered nurse,  
Critical  
care/Emergency,  
Private hospital,  
NSW

*"There is such a disconnect between our staff on the floor and management. Our manager is no longer willing to fight for any issues within our unit because they feel so threatened in their own job, which leaves us to always have to go through the unions should we want to raise an issue."*

*"Following a severe assault, there is absolutely no support from the organisation. You did not include staff suicide due to lack of support from the organisation...Yes, this actually happens!!"*



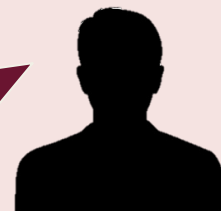
Clinical nurse,  
Mental health, Public  
hospital, Qld



Registered nurse,  
Rehabilitation/Disabil-  
ity, Public hospital,  
Qld

*"Great amount of physical, verbal violence, and sexual harassment by the patients towards staff is barely addressed by the employers; lack of support from the employers and the Work Cover if injured at work,,,"*

*"Overworked mentally and physically with little to no support from management in aged care facilities. It appears to be all about profit. Constantly being told it is a business."*



Registered nurse,  
Medical/Surgical/Mix-  
ed, Public hospital,  
WA



Registered nurse,  
Aged care  
(residential, for-  
profit), NSW

*"Nurses feel constantly overwhelmed by the complex and simple tasks they are expected to perform, delegate, oversee, evaluate, document, escalate and report for the no. of patients in their care in the time-sensitive environment in which we work. Nurses are rarely recognised or applauded for their everyday success, rather we find we are ignored until reprimanded for omissions, errors or complaints...exhausting!!!"*

*"No consideration given to aging nurses. Unable to keep up with the effects of shift work on health especially night shifts. No allowances made for nurses suffering medical conditions to have more regular hours. Social isolation related to shift work impacts as nurses get older."*

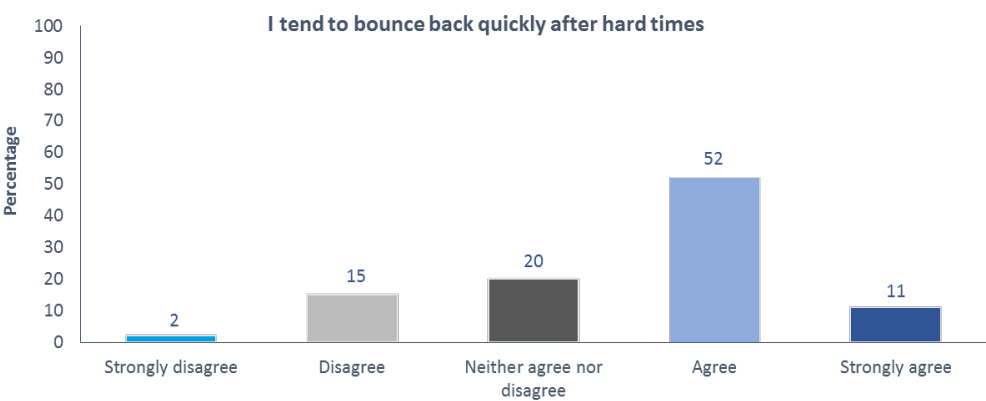


Registered nurse,  
Operating Theatre,  
Public hospital, Qld

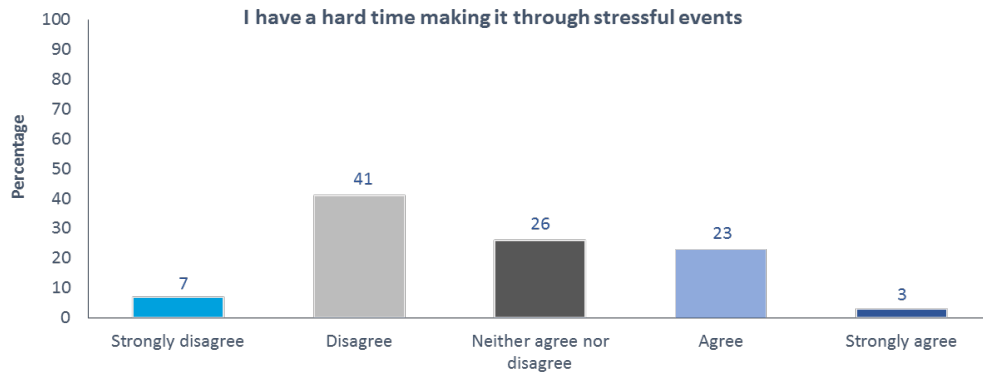
# Non-Work Indicators

## Resilience

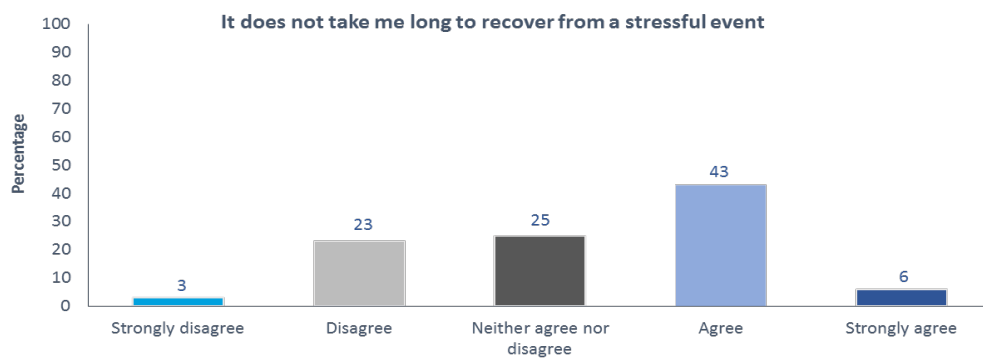
In this segment of the survey, respondents were asked to indicate the extent to which they perceived they were able to overcome or recover from adverse or stressful events quickly. Responses were captured on five-point scale (1 = strongly disagree to 5 = strongly agree). The following analysis illustrates the responses for each of the six items. Overall, approximately two thirds of respondents reported relatively high levels of resilience within the context of a highly stressful and intense work environment. As noted this has to contextualised with the increasing demands (work intensification) identified over the three surveys and whether it can be sustained in the long-term.



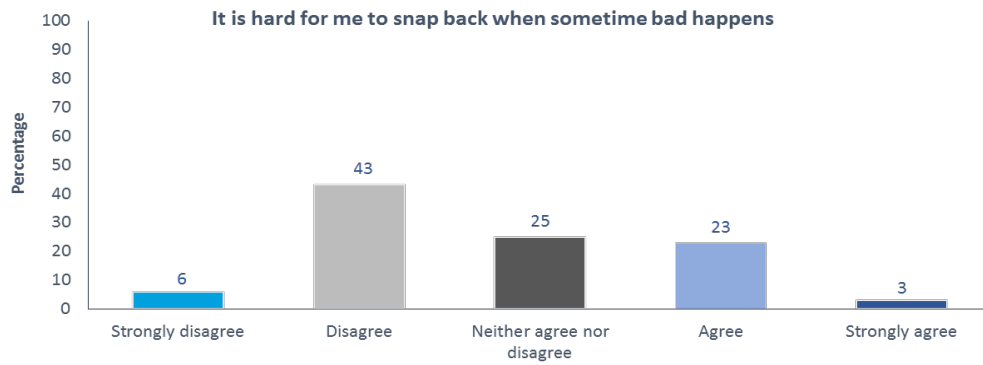
Sixty-three percent (e.g., ‘agreed’ and ‘strongly agreed’) of respondents indicated that they were able to recover quickly following tough times.



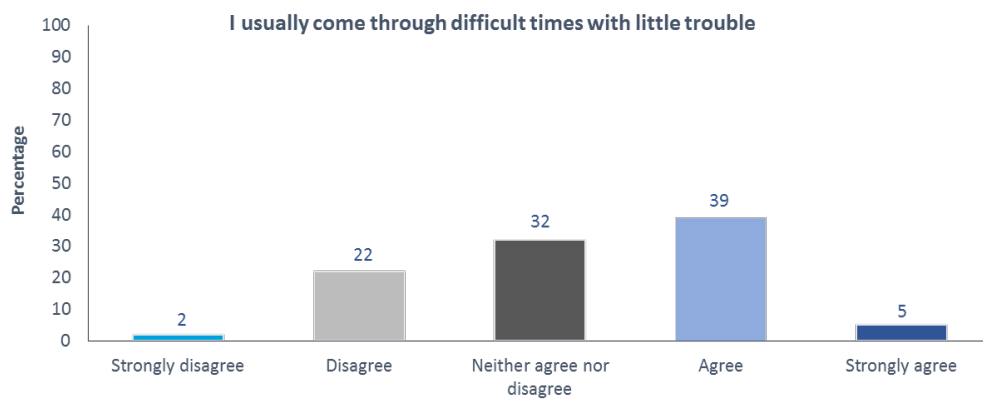
Forty-eight percent (e.g., 'disagreed' and 'strongly disagreed') of respondents indicated they do not struggle with overcoming stressful events.



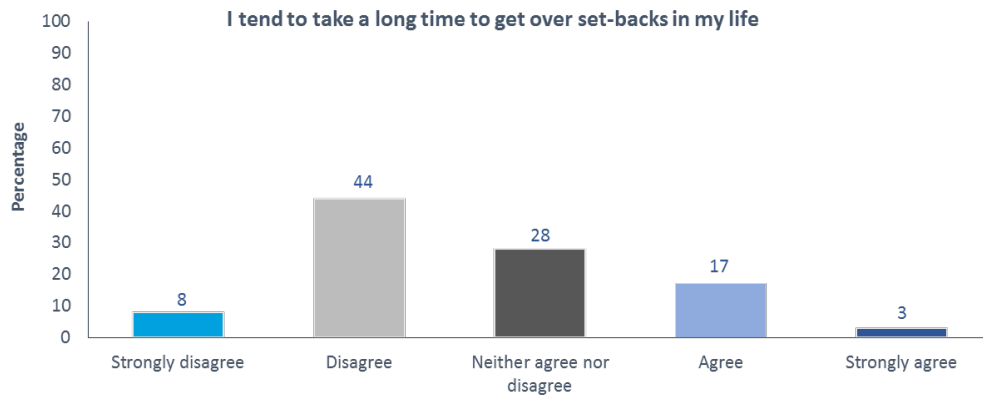
Almost half (49%, e.g., 'agreed' and 'strongly agreed') of respondents were able to recover quickly from stressful events.



Similarly, almost half of the respondents felt it wasn't hard for them to snap back after something bad happens (e.g., 'disagreed' and 'strongly disagreed').



Forty-four percent (e.g., 'agreed' and 'strongly agreed') of respondents typically did not have much trouble getting through difficult times.



Fifty-two percent of respondents indicated they were able to get over set-backs in their lives quickly (e.g., 'disagreed' and 'strongly disagreed').


### State and Territory Comparisons

Respondents from Western Australia reported significantly higher levels of resilience as compared to respondents from New South Wales.

### Specialisation Group Comparisons

Respondents in critical care/emergency reported significantly higher levels of resilience.

### Quotes from Respondents



*Nurse unit manager,  
Medical/Surgical/Mixed,  
Public hospital,  
SA*

*"...if staff identify they are struggling to cope, the automatic response is that they need to become more resilient, when in fact they are already very resilient but the demands on them are now intolerable...its become an easy way for managers to blame employees for their lack of compassion- and certainly there is none even for work injured nurses, they simply try and force them out. People are too frightened to be sick or take holidays."*

*"Rostering, It should be illegal to be forced to work more than 5 days in a row. Ratios were addressed for patient safety what about completing 8 shifts in a row with 3 late/early shifts, meaning you finish 3 times at 2130 and have to be back at the next day at 0700. This is not safe for nurses, it puts our practice, lives and patients safety at risk. The shift work of so many late/early and being made to work to exhaustion every week is why I am getting out of nursing, your days off are spent in zombie like state as you are physically recovering from work. It is very difficult to recover when you are physically exhausted and can't sleep beyond 0700 because of shift work."*

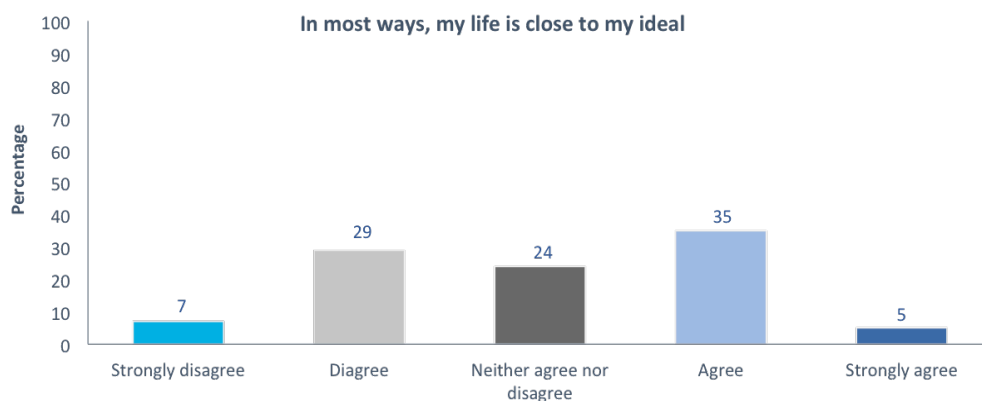


Registered nurse,  
Critical  
care/Emergency,  
Private hospital, Vic

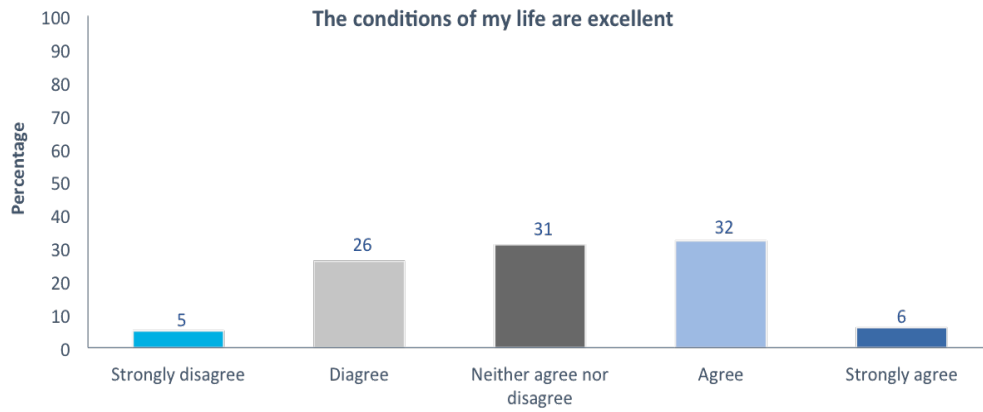
## Life Satisfaction

The five items in this section of the survey asked respondents to indicate the extent to which they were satisfied with their lives and the degree to which they have managed to achieve their ideals in life. Respondents used a 5-point scale (1 = strongly disagree to 5 = strongly agree) to answer all of these items.

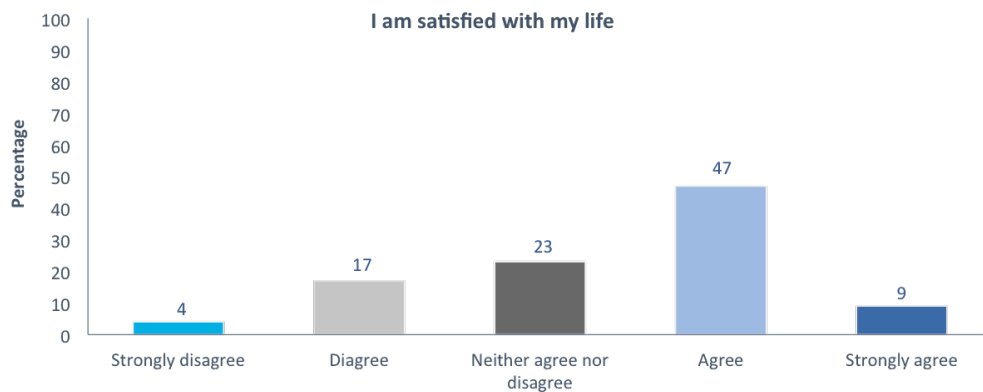
Overall, respondents reported being moderately satisfied with their lives with sixty-two per cent indicating that they already have the important things in life.



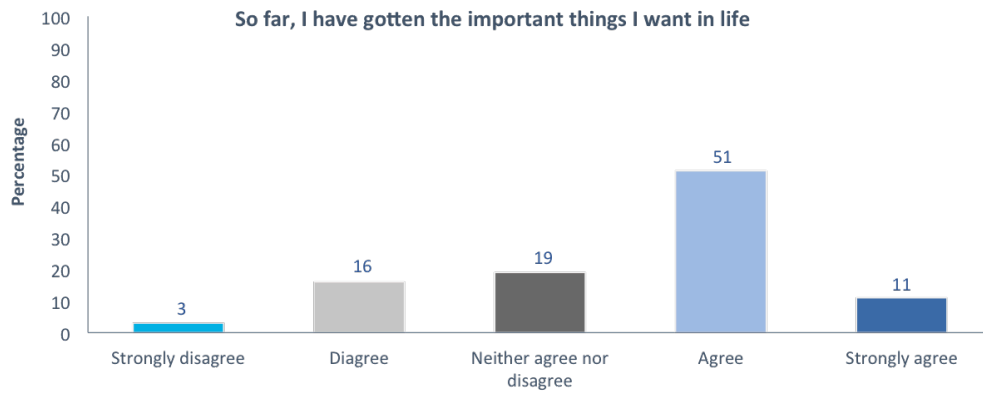
More than a third (40%, e.g., 'agreed' and 'strongly agreed') of respondents indicated that their lives were close to their ideals.



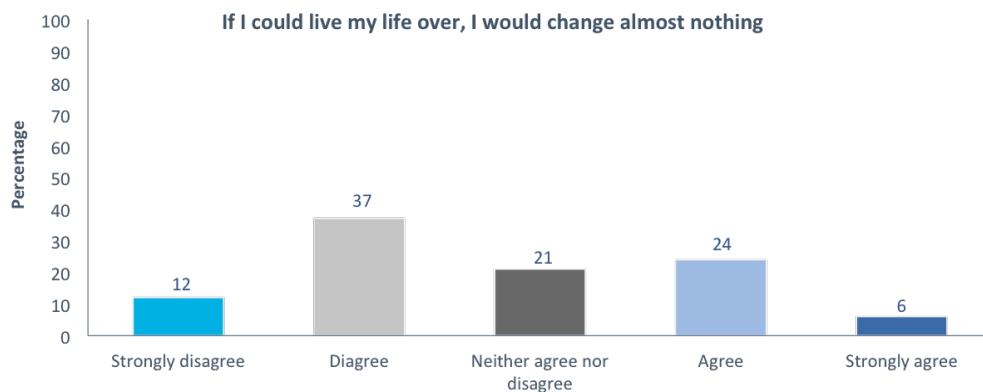
Thirty-eight percent of respondents felt (e.g., 'agreed' and 'strongly agreed') that their lives were excellent.



Fifty-six percent of respondents reported they were satisfied (e.g., 'agreed' and 'strongly agreed') with their lives.



The majority of respondents (62%, e.g., 'agreed' and 'strongly agreed') felt that they have already obtained the important things they desired in life.



A third of respondents reported that they would change almost nothing if they could live their lives over (e.g., 'agreed' and 'strongly agreed').

## **State and Territory Comparisons**

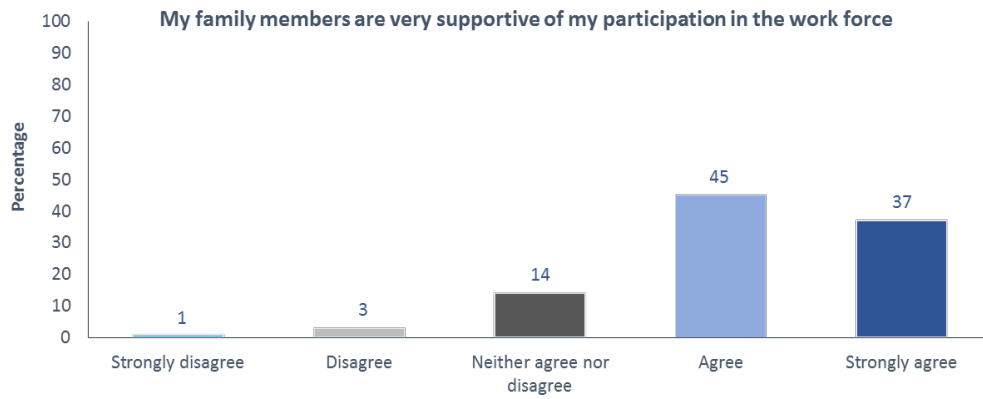
There were no significant differences across respondents from the different states and territories with all respondents reporting comparable levels of life satisfaction as well.

## **Specialisation Group Comparisons**

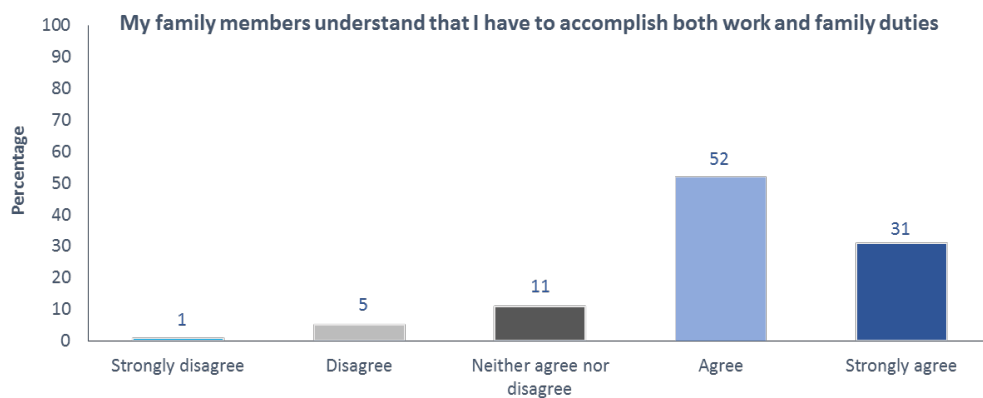
Likewise, there were no significant differences across respondents from the different specialisation groups either.

## **Support from Family**

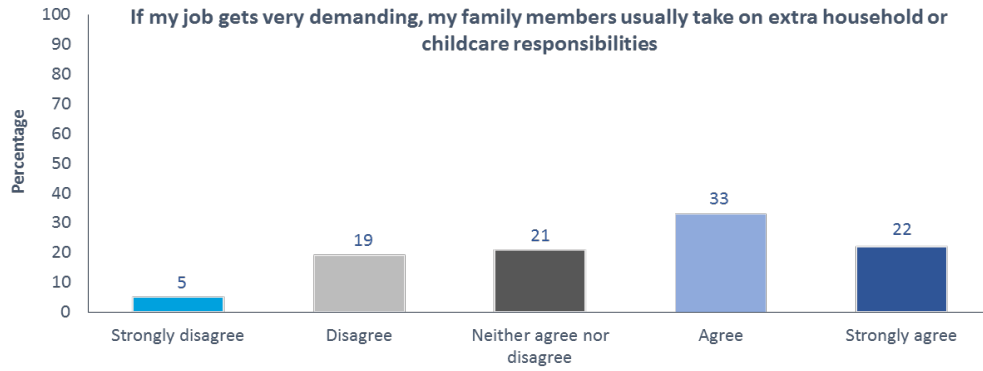
In this section of the survey, respondents were asked a series of five questions designed to assess the level of support they receive from their families. Responses were recorded on a 5-point scale (1 = strongly disagree to 5 = strongly agree). Overall, respondents overwhelmingly indicated that their family members were supportive and understanding of their participation in the workforce and the increased responsibilities that come with it. It is interesting to note that although such a large majority of respondents' family members has such consideration, only a little more than half of the respondents indicated that they could rely on their family members to help alleviate some of their household responsibilities when work gets too demanding.



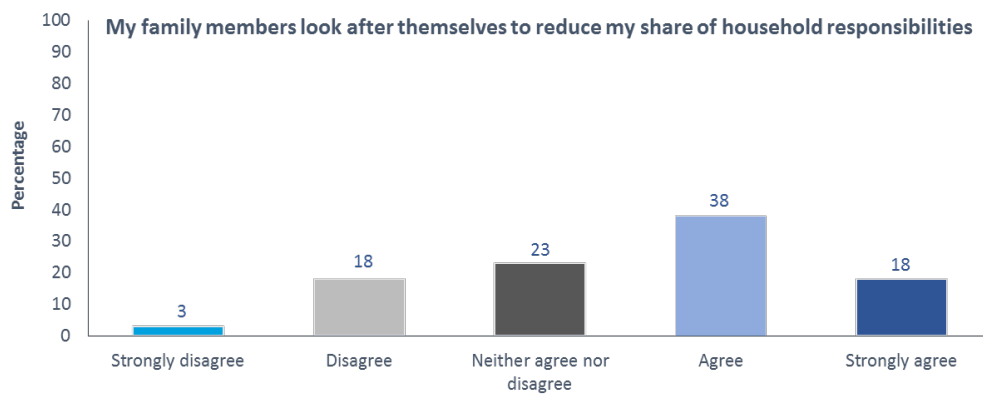
A large majority (82%, e.g., 'agreed' and 'strongly agreed') reported that their family members have supported their participation in the work force.



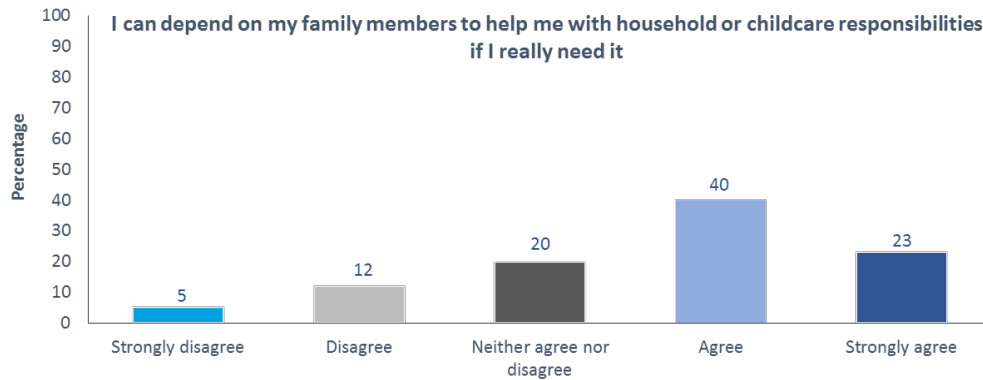
Eighty-three percent (e.g., 'agreed' and 'strongly agreed') of respondents indicated that their family members were understanding that they had to fulfil duties from both work and family domains.



Fifty-five percent (e.g., ‘agreed’ and ‘strongly agreed’) of respondents felt that their family members would often pick up more responsibilities in the home/family domain when their jobs get very demanding.



Fifty-six percent (e.g., ‘agreed’ and ‘strongly agreed’) of respondents reported having family members who would help reduce their share of household responsibilities.



Sixty-three percent (e.g., ‘agreed’ and ‘strongly agreed’) of respondents indicated they could rely on their family members to assist them with non-work responsibility when they required it.

### State and Territory Comparisons

There were no significant differences across respondents from the different states and territories with all respondents reporting similarly high levels of support from family.

### Specialisation Group Comparisons

There were no significant differences across the various specialisation groups.

### Conclusion

Overall, the findings of this third study into the workplace climate of nurses and midwives continues to show a deterioration across all the major indicators of workplace climate. Whilst no one would deny that nursing is a particularly stressful profession, within this context, the survey has focused to a large extent on issues within the control of management. At the conclusion of these three studies over five years we would argue that several of these issues may indicate a workforce that is coming to a tipping point with work intensification a factor throughout this survey. The outcome of which is likely to be accelerating departure from the profession of highly skilled people who are expensive to replace. From an organisational perspective as Sawatzky, Enns

and Legare (2015) have recently noted, high turnover has an impact on patient safety, nurses' perspective on their own psychological well-being (noted in this study), as well as organisational effectiveness. In an environment exacerbated by an ageing population, increasing chronic diseases and high expectation of the level of health care provided, there is the potential for a perfect storm, with half this workforce over the age of 45.

These findings continue to paint a picture of a workforce that is clearly exhausting its capacity to continue to cope with, and tolerate, working environments in which they do not feel respected or valued and in which conditions are not conducive to delivering high quality healthcare. Targeted interventions are needed to address these key issues if the attrition of individuals (in particular highly experienced senior staff) from the nursing/midwifery occupation is going to be ameliorated.

## References

- Allen, B., Holland, P. & Reynolds, R. (2015). The Effect of Bullying on Burnout in Nurses: The Moderating Role of Psychological Detachment. *Journal of Advanced Nursing*, 71(2), 381-390.
- Australian Health Ministers' Advisory Council. (2006). *National Nursing and Nursing Education Taskforce: Final Report*. Melbourne, Victoria.
- Australian Government Productivity Commission (2008) Trends in Aged Care Services: Some Implications. Canberra: AIHW.
- AFHW - Australian Future Health Workforce: Nursing (AIHW) (2014). Canberra.
- AIHW - Australian Institute of Health and Welfare (AIHW) (2015). *Nursing and Midwifery Workforce 2015*. Canberra.
- AIHW - Australian Institute of Health and Welfare (AIHW) (2015a). *Nursing and Midwifery 2015 Data and Additional Materials*. Canberra.
- Bartram, T., Joiner, T. A., & Stanton, P. (2004). Factors affecting the job stress and job satisfaction of Australian nurses: implications for recruitment and retention. *Contemporary Nurse : A Journal for the Australian Nursing Profession*, 17(3), 293-304.
- Boxall, P. & J. Purcell. (2016). *Strategy and human resource management* (4<sup>th</sup> ed). Basingstoke: Palgrave Macmillan.
- Duffield, C. & O'Brien-Pallas, L. (2003). The causes and consequences of nursing shortages: A helicopter view of the research. *Australian Health Review*, 26(1), 186-193.
- Drach-Zahavy, A. & Marzuq, N. (2012). The weekend matters: Exploring when and how nurses best recover from work stress. *Journal of Advanced Nursing*, 69(3), 578-589.
- Hogan, P., Moxham, L., & Dwyer, T. (2007). Human resource management strategies for the retention of nurses in acute care settings in hospitals in Australia. *Contemporary Nurse*, 24, 189-199.
- Holland, P., Allen, B. C., & Cooper, B. (2011). Exploring Human Resources Dimensions of the Health Sector: First National Survey of the Australian Nursing Profession. Paper presented at the Lean in Service Research

Workshop. Prato, Italy.

- Holland, P., Cooper, B., Pyman, A. & Teicher, J. (2012) Trust in Management: The Role of Employee Voice Arrangements and Perceived Managerial Opposition to Unions Human Resource Management (UK), 22(4), 377-391.
- Holland, P., Allen, B., & Cooper, B. (2013). Reducing Burnout in Australian Nurses: The Role of Employee Direct Voice and Managerial Responsiveness. *International Journal of Human Resource Management*, 24(16), 3146-3162.
- Johnstone, M. J. (2007). Nurse recruitment and retention: Imperatives of imagining the future and taking a proactive stance. *Contemporary Nurse*, 24, iii-v.
- Jourdain, G. & Chenevert, D. (2010). Job demands-resources, burnout and intention to leave the nursing profession: A questionnaire survey. *International Journal of Nursing Studies*, 47(6), 709-722.
- Leiter, M.P. & Maslach, C. (1988). The impact of interpersonal environment on burnout and organisational commitment. *Journal of Organisational Behaviour*, 9, 297–308.
- Moseley, A., Jeffers, L., & Paterson, J. (2008). The retention of the older nursing workforce: A literature review exploring factors that influence the retention and turnover of older nurses. *Contemporary Nurse*, 30, 46-56.
- Pyman, A., Holland, P., Teicher, J. & Cooper, B. (2010). Industrial Relations Climate, Employee Voice and Managerial Attitudes to Unions. An Australian Study, *British Journal of Industrial Relations*, 48(2), 460-480.
- Schaufeli, W. & Salanova, M. (2008). Enhancing work engagement through the management of human resources. In K. Naswall, M. Sverke & J. Hellgren (Eds.). *The individual in the changing working life* (pp.380-404). Cambridge: Cambridge University Press.
- Shields, M. A., & Ward, M. (2001). Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit. *Journal of Health Economics*, 20(5), 677-701.
- Tzeng, H.-M. (2002). The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan.

*International Journal of Nursing Studies*, 39(8), 867-878.