**Rosemary Bryant AO** Research Centre

# Nursing and Midwifery Workforce Climate Survey 2017


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**The Rosemary Bryant AO Research Centre** (the Centre) is a partnership between the Australian Nursing and Midwifery Federation (SA Branch) and the University of South Australia's School of Nursing and Midwifery. The Centre aims to strengthen the role of the nursing and midwifery professions across the health system through the development of a research-driven, evidence-based platform of healthcare. To achieve this, the Centre has developed a comprehensive research program focused on advancing the nursing and midwifery disciplines, and patient care in the domains of population and public health, workforce reform, safety and quality, clinical practice, patient outcomes, and integration into education.

# Nursing and Midwifery Workforce Climate Survey 2017

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## Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands on which we work and live, and recognise their continuing connection to land, water and community. We pay our respects to Elders past, present and emerging. To learn more about our commitment to reconciliation, please visit:

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# Executive summary

## Background and purpose

Recent significant changes in the healthcare system in South Australia (SA) have required nurses and midwives to adapt to new models of care, processes and technology as well as relocation of services. Anecdotal evidence from multiple sources within or close to the SA health system suggests that this is putting significant strain on the nursing and midwifery professions, potentially varying with the degree of change experienced. It is important to investigate and understand how these changes have impacted the nursing and midwifery workforce in order to inform the development of strategies to address identified issues.

The Rosemary Bryant AO Research Centre, in collaboration with the Australian Nursing and Midwifery Federation (SA Branch) conducted a survey to explore the climate of the nursing and midwifery workforce across SA including how the work of nurses and midwives has been affected by health system changes.

## Aim

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

- How do nurses and midwives assess their work environment and quality of care delivered?
- How have nurses and midwives been impacted by direct healthcare setting changes and broader healthcare reforms?
- What are nurses' and midwives' perceptions of organisational change practices and support?

## Methodology

An online survey was conducted between 22 August and 16 October 2017. There were 71 questions included in the survey assessing four domains of workforce climate (Table 1). The tool was adapted from the RN4CAST studies (Aiken, 2013). The complete survey is provided in Appendix 1.

**Table 1**. Domains assessed within the SA nursing workforce climate survey.

| Organisational factors | Practice environment | Individual outcomes | Patient quality of care |
|---|---|---|---|
| •Organisational changes/issues and their impact | •Nurse/midwife-doctor relations<br>•Staffing and resourcing<br>•Leadership<br>•Quality of care | •Job satisfaction<br>•Burnout<br>•Intentions to stay/leave job | •Views of patient safety<br>•Views of quality of care |

## Results

In total, 1,811 individuals accessed the online survey and completed at least one question. There was periodic dropout of participants over the length of the survey, with 1,076 (59%) participants completing the survey.

### *Demographics*

- Respondents included registered nurses (RNs) (n = 1140, 63.9%), enrolled nurses (ENs) (n = 371, 20.8%), midwives (n = 268, 15.0%).
- The majority were born in Australia and received their nursing/midwifery education in Australia.
- There was a wide spectrum of ages, education, and years of nursing/midwifery experience.

### *Employment and working hours*

- Most RNs were in permanent positions (80.9%) followed by contract positions (10.8%).
- Most ENs were in permanent positions (78.7%) followed by casual positions (14.3%).
- Most midwives were in permanent positions (81.6%) followed by contract positions (8.8%).
- Part-time employment was more common than full time employment among all professions.
- Just over 50% of RNs, ENs and midwives were satisfied with their current working hours.

### *Satisfaction with job and intentions to leave*

- Over 50% of respondents reported they were satisfied or very satisfied with their current position and approximately 25% were dissatisfied or very dissatisfied with their current position.
- Irrespective of their current position, approximately 70% of respondents were satisfied or very satisfied with their profession.
- Approximately one third of respondents planned to leave their current employed within the next one to five years and more than 10% planned to leave within the next 12 months.
- Commonly reported concerns related to: workload burden; staff shortages; lack of permanence; lack of support from management; inappropriate skill mix; poor staff patient ratios; and paperwork and administrative burden.

### *Additional time worked*

- The median amount of paid overtime per week reported by RNs (n = 833), ENs (n = 270) and midwives (n = 199) was 0 hours (RN IQR = 0 to 1 hour, EN IQR = 0 to 0 hours, midwives IQR = 0 to 0 hours). Scores ranged from 0 to 40 hours per week for RNs and ENs and 0 to 30 hours for midwives.
- The median reported hours of unpaid overtime were similar.
- 64.8% of RNs, 61.0% of ENs and 61.8% of midwives reported that the average number of hours of overtime worked per week increased over the past year.

### *Work environment*

- Two aspects of the practice environment that were rated poorly by nurses and midwives were Staffing and Resource Adequacy and Nurse Participation in Hospital Affairs.
- The aspect of practice environment that was rated the most positively by nurses and midwives was Collegial Nurse/Midwife-Doctor Relations.

### *Organisational issues and changes*

- The majority of RNs (82.2%), ENs (71.8%) and midwives (70.9%) indicated that their workplace had been affected by significant organisational issues or changes in the past three years.
- Inadequate staffing was a commonly reported concern.

### *Burnout*

- Nurses and midwives reported feeling emotionally exhausted on average a few times per month.
- Nurses and midwives reported experiencing an unfeeling and impersonal response towards recipients of one's service more often than a few times per year, but less often than once a month.
- Feelings of competence and successful achievement in one's work with people were reported between once and a few times per week.

## Conclusion

The *2017 Nursing and Midwifery Workforce Climate Survey* identifies that nurses and midwives have been negatively impacted by recent changes to the health system, and within their organisation and individual work units. They report having to do more with less in an environment where they feel unsupported by management and other support structures. Although many nurses and midwives are satisfied with their chosen profession, fewer appear to be satisfied with their current position and aspects of their work environment and in particular chronic under-staffing. Nearly half of the nurses surveyed indicated that they were looking for another job or for opportunities outside the profession. There is a risk of burnout among the profession with nurses and midwives reporting emotional exhaustion. Feelings of personal accomplishment and positive work aspects like a supportive team environment were reported in the survey, which may reflect satisfaction with their chosen profession and interactions with patients, irrespective of the broader workplace issues.

## Recommendations

**Key recommendations for the sector**

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

**Dissemination**

- Share the report with SA Health and Local Health Network key personnel as part of progressing other recommendations made in this report for the benefit of the SA health system.
- Develop dashboard reports for use by SA Health and Local Health Network key personnel for their own internal planning, reporting and communication purposes.
- Publish summary report of findings in an appropriate ANMF (SA Branch) communique as a mechanism for providing information back to respondents and encouraging future survey contribution.

**Research, evaluation and monitoring**

- Consider further exploratory research to understand the impact of identified key themes on the climate of the nursing and midwifery workforce.
- All programs invested in to address workplace culture or climate in the South Australian healthcare system be evaluated including the medium to long-term outcomes and impact the programs are having on the nursing and midwifery workforce.
- This survey is repeated on a triennial basis to monitor workplace climate as reported by nurses and midwives working in SA.

## Purpose of this report

The Rosemary Bryant AO Research Centre, in collaboration with the Australian Nursing and Midwifery Federation (SA Branch) conducted a survey to explore the impact health system changes were having on the working climate of the nursing and midwifery professions, as well as identifying protective or risk factors that may be mitigating or exacerbating the experiences of nurses and midwives in South Australia (SA).

## Background

Changes in healthcare organisations may lead to resource scarcity, restructuring of units, and increased workload and demand for efficiency, often creating a stressful work environment and inevitably affecting the working conditions of staff (Kuokannen et al., 2009). Subsequent risks of organisational change include increase in job strain, loss of social support, time pressure, lack of control, job dissatisfaction and role ambiguity; all of which have been associated with detrimental mental health outcomes such as distress, depression, and anxiety (Lavoie-Tremblay et al., 2010; Netterstrom et al., 2008; Kuokannen et al., 2009; Sverke et al., 2002).

Organisational change can negatively impact nurses' psychological wellbeing, and is associated with stress (Teo et al., 2013), job dissatisfaction (Verhaeghe et al., 2006) and burnout (Nordang et al., 2010). Burnout is a psychological response to prolonged chronic stressors (Maslach, 2004) that is particularly prevalent in nursing due to the mentally, emotionally and physically demanding nature of the profession (Laschinger and Fida, 2014). High levels of burnout among nurses have been associated with inadequate staffing (Garrett and McDaniel, 2001), heavy workload (Laschinger et al., 2011), high turnover of staff (Leiter and Maslach, 2009), compromised quality of patient care (Gillespie and Melbie, 2003) and job dissatisfaction (Aiken et al., 2004). In a systematic review of the nursing shortage literature, job satisfaction, burnout and demographic factors were the overarching individual factors found to predict nurses' intentions to leave their employment or the profession (Chan et al., 2013).

Job satisfaction, productivity and retention are important priorities for the nursing workforce in Australia (Duffield et al. 2014, Health Workforce Australia, 2012). Turnover of nursing staff is costly for organisations and the broader health system (Twigg et al., 2014) and negatively influences the roles, morale, workload, stress levels and productivity of remaining staff (Dawson et al., 2014; Roche et al., 2014). Faced with the challenges of an ageing nursing workforce and the imminent retirement of the Baby Boomer generation, efforts to address current and predicted nursing workforce shortages in Australia are focusing on supporting and retaining current employees (Perry et al., 2017). Organisational factors that influence nurses' intentions to leave include workload, organisational climate, culture, and social support (Chan et al., 2013).

Nurse retention can be improved by the creation of a positive nurse practice environment, defined as "the organizational characteristics of a work setting that facilitate or constrain professional nursing practice" (Lake and Friese, 2006). Features of a positive practice environment include empowering work structures; autonomy and meaningful clinical practice; effective, visible, and supportive leaders; adequate staffing and resourcing; and collaborative nurse-physician relationships (Twigg et al., 2014). A positive practice environment has been associated with lower turnover, higher retention of nurses and higher job satisfaction, as well as greater patient satisfaction and perceptions of quality of care (Twigg et al., 2014).

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

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

## Aim

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

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

# Methodology

## Participants

The primary target group was all nurses and midwives working in healthcare settings in South Australia who were members of the ANMF (SA Branch). Estimated membership of the ANMF (SA Branch) at the time of the survey was 20,000. The secondary target group was all other nurses and midwives working in SA. According to AIHW data, the total number of nurses and midwives in SA was 32,075 in 2015; however, it was not possible to know the number of nurses and midwives the survey reached and therefore a response rate was not calculated.

## Materials

There were 71 quantitative and qualitative questions included in the survey, noting that depending on responses to some questions, respondents may not have been required to complete all questions. The survey consisted of a mixture of demographic and validated nursing and midwifery workforce instruments, including those assessing: workforce and shift profile, workplace change, attitudes towards work, opportunities for career progression, and plans for job change or retirement questions. A range of question types were used including binary response (yes/no), multiple choice, Likert-type rating scales and open-ended questions. The majority of the open-ended questions requested only simple information, such as the names of the respondents' workplaces and the number of patients assigned to each respondent. Nine open-ended questions requested more in-depth responses, and a number of these allowed participants to explain their answers to previous questions. The tool was designed to assess multiple domains of the nursing and midwifery professions (Table 1).

**Table 1.** Domains assessed within the SA nursing workforce climate survey.

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

### Practice Environment Scale (PES)

The Practice Environment Scale (PES) developed by Lake (Lake, 2002) was included in the survey to assess nurses' and midwives' perceived degree of participation in hospital affairs; the leadership and support provided by management; the adequacy of staffing and resources; and the nature of nurse-doctor relationships. The scale contained 29 questions, which were grouped into five subscales, each containing between three and nine questions. The Nurse Participation in Hospital Affairs subscale included questions pertaining to staff involvement in internal governance decisions, opportunities for career advancement, and ability to serve on department committees. The Nursing Foundations for Quality of Care subscale included questions relating to quality assurance, high standards of care, and continuing education programs for staff. The Nurse Manager Ability, Leadership and Support of Nurses subscale included questions pertaining to the

support provided by supervisory staff and receiving praise and recognition for good work. The Staffing and Resource Adequacy subscale included questions about staffing shortages, availability of support services and sufficient time and opportunity to discuss patient care with other nurses and midwives. Finally, the Collegial Nurse-Doctor Relations subscale contained questions pertaining to teamwork, collaboration and productive working relationships between doctors and nurses or midwives. Participants were asked to respond to each question on a four point rating scale, ranging from 1 (strongly agree) to 4 (strongly disagree). Average scores were computed for each subscale, with higher scores indicating greater disagreement that the items are present in the current job. Values below 2.5 indicate general agreement and values above 2.5 indicate disagreement that the characteristics measured by the scales are present in the work environment.

### Maslach Burnout Inventory for Medical Personnel (MBI-MP)

The Maslach Burnout Inventory for Medical Personnel (MBI-MP) was included as part of the survey as a measure of the overall emotional health of nurses and midwives. The MBI-MP is a 22-item questionnaire that consists of three subscales; Emotional Exhaustion (EE), Depersonalisation (DP) and Personal Accomplishment (PA). Emotional Exhaustion pertains to feeling emotionally overextended and exhausted by one's work, Depersonalisation pertains to unfeeling and impersonal responses towards recipients of one's service, and Personal Accomplishment pertains to feelings of competence and successful achievement in one's work with people. Participants are asked to respond to each question on a seven-point rating scale ranging from 0 (never) to 6 (all the time). Scores can range from 0 to 54 (EE), 0 to 30 (DP) and 0 to 48 (PA). For EE and DP, higher scores indicate poorer outcomes (i.e. more frequent experience of emotional exhaustion or depersonalisation), while for PA higher scores indicate more favourable outcomes (i.e. more frequent experience of personal accomplishment).

A copy of the survey is provided in Appendix 1.

## Procedure

An online cross sectional survey was conducted between 22 August and 16 October 2017 after first piloting the survey to 8 nurses and midwives. Recruitment of participants was coordinated through the ANMF (SA Branch). A cover letter from the ANMF (SA Branch) CEO/Secretary endorsing the study and a survey explanation from RBRC was emailed to the nursing and midwifery ANMF (SA Branch) membership. The survey was advertised in ANMF bulletins and newsletters prior to the email. Ethical approval for the study was granted by the UniSA Human Research Ethics Committee.

## Data analysis

Quantitative data were analysed using Statistical Package for the Social Sciences version 22 (SPSS, IBM, 2018). Frequency response reporting was performed for the majority of questions with the denominator changing based on the number of respondents and exclusion of any implausible responses. Where applicable, the mean and standard deviation or median and interquartile range were calculated and reported for some questions (e.g. Likert-type scales). It was not the intention to report on differences between groups (e.g. between RNs and ENs), so consequently no inferential statistical analyses were conducted.

Qualitative data were analysed using Microsoft Excel 2010 (Microsoft Corporation). Open-ended responses were examined and thematically analysed based upon similarity of meaning and content. Themes derived

from longer responses (e.g. a sentence or more) were then checked against key words present in shorter responses to ensure that important themes were not missed.

Data cleaning included deleting respondents where there were no or only limited data (i.e. only age and gender). Invalid and implausible responses were examined individually. There were a few problems with the question, “In the past week how many hours did you work paid overtime?” with many nurses and midwives noting that they were not allowed or paid overtime, but worked extra shifts. The extra shifts were counted as 0 hours of overtime and a new response category was created to record the extra shift worked.

# Results

In total, 1,811 individuals accessed the online survey and completed at least one question. There was periodic dropout of participants over the length of the survey, with 1,076 (59%) participants completing the survey. Denominators vary according to the number of respondents answering a question. Please refer to Appendix 2 to see exact number of responses for all percentage-reported questions (i.e. excluding the PES and MBI-MP; the relevant statistics for these are reported in text).

Survey respondents included registered nurses (RNs) (n = 1140, 63.9%), enrolled nurses (ENs) (n = 371, 20.8%), midwives (n = 268, 15.0%) and other respondents (n = 4, 0.2%), specifically assistants in nursing and personal care workers. For the purposes of this report, other respondents were excluded from further analyses.

The majority of RNs, ENs and midwives worked in direct patient or client care (n=1557, 89.5%), with the remainder working in administration (n=74, 4.3%), teaching/education (n=36, 2.1%) or other (n=73, 4.1%). Due to the similar pattern of findings across RNs, ENs and midwives, results are presented together. Where there are notable differences between groups, these are noted in text.

## Demographics

**Age**

Respondents were asked to categorise their age according to a series of age range options (Figure 1). Nearly all respondents were aged 25-64 years. Among RN respondents, just over half (52.5%) were aged 45 or older. EN respondents tended to be older on average, with 63.4% aged 45 or older. Midwife respondents had the oldest age distribution with 26.9% aged 45 to 54 and 35.1% aged 55 to 64 and 1.5% were aged 65 to 74.

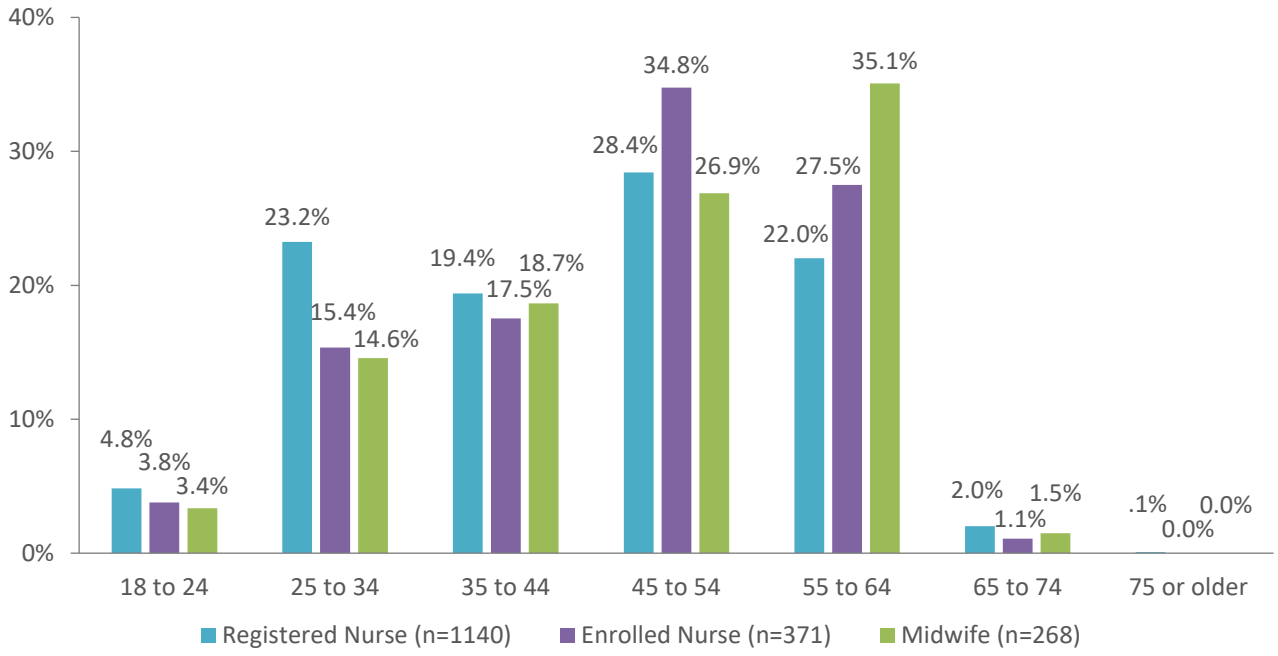


**Figure 1.** Age distribution of respondents.

**Gender**

The majority of both RNs, ENs and midwives were female (Figure 2). Among RNs, 91.5% were female, 8.4% were male and 0.1% did not identify as male, female or transgender. Among ENs, 94.6% were female and 5.4% were male. The majority of midwives were female; 1.9% were male.

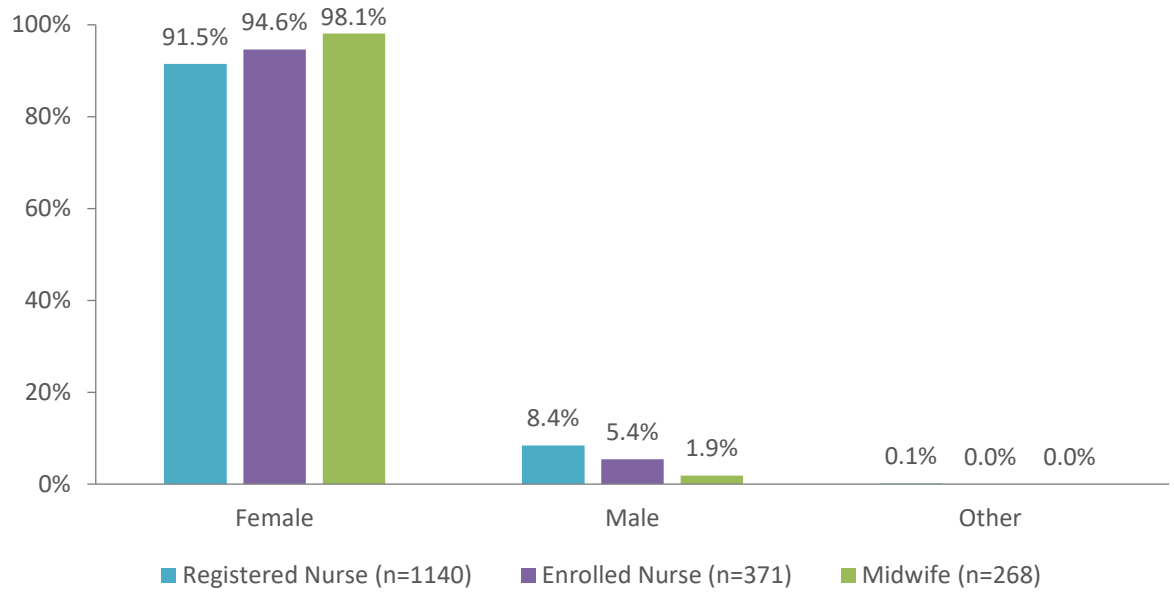


**Figure 2.** Gender distribution of respondents.

**Country of birth**

Respondents were asked to indicate their country of birth (Figure 3). The majority of RNs (79.1%) and ENs (83.0%) were born in Australia. Fewer than 10% of RNs and ENs were born outside of Australia, the UK or New Zealand. A similar pattern was shown for midwives with approximately three-quarters (76.5%) who responded to the survey born in Australia.

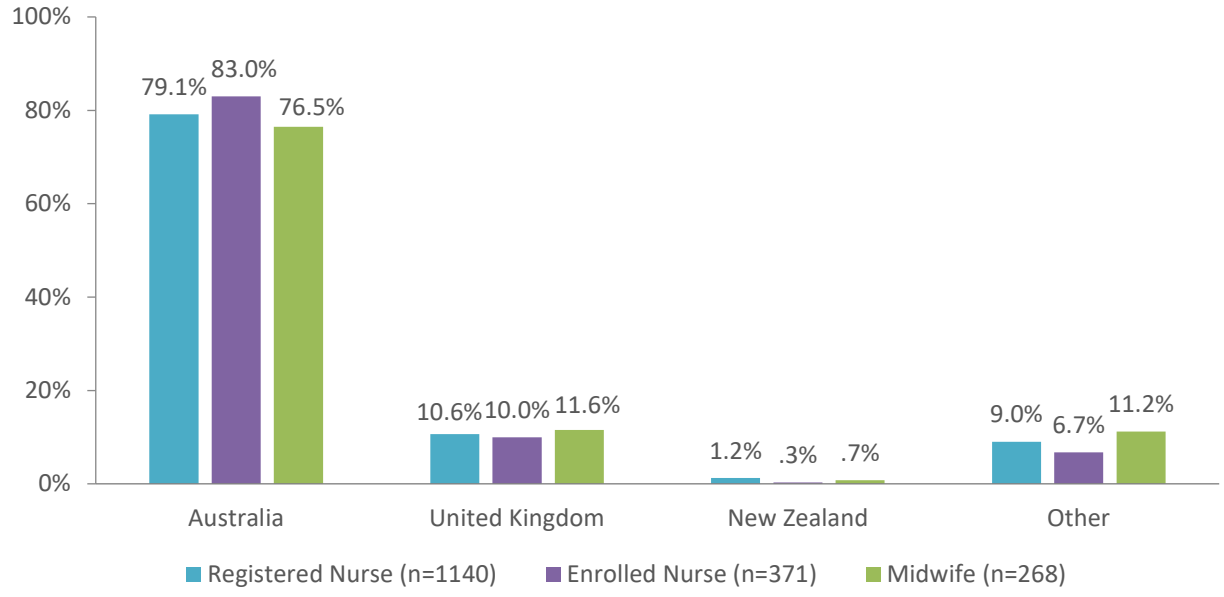


**Figure 3.** Country of birth of respondents.

**Country where nurses and midwives received their education**

Respondents were asked to indicate in which country they received their nursing education. Fewer than 10% of both registered and enrolled nurses received their nursing education in countries other than Australia. Among RNs (n=114), 91.1% were educated in Australia, 4.5% in the United Kingdom, 0.8% in New Zealand and 3.6% in other countries. Among ENs (n=371), 98.4% received their education in Australia, 0.5% in the United Kingdom and 1.1% in other countries.

Of midwives who responded (n=268), the majority (88.1%) were educated in Australia, while 5.2% were educated in the United Kingdom, 0.4% in New Zealand, and 6.3% in other countries.

**Highest nursing and midwifery qualification**

Respondents were asked to report their highest qualification in nursing (Figure 4). The most frequently reported highest nursing qualification among RNs was a Bachelor Degree (n = 509, 44.6%), followed by a Postgraduate Diploma (n = 241, 21.1%) and a Postgraduate Certificate (n = 200, 17.5%). Among ENs, the most frequently reported highest nursing qualification was other qualifications (n = 163, 43.9%), followed by a Postgraduate Diploma (n = 126, 34.0%) and a Hospital Certificate (n = 61, 16.4%). Other qualifications included Certificates, Diplomas and Advanced Diplomas.

Among midwives, a similar pattern to RNs was observed with the most frequently reported highest midwifery qualification being a Bachelor Degree (n = 127, 47.4%), followed by a Hospital Certificate (n = 46, 17.2%) and a Postgraduate Certificate (n = 31, 11.6%).

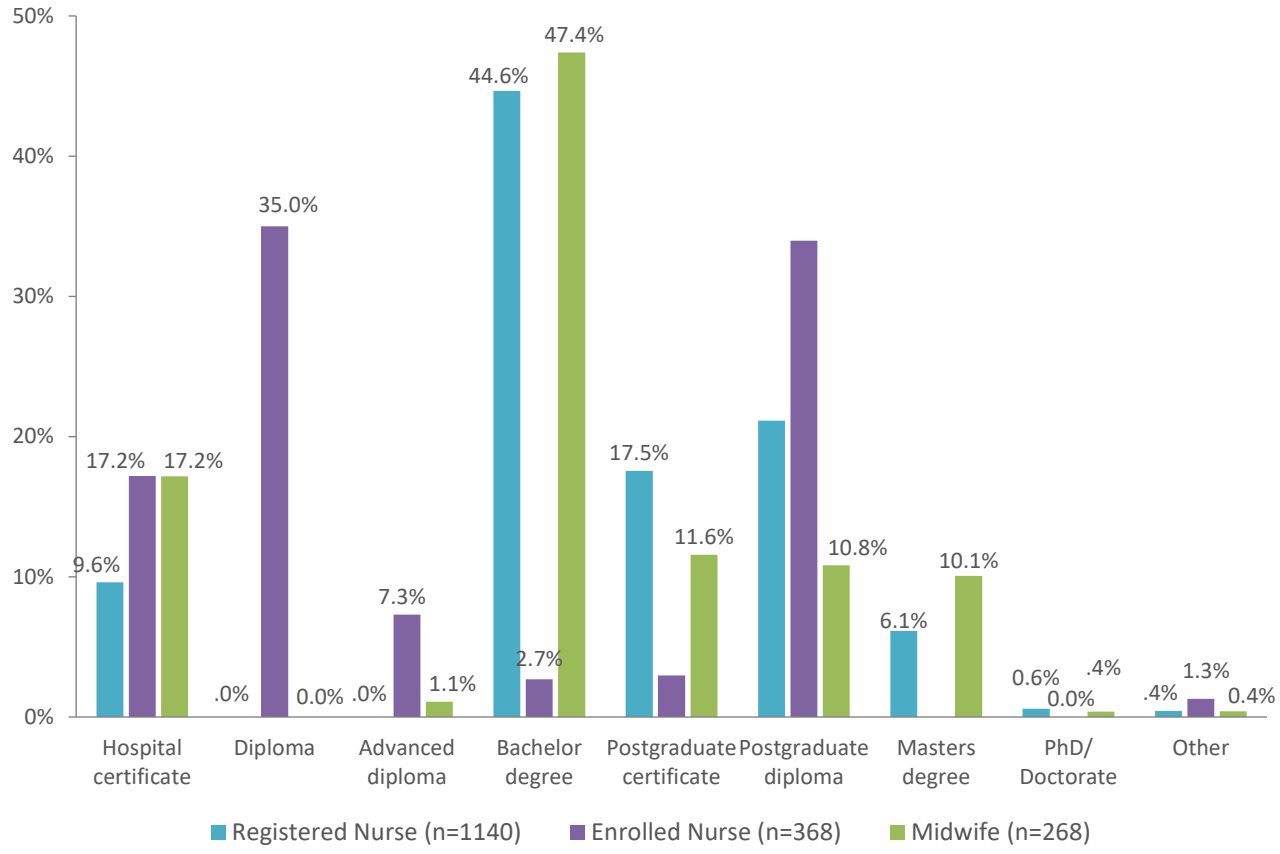


**Figure 4.** Highest nursing/midwifery qualification of respondents.

**Years worked as a nurse**

Survey respondents varied in terms of their nursing experience (Figure 5). Among RNs, 25.9% had 31 or more years of work experience, 22.3% had between 11 and 20 years, and 21.1% had between five and 10 years. Among ENs, 29.9% had between five and 10 years of work experience, 17.0% had 31 or more years, and 16.7% had between one and four years.

Among midwives, 36.5% had 31 or more years of work experience, 17.7% had between five and 10 years, and 17.3% had between 21 and 30 years.


**Figure 5.** Years worked as a nurse/midwife.

## Employment and working hours

**Employment status**

Similar proportions of RNs and ENs were employment in permanent positions at 80.9% and 78.7%, respectively. Among RN survey respondents, 10.8% were employed in contract positions and 6.3% were casually employed. Among EN respondents, 14.3% were casually employed and 6.3% were employed in contract positions. The remaining 2.0% of RNs and 0.7% of ENs had other employment arrangements, which included clinical placements, volunteer positions, and combinations of different types of employment, such as a casual position in addition to a part-time permanent role (Figure 5).

The majority (81.6%) of midwives were employed in a permanent position, with a further 8.8% employed on a contract basis, 7.4% employed in casual roles, and 2.3% reporting other employment arrangements, including clinical placements and volunteer roles.


**Figure 6.** Employment status.

**Employment type**

Among RNs, 63.8% worked part-time and 31.9% worked full-time. Among ENs, 68.4% worked part-time and 21.6% worked full-time. The remaining 4.3% of RNs and 10.0% of ENs had other working hours, which included casual hours and on call arrangements (Figure 6).

Like nurses, the majority (71.0%) of midwives worked part-time, while 24.0% worked full-time. A further 5.0% had other working hours, including being on casual and on call arrangements.


**Figure 7.** Employment type.

**Network of employment**

Respondents were asked to indicate the main network of their employment (Figure 8). Among RNs, the most frequently reported network of employment was the Central Adelaide Local Health Network (CALHN) (28.3%), followed by the Southern Adelaide Local Health Network (SALHN) (22.9%) and the Country Health SA Local Health Network (CHSALHN) (19.7%). Among ENs, 27.9% worked within CALHN, 25.8% worked within CHSALHN and 15.3% worked within SALHN.

The largest proportion of midwives worked within the Women's and Children's Health Network (WCHN) (25.0%), followed by CHSALHN (23.8%) and SALHN (18.1%).

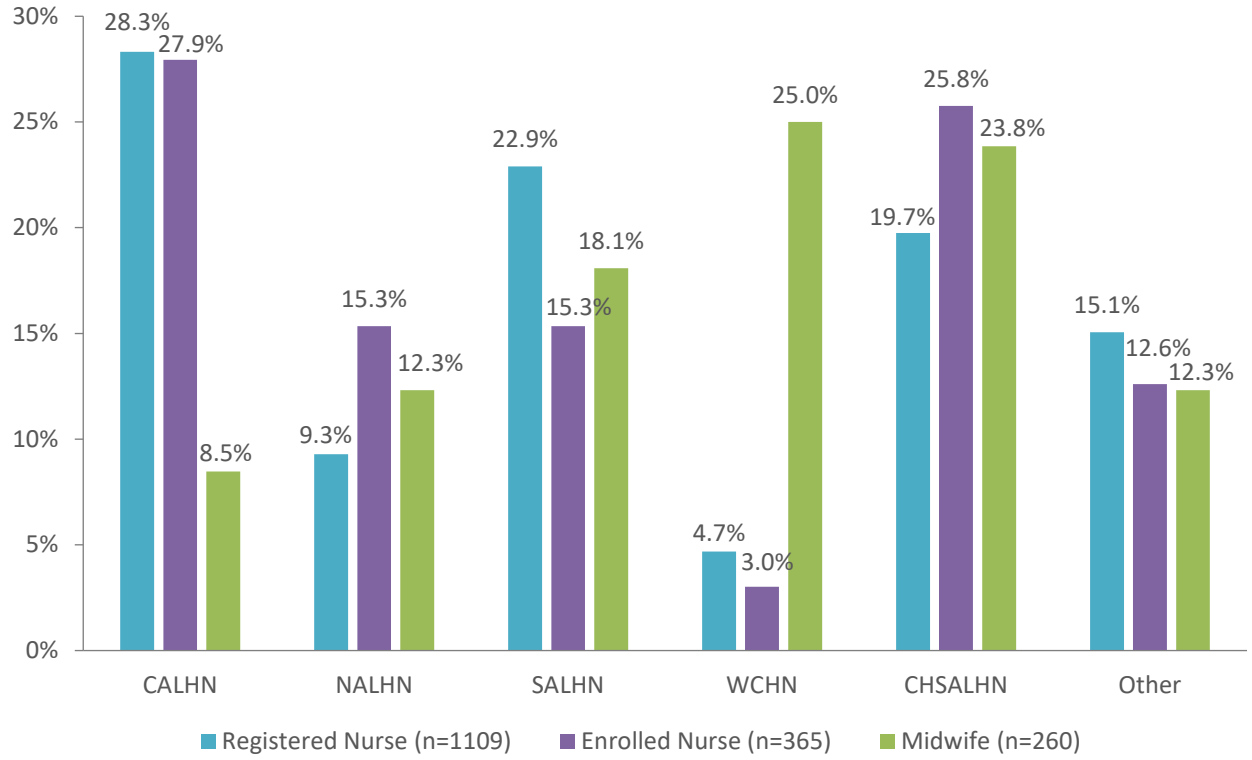


**Figure 8.** Network of employment.

**Hours worked per week**

Respondents were asked on average in the past year how many hours per week did they work (Figure 9). Among RNs, most (93.2%) worked 18 hours or more per week. A similar pattern was observed among ENs, with 90.5% working 18 hours or more per week. Similarly, 89.9% of midwives worked 18 hours or more per week.

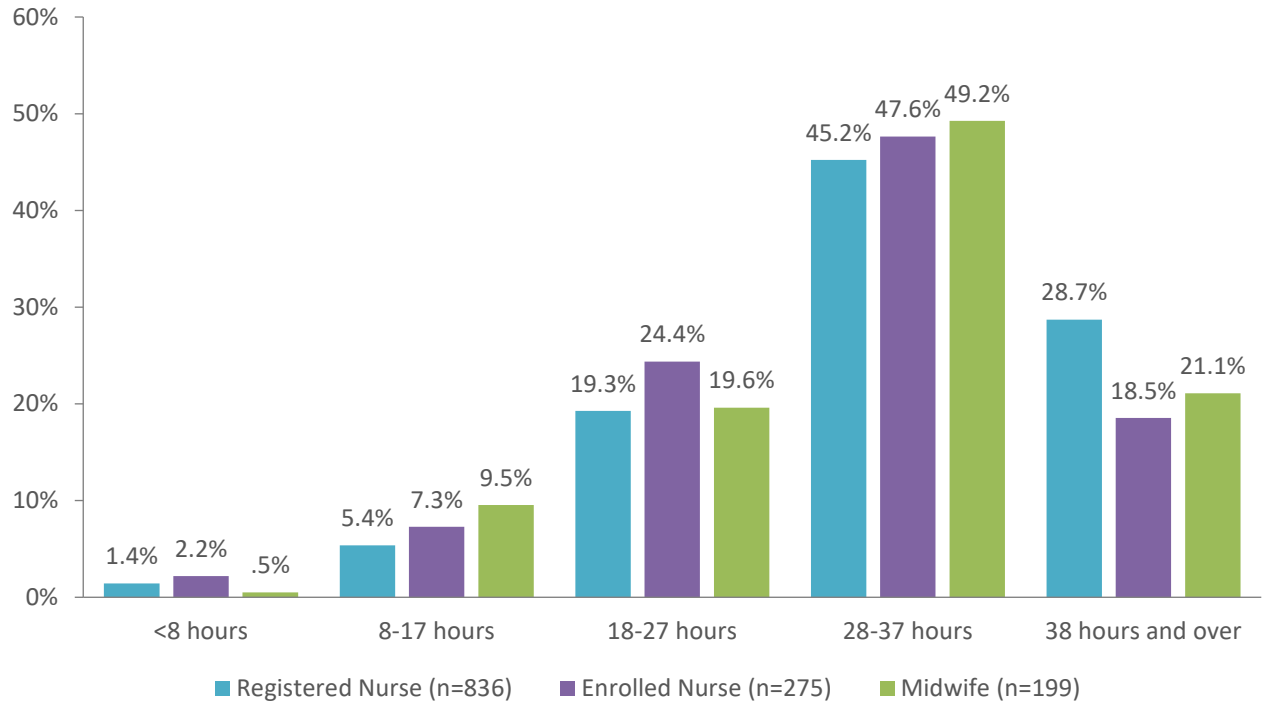


**Figure 9.** Hours worked per week.

**Perception of current work hours**

Respondents were asked to comment on their perceptions of their current working hours (Figure 10). Approximately half (51.3%) of RNs were satisfied with their work hours, while 40.9% felt their hours were more than they would like, and 7.8% felt that they were less than they would like. Among ENs, 52.5% were satisfied with their work hours, while 32.9% felt that their hours were more than they would like, and 14.6% felt that their hours were less than they would like.

Among midwives, 53.5% were satisfied with their work hours, 41.5% felt that their hours were more than they would like, and 5.0% felt that their hours were less than they would like.

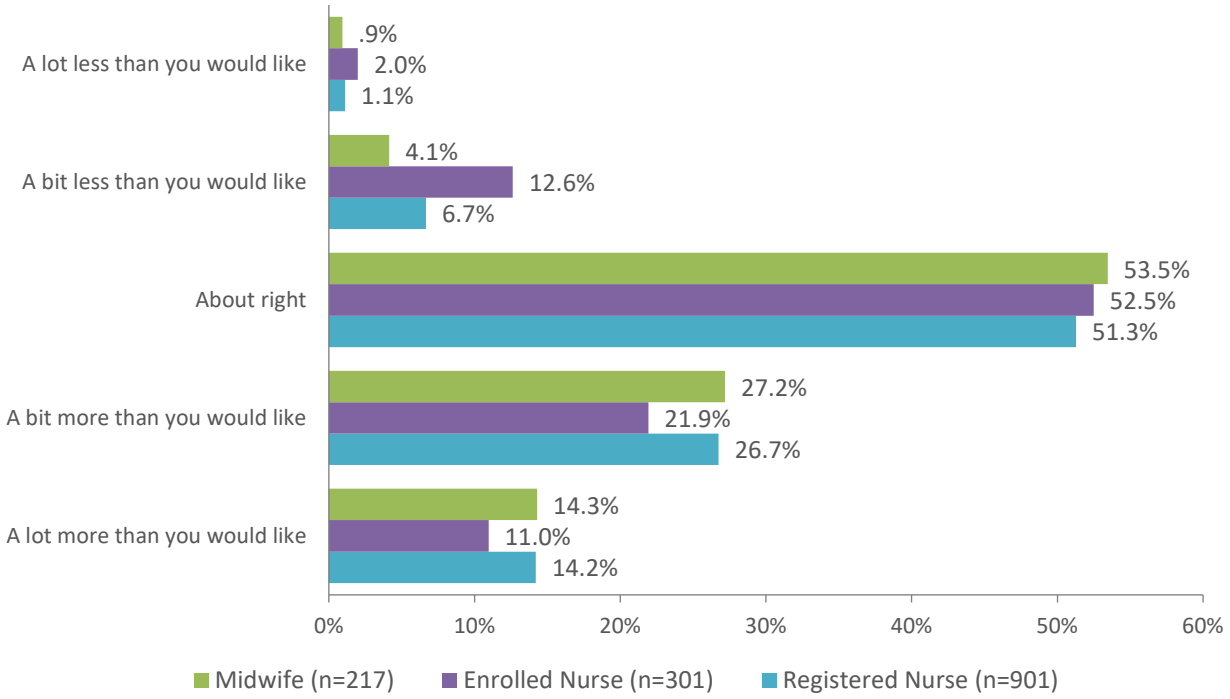


**Figure 10.** Perception of current work hours.

## Work environment and wellbeing

The Practice Environment Scale (PES) was included in the survey to assess nurses' and midwives' perceived degree of participation in hospital affairs; the leadership and support provided by management; the adequacy of staffing and resources; and the nature of nurse-doctor relationships (Lake, 2002). The scale ranged from Strongly agree (score of 1) to Strongly disagree (score of 4). An average score of 2.5 indicated at a group level, there was an equal distribution of agreement and disagreement.

Responses by RNs, ENs and midwives showed very similar patterns (Figure 11). There was a general **tendency to agree** with statements related to:

- *Collegial nurse/midwife-doctor relations* (mean scores of 2.18 (SD = 0.66) among RNs (n = 686), 2.24 (SD = 0.65) among ENs (n = 219) and 2.13 (SD = 0.66) among midwives (n = 163)).

There was a general **tendency to disagree** with statements related to:

- *Staffing and resource adequacy* (mean scores of 3.01 (SD = 0.64) among RNs (n = 695), 2.99 (SD = 0.66) among ENs (n = 223) and 3.11 (SD = 0.63) among midwives (n = 165)).
- *Nurse/midwife participation in hospital affairs* (mean scores of 2.83 (SD = 0.56) among RNs (n = 743), 2.85 (SD = 0.54) among ENs (n = 242) and 2.88 (SD = 0.58) among midwives (n = 178)).

There was an approximately **equal distribution of agreement and disagreement** for statements related to:

- *Nurse/Midwife Manager Ability, Leadership and Support of Nurses* (mean score of 2.51 (SD = 0.77) among RNs (n = 695), 2.53 (SD = 0.78) among ENs (n = 223) and 2.64 (SD = 0.76) among midwives (n = 165)).
- *Nursing/midwifery Foundations for Quality of Care* (mean scores of 2.40 (SD = 0.47) among RNs (n = 725), 2.39 (SD = 0.44) among ENs (n = 236) and 2.39 (SD = 0.42) among midwives (n = 170)).

It is important to note that there are not large deviations from the mean for any of the subscale scores (deviation ranges from 0.01 – 0.61 out of a possible maximum 1.5) suggesting that there is no strong agreement or disagreement with any one particular sentiment of the practice environment.

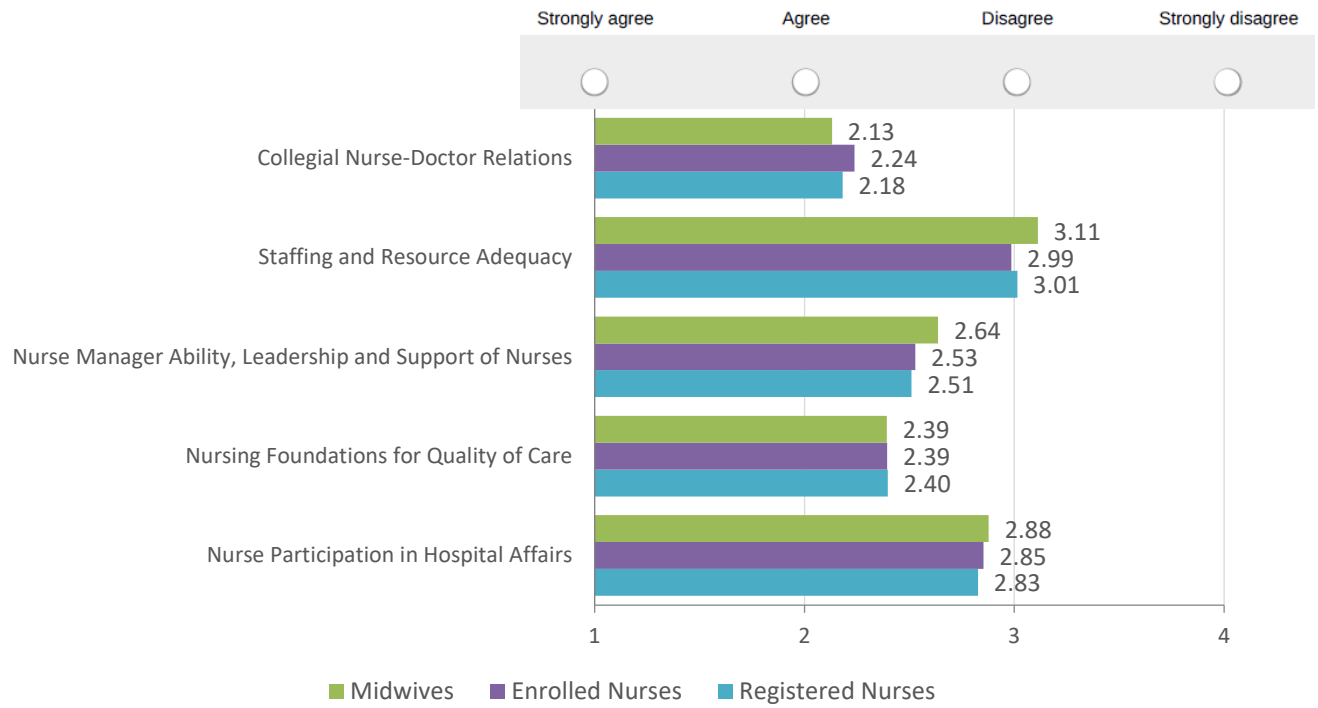


**Figure 11.** Practice Environment Scale subscale scores.

## Satisfaction with job and intentions to leave

**Satisfaction with current position**

Participants were asked "overall how satisfied are you with your present position?" Results suggest that among both RNs and ENs, half of respondents were either satisfied or very satisfied with their present position (approximately 50% for both groups). In total, 25.9% of RNs or 23.3% of ENs were dissatisfied or very dissatisfied (Figure 12). Satisfaction with their present position was slightly higher among midwives (57.2%), while level of dissatisfaction was similar to registered nurses (26.3%).

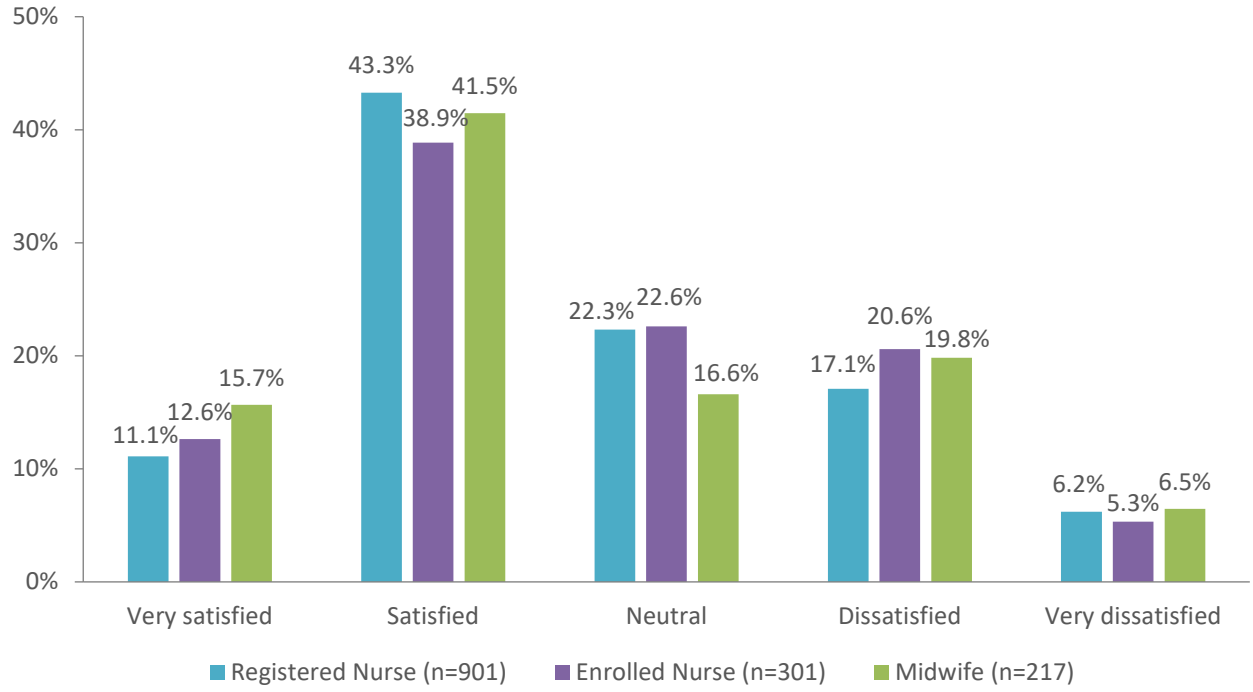


**Figure 12.** Satisfaction with current position.

**Commentary regarding satisfaction with current position**

Participants were asked to comment on their answer. In total, 883 participants provided comments. Most participants felt positively about their present position. However, the open-ended response tended to elicit comments that appeared critical or negative including those provided by participants who had indicated that they were satisfied with their position. Themes that emerged from respondents in relation to satisfaction with their current position are listed in Table 2 along with example quotes.

Feelings of responsibility to teammates and patients appeared to be cited as positive motivators to remain in roles despite being generally unhappy with the role, feeling overworked, or unsupported by management. Similarly, those who cited being very satisfied with their position tended to refer to the positive experiences of working with supportive teammates and managers and being rewarded and fulfilled through the provision of patient care. Thus, it could be that while the majority of participants work within often stressful environments with numerous challenges, those that feel most supported by colleagues and management may be better able to cope. This might indicate how nursing and midwifery staff working across healthcare facilities could be better supported to face common workplace challenges.

**Table 2.** Emergent themes related to satisfaction with current position.

| Theme | Example quote |
|---|---|
| **Quality care** | *"Love the work and colleagues, dislike the working conditions that can make you feel like you are not giving the best nursing care to your patients and just surviving the shift."*<br><br>Age 18-24, Permanent /part-time registered nurse |
| **Workload** | *"I enjoy my work but feel stressed and over worked most morning shifts."*<br><br>Age 25-34, Permanent /part-time enrolled nurse |
| **Lack of permanence** | *"I love critical care nursing, I wouldn't want to be a nurse in any other specialty. Hate being on contract, no job security."*<br><br>Age 25-34, Part-time/ contract registered nurse |
| **Lack of leadership/support from management** | *"We have poor leadership (none really), increasing workloads, Level 3 and above don't pull their weight, don't care about the increasing unpaid work clinicians have to do, they walk out at 4.30."*<br><br>Age 65-74, Permanent/ part-time registered nurse |
| **Team cohesion** | *"Working with a dysfunctional team where despite interventions majority not participating in team work which leads increased workload to a few to ensure care implemented and planning is done."*<br><br>Age 35-44, Permanent / part-time registered nurse |
| **Skills mix** | *"Increasing workload through high turnover interferes with holistic care. Staffing skill mix at times compromised due to trend to increase ratio of EN to RN in our workplace - difficult with increasing complexity of symptoms in our patients."*<br><br>Age 55-64: Permanent/ part-time registered nurse |
| **Staffing levels** | *"Very stressful. Every day I come to work not knowing if the staffing levels will be at a safe level or not… when you have 7-8 clients in total instead of the 4 as agreed by the last enterprise bargaining agreement you know at the start of the shift that whatever you do that day is not going to be good enough or even safe."*<br><br>Age 45-54: Permanent/ part-time registered nurse and midwife |
| **Administrative load** | *"Too much paper work, too many protocols, too much bureaucracy....no time for patient care! Treating women, not as individuals, but as a 'group'...no individuality, management not involved, defensive practice."*<br><br>Age 55-64, Permanent/ part-time registered midwife |

**Satisfaction with nursing profession, independent of present position**

Respondents were asked how satisfied they were with being a nurse independent of their present position. Among both RNs and ENs, the majority (RNs >73%, ENs>72%, midwives >75%) indicated that they were satisfied or very satisfied with being a nurse. Approximately 10% of RNs, 13% of ENs and 11% of midwives expressed dissatisfaction with being a nurse (Figure 13).

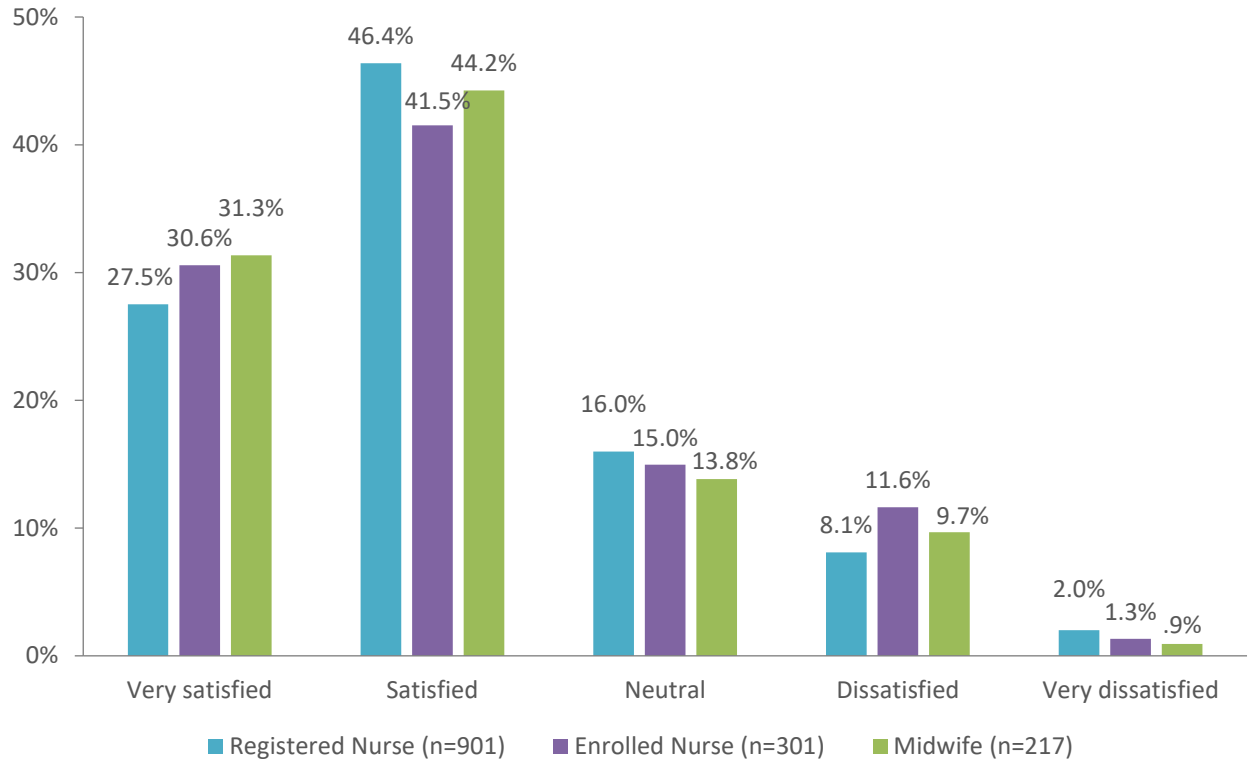


**Figure 13.** Satisfaction with nursing or midwifery profession.

**Perceived difficulty of finding another job in nursing or midwifery in South Australia**

Respondents were asked how difficult they believed it would be to find another job in nursing (Figure 14). A similar pattern emerged for all professions with approximately 74% of RNs, 70% of ENs and 74% of midwives indicating that they thought it would be fairly or very difficult to find a new nursing or midwifery position. Very few respondents (<3%) thought it would be very easy.

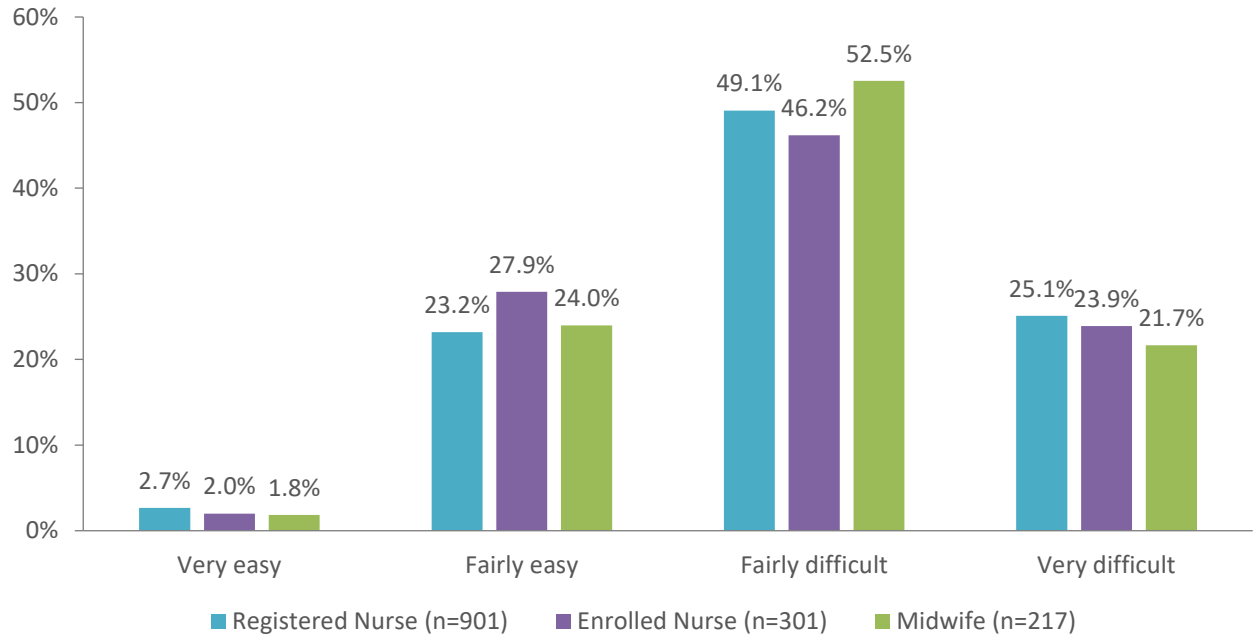


**Figure 14.** Perceived difficulty of finding another job in nursing in South Australia.

**Intention to leave current position**

Respondents were asked whether they had any intention to leave their current position within the next five years (Figure 15). A similar pattern emerged for all groups. Just over half of RNs, ENs and midwives had no intention to leave their current position within the next five years, at 53.1%, 53.2%, and 54.4% respectively. Approximately one-third intended to leave their current employment within the next one to five years, while 11-15% intended to leave within the next 12 months.


**Figure 15.** Intention to leave current position.

**Intention to leave nursing or midwifery profession**

Respondents who were intending to leave their current position within the next 5 years were then asked whether they were planning on leaving the nursing or midwifery profession (Figure 16). Among RNs intending to leave their current employment, 39.4% did not intend to leave the nursing field, 31.5% were undecided, 16.7% were leaving due to retirement, and 12.4% intended to seek employment in a different field. Among ENs, 34.3% had no intention of leaving the nursing profession, 36.5% were undecided, 12.4% were leaving due to retirement, and 16.8% intended to seek employment in a field other than nursing.

Results were slightly different for midwives with an increased proportion planning on retirement and converse reduction in the proportion with no intentions to leave the profession. Proportions of those planning to leave the profession, and those who were undecided were similar to nurses. This may be due to the older average age of midwife respondents, who are thus, closer to retirement.


**Figure 16.** Intention to leave nursing profession.

**Commentary regarding intentions to move to another field**

To gather further insight into why people would be choosing to move onto another profession, respondents were asked: "*If you intend to exit the profession to move to another field can you please comment on the reason(s) why?*" One hundred and eighty-six people provided responses. Most of the participants who reported intending to leave the profession reported feeling neutral, dissatisfied, or very dissatisfied with their present position; however, even those who reported being satisfied or very satisfied still cited issues such as burnout, heavy workloads, stress, and lack of staffing as reasons for leaving the professions. Emergent themes for changing professions are summarised in Table 3.

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

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

Some participants felt that changes such as Transforming Health and the Enterprise Patient Administration System (EPAS) were also the catalyst for falling standards of care and the introduction of further complexity that nurses and midwives who were already feeling stretched to the limit physically and emotionally cannot cope with.

Some participants spoke about common reasons for leaving for a career that did not necessarily relate to the nursing or midwifery professions specifically. Growing older and desire for a less physically demanding role, struggling to manage work/life balance or young families with shift work were raised. Older nurses also felt that they were unable to stay in nursing as younger nurses were able to take on new roles at lower cost over more experienced staff attempting to move to a new nursing field.

Midwives also reported a challenge specific to the midwifery profession; feeling professionally compromised/vulnerable when requested to work on a nursing ward. This may be due to not having the training, qualification or registration required, or the impact this may have on maintaining midwifery registration. This theme is captured at the end of Table 3.

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

**Table 3.** Emergent themes related to satisfaction with current position.

| Theme | Example quote |
|---|---|
| **Physical/emotional exhaustion** | *"Feeling very jaded and tired. Work load excessive. No real feeling of "team" work. No cohesion. Everyone seems to have they own agenda.... No support management."*<br><br>Age 45-54, Permanent/ part-time enrolled nurse<br><br>*"Burnt out. I do not enjoy the extra mandatory education we are made to do. I do not wish to spend time at home doing 'homework' or have any seesaw to climb the work ladder. I just wish to come and care for women and then go home to my family at the end of my shift."*<br><br>Age 25-34, Permanent /part-time registered midwife |
| **Apply skills in a different profession** | *"As I have a broad range of skills outside of clinical nursing I will be looking for a role within a health-related business/management area."*<br><br>Age 65-74, Permanent/part-time registered nurse |
| **Lack of resources** | *"Currently working with increased workloads, more expectations placed on staff with less staff, less resources. Lack of management support and understanding of continuing pressure in the workplace."*<br><br>Age 45-54, Permanent /part-time registered midwife<br><br>*"We are short staffed most shifts work extra hours or even double shifts. The acuity of our patients and patient load is becoming very difficult to manage safely."*<br><br>Age 45-54, Permanent /full-time registered midwife |
| **Lack of insight and support from management** | *"Nursing is to stressful, lack of appreciation, no understanding from the hierarchy who make decisions with no knowledge of the current ward situation. They need to be made to work on the ward, yes they are nurses but how long since they have worked on the ward and done a full shift of heavy patients."*<br><br>Age 55-64, Permanent/ full-time enrolled nurse<br><br>*"Can't see anything changing until current management retires (5-8 years)"*<br><br>Age 35-44, Permanent /part-time Associate Nurse/Midwife |

| Theme | Example quote |
|---|---|
| **Healthcare focused on wrong things (i.e. bureaucratic)** | *"The health system is all about getting people in and out, not about patient care anymore, it's not patient centred and there is not enough hours in the day to provide the care that our patients deserve, I go home many days very dissatisfied about just having scraped through the day to get the essentials done. People are becoming so task orientated because there is no support and I feel sorry for our patients that receive sub-standard care due to issues with the health system."*<br><br>Age 25-34, Permanent/ part-time registered nurse<br><br>*"Lacking woman centred care."*<br><br>Age 18-24, Contract/part-time registered midwife |
| **Health system reform** | *"The current reforming of health care in SA has made work very unpleasant! Stress levels of older staff are up, the young new grads don't care, can't deliver quality care, especially in post-natal areas. Everyone is "just managing" to get through shifts."*<br><br>Age 55-64, Registered nurse and midwife (recently retired) |
| **Administrative burden** | *"Changing focus of nursing, feel we have moved greatly away from clinical focus to a much more paper work orientated system. Where ticking the boxes on forms which anyone can do is more important than actually doing the task. Staff cuts and inadequate staffing levels facilitate the inability to provide the basic niceties of the profession such as good clinical assessment, supportive hygiene care such as teeth cleaning, hand washing. There is so much paperwork to fill out that if you do all of the above then there isn't time to do paperwork. I find myself doing unpaid overtime regularly to complete and update the paperwork at end of shift."*<br><br>Age 45-54, Permanent /part-time registered nurse |
| **Professionally compromised/vulnerable (midwives only)** | *"I'm a Registered Midwife who is constantly asked to perform nursing duties, which I feel puts my Midwifery registration at risk. Many days I go to work and I'm expected to provide post-operative care. This is really unfair, I'm not a Registered Nurse."*<br><br>Age 55-64, Permanent /part-time registered midwife |

## Overtime

Respondents were asked to approximate the amount of paid and unpaid overtime they had worked each week over the past year, and to indicate whether this amount has changed over the past year (i.e. increased, decreased or stayed the same). Note that the data were significantly positively skewed for both paid and unpaid overtime (i.e. most people reported no or very few hours) and hence, medians and interquartile range (IQR) are reported. The IQR represents the middle 50% of the data (i.e. from the 25$^{th}$ to 75$^{th}$ percentiles).

**Paid overtime**

The median amount of paid overtime per week reported by RNs (n = 833), ENs (n = 270) and midwives (n = 199) was 0 hours (RN IQR = 0 to 1 hour, EN IQR = 0 to 0 hours, midwives IQR = 0 to 0 hours). Scores ranged from 0 to 40 hours per week for RNs and ENs and 0 to 30 hours for midwives. Note that a number of respondents (41 RNs, 10 ENs and 7 midwives) reported 8 hours paid overtime suggesting they were asked to work an extra or double shift. These data suggest that very few nurses or midwives are working significant amounts of paid overtime unless requested/required to work an extra shift.

**Unpaid overtime**

The median amount of unpaid overtime per week reported by RNs (n = 836), and midwives (n = 199) was 1 hour (RN IQR = 0 to 3 hours and midwives IQR = 0 to 3 hours). For ENs (n = 270), the median amount of unpaid overtime per week reported was 0 hours (RN IQR = 0 to 2 hours). Scores ranged from 0 to 35 hours per week for RNs, 0 to 32 hours for ENs and 0 to 20 hours for midwives.

**Change in average overtime worked over past year**

Approximately two-thirds of RNs, ENs and midwives reported an increase in the amount of overtime worked over the past year. Very few respondents (0-4% depending on the group) reported a decrease in the amount of overtime worked (Figure 17).

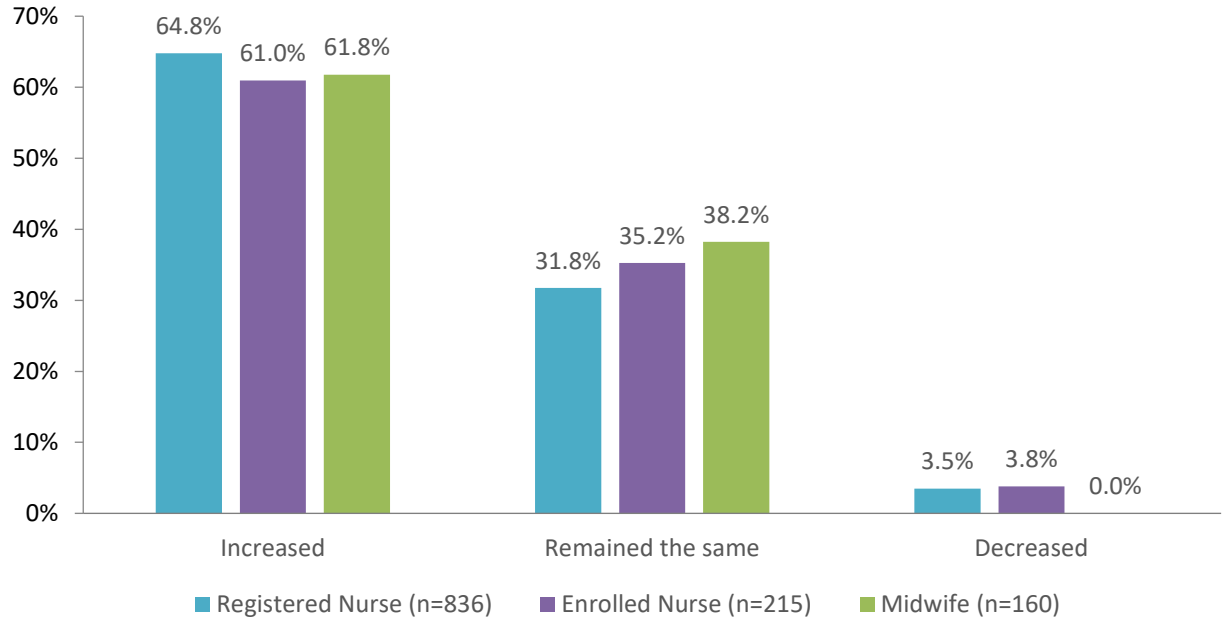


**Figure 17.** Change in average overtime worked over past year.

## Quality of care

**Quality of nursing or midwifery care on ward**

Respondents were asked to rate the quality of nursing or midwifery care on their ward, unit or clinic (Figure 18). Among both RNs and ENs the majority rated care as good or excellent (RNs = 78.7%, ENs = 76.1%). A higher proportion of midwives rated care on their ward, unit or clinic as good or excellent (82.6%). Few respondents (<5%) rated care on their ward, unit or clinic as poor.

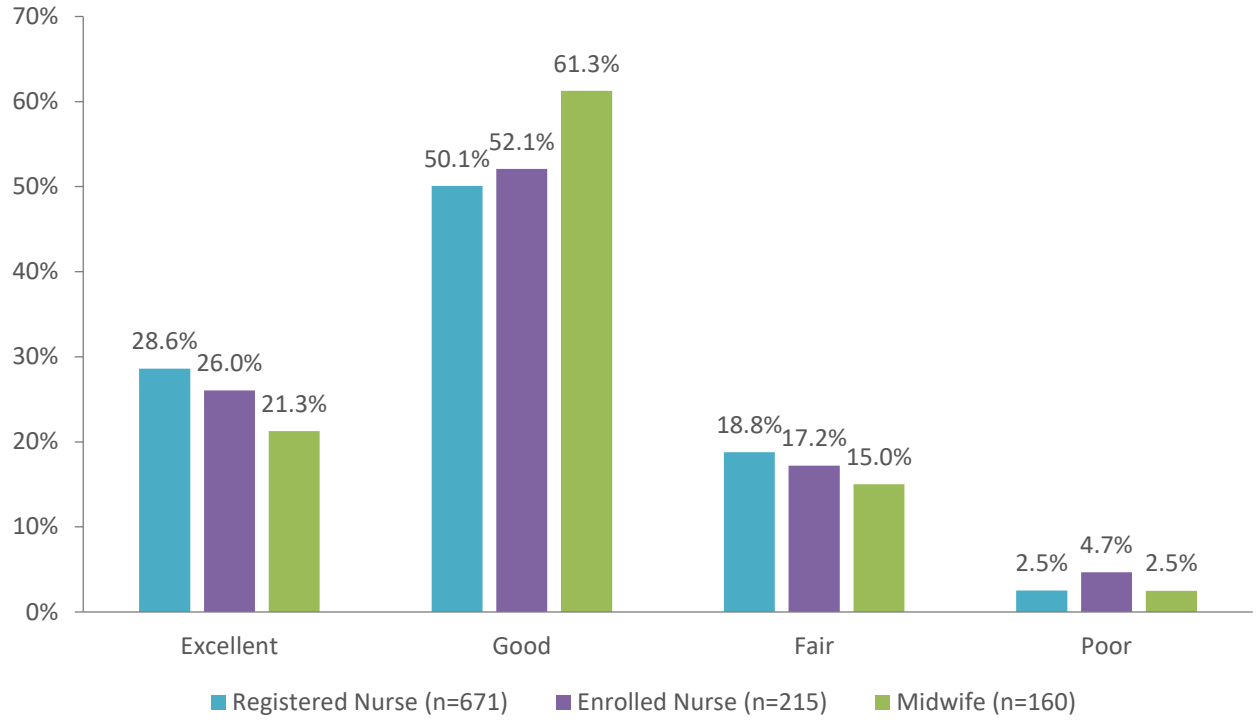


**Figure 18.** Quality of nursing/midwifery care on ward.

When asked to consider how the current quality of nursing or midwifery care on their ward compared to the quality of care one year ago (Figure 19), 10.6% (n = 71) of RNs and 14.0% (n = 30) of ENs felt that it had improved. Responses from midwives were less positive, with very few (3%) feeling that care had improved. Approximately half of RNs and ENs, and 60% of midwives felt that quality of nursing/midwifery care had remained the same. Approximately one-third of all groups thought that care had deteriorated.

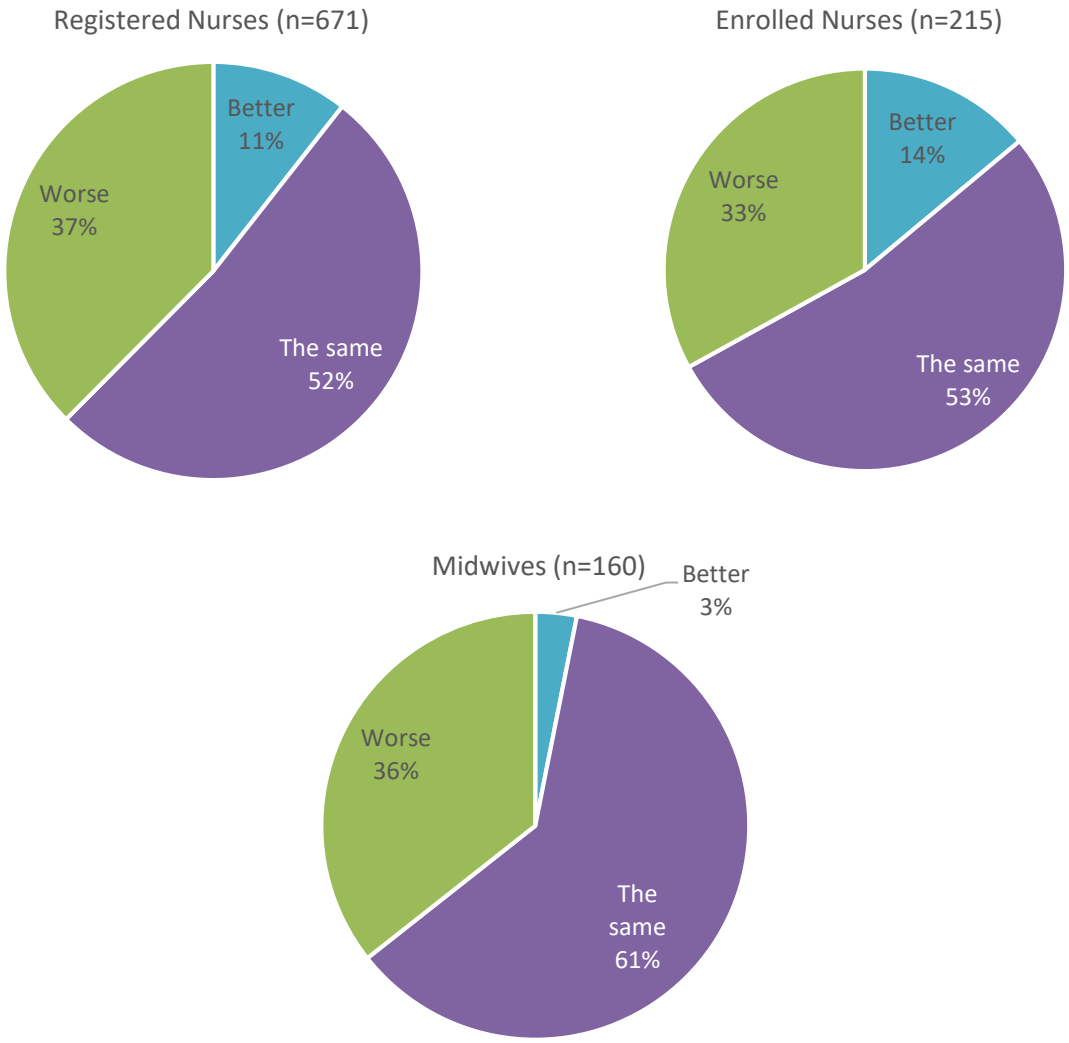


**Figure 19.** Quality of nursing/midwifery care on ward compared to one year ago.

**Commentary regarding quality of care**

Respondents were asked to expand on what they thought their work area/service did well to support the delivery of safe, high quality patient care. Two themes emerged; (i) support for fellow staff members and (ii) care and support for clients (Table 4).

**Table 4.** Emergent themes related to attributes that support high quality of care.

| Theme | Example quote |
|---|---|
| **Support for fellow staff members** | *"The senior nursing staff look after the juniors, teaching and looking out for new nursing staff."*<br><br>Age 18-24, Permanent /part-time registered nurse/midwife<br><br>*"Team leaders are generally highly skilled midwives and usually quite supportive (there are the odd exceptions). Most midwives work well as a team, supportive environment for new staff. Not always the case though."*<br><br>Age 45-54, Contract /part-time registered midwife |
| **Care and support for clients** | *"Educate and support our clients. Empower them and encourage them to be actively involved in their care."*<br><br>Age 45-54: Permanent / full-time registered nurse/midwife |

**Patient safety on ward**

Respondents were asked to rate the level of patient safety on their ward with five options ranging from excellent to failing (Figure 20). Results showed that a similar pattern emerged among RNs, ENs and midwives. The most frequent responses were very good or acceptable. Some respondents (approximately 15%) thought that patient safety was excellent. Very few respondents (<3%) thought that patient safety was failing on their ward, unit or clinic.

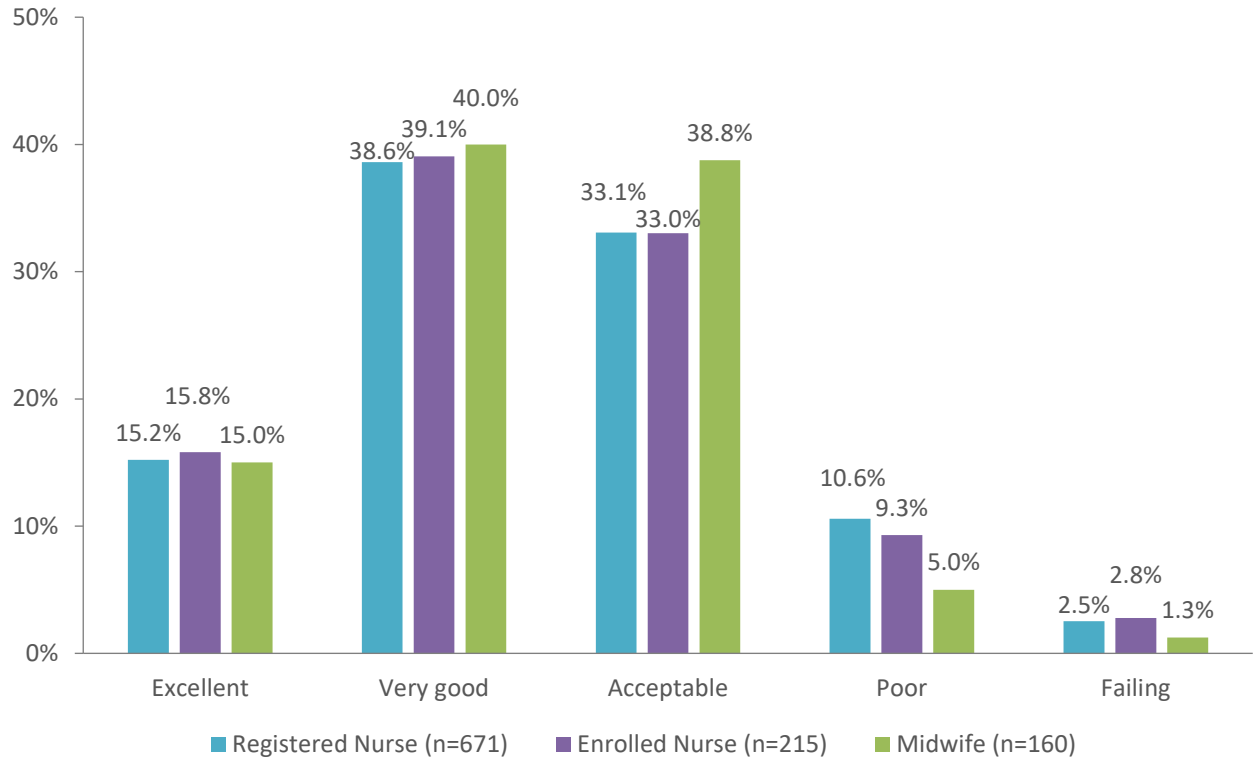


**Figure 20.** Patient safety on ward.

**Intention to recommend ward to family members**

Respondents were asked whether they would recommend their ward or unit to a family member needing health care. Of RNs (n=671) and ENs (n=215), the majority reported that they would recommend their workplace to a family member needing health care, at 69.7% and 64.2%, respectively. Of midwives (n=160), close to three quarters (73.8%) indicated that they would recommend their ward or unit to a family member needing health care.

**Commentary regarding patient/client safety**

When asked to consider what would improve patient/client safety, similar comments and themes emerged to previous open-ended questions of what was not working well or how the health system could be improved (Table 5). For example, lack of leadership/support from management, lack of staff, less administrative burden and greater focus on career development. Example comments are provided below where it is interesting to note that multiple themes may be covered in the one quote.

**Table 5.** Emergent themes related to opportunities to improve patient/client safety.

| Theme | Example quote |
|---|---|
| **Staffing levels / patient load** | *"Better management. Appropriate staffing levels. Employment of suitable staff."*<br><br>Age 65-74, Permanent /full-time registered nurse/midwife |
| **Leadership/management support** | *"Better support for nurses from management. Adequate staffing levels for the acuity of the patients."*<br><br>Age 45-54, Permanent /part-time registered nurse |
| **Tailored models of care** | *"A different working model/ framework. Country health hospitals are generalised under the same model, yet the acuity seen at each differs"*<br><br>Age 35-44, Permanent /part-time registered nurse |
| **Administrative load** | *"Increase staffing levels, increase supervisory staff (add a float on all shifts, someone who is available to check medications, help with procedures etc) decrease the load of paperwork!"*<br><br>Age 55-64: Causal/ contract registered nurse/midwife |
| **Career development opportunities** | *"More focus on staff retention, education and career opportunities. On my ward we are deliberately kept in the dark about career opportunities, leave relief for other positions and expressions of interest."*<br><br>Age 45-54: Permanent / full-time registered nurse/midwife |
| **Clinical education** | *"I work in an antenatal/gynae ward. I am a midwife and have no experience with elderly gynae. I feel inexperienced, out of my comfort zone and unsafe. I have reported my feelings to management, but I am still given these patients to care for."*<br><br>Age 55-64, Permanent /part-time registered midwife |

## Organisational issues and changes

**Organisational change**

Respondents were asked whether their workplace had been affected by any significant organisational issues or changes in the past three years (Figure 21). A similar response was observed among respondents, with the majority of RNs (82.2%), ENs (71.8%) and midwives (70.9%) reporting that their workplace has been affected by significant organisational issues or changes in the past three years.


**Figure 21.** Perceptions of significant organisational issues or changes.

**Commentary regarding how work had been affected**

People who indicated that there have been significant issues/changes in the past three years were asked to indicate what aspects of their work had been affected (Table 5). The majority of responses reflected previously identified themes of under-staffing, increase client load and administrative burden. Again, multiple themes were captured in one response by respondents.

**Table 6.** Emergent themes related to how work had been impacted by organisational change.

| Theme | Example quote |
|---|---|
| **Staffing levels / patient load** | *"New hospital, new systems, rotation of management. Regular under staffing, having to fight for accurate staffing. Problems with lack of consulting/referral services."*<br><br>Age 25-34, Permanent /fulltime clinical nurse/midwife<br><br>*"Short staffed constantly! Expectations of being a midwife are increasing by executive, keep introducing new procedures and policies/paperwork which seems to be so much more important than patient care. There IS NOT enough time in a shift to provide adequate, safe, appropriate care, education for women."*<br><br>Age 45-54, Permanent /fulltime registered midwife |
| **Healthcare reform** | *"Transforming health has changed my whole workplace into a nightmare. Ward gone from 16 beds to 24 with no extra employed staff to cover extra 8 beds. Until recently but these new staff need time to be ADAC accredited for chemo so it's very difficult. Poor staffing levels constantly."*<br><br>Age 35-44, Permanent /part-time registered nurse<br><br>*"Transforming Health has been detrimental to the health of women and their babies."*<br><br>Age 55-64, Permanent /part-time registered nurse/midwife |
| **Administrative load** | *"Nursing care-not enough time, patient care suffering. Too much paperwork and not enough time to complete it all."*<br><br>Age 18-24, Permanent / part-time registered nurse |
| **Professionally compromised** | *"Direct entry midwives relieving in medical ward. This causes significant stress on us, the patients and other staff as we are not educated, trained or experienced in this care/role."*<br><br>Age 25-34, Permanent /part-time registered midwife |

## Burnout

The Maslach Burnout Inventory for Medical Personnel (MBI-MP) was included as part of the survey as a measure of the overall emotional health of nurses and midwives. The MBI- consists of three subscales; Emotional Exhaustion (EE; feeling emotionally overextended and exhausted), Depersonalisation (DP; unfeeling and impersonal responses towards recipients of one's service) and Personal Accomplishment (PA; feelings of competence and successful achievement in one's work with people). Mean response scores by RNs (n = 705), ENs (n = 214) and midwives (n = 155) are reported in Figure 22 along with what scores equate to according to the scale score definitions.

**Emotional Exhaustion**

The average score for Emotional Exhaustion was 3.23 (SD = 1.40) among RNs, 3.02 (SD = 1.44) among ENs and 3.07 (SD = 1.34) among midwives. This corresponds to feeling emotionally overextended and exhausted by one's work a few times per month.

**Depersonalisation**

The average score for Depersonalisation was 1.63 (SD = 1.30) among RNs, 1.39 (SD = 1.11) among ENs and 1.31 (SD = 1.15) among midwives. This corresponds to experiencing an unfeeling and impersonal response towards recipients of one's service more often than a few times per year, but less often than once per month.

**Personal Accomplishment**

The average score for Personal Accomplishment was 4.46 (SD = 0.95) among RNs, 4.51 (SD = 0.98) among ENs and 4.62 (SD = 0.90) among midwives. This corresponds to experiencing feelings of competence and successful achievement in one's work with people between once and a few times per week.

It is noteworthy to mention that while there is very little variation between RNs, ENs and midwives, RNs tended to score slightly worse on each measure. This may suggest that they have greater exposure to risk factors that increase indicators of burnout overall, or conversely, have reduced exposure to protective factors that mitigate burnout risk relative to ENs or midwives.

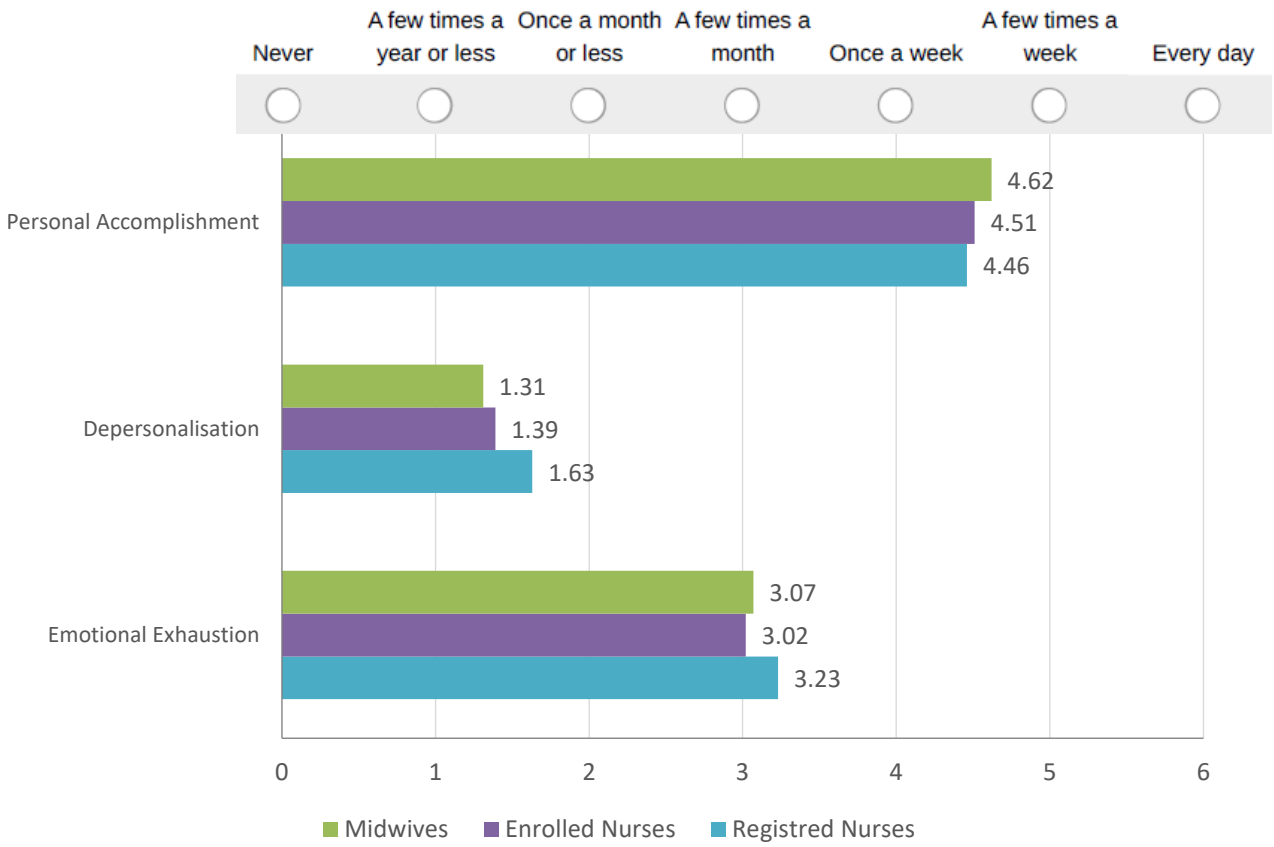


**Figure 22.** Nursing and midwifery reported levels of burnout as categorised by Personal Accomplishment, Depersonalisation and Emotional Exhaustion sub-scales.

# Discussion

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

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

## Summary of findings

Just over half of registered nurses, enrolled nurses and midwives reported being satisfied or very satisfied with their current position, while approximately one quarter were dissatisfied or very dissatisfied. Irrespective of their current position, around three-quarters of registered nurses, enrolled nurses and midwives were satisfied or very satisfied with their profession. These data suggest that there is greater satisfaction with being a nurse or midwife in the community, but that the present position held by people is not necessarily meeting their expectations. This is reinforced by responses to other questions discussed below.

Despite the high level of self-reported satisfaction, a number of critical and negative responses to open-ended questions about job satisfaction were provided, including by participants who had indicated that they were satisfied with their position. Common issues raised were workload burden (resulting in stress, exhaustion and burnout), staff shortages, lack of permanence and dissatisfaction with contracts, lack of support and recognition from management, inadequate skills mix and staff ratios, and lack of time for patient care most often due to under staffing and administrative burden. Participants who reported being very satisfied with their position described positive experiences of working with supportive teammates and managers and being rewarded and fulfilled through the provision of patient care.

Some of the issues raised in the open-ended responses were also evident in participants' responses to the Practice Environment Scale (PES). Among registered nurses, enrolled nurses and midwives the practice environment was rated favourably on one subscale; Collegial Nurse-Doctor Relations, and unfavourably on two subscales; Nurse Participation in Hospital Affairs, and Staffing and Resource Adequacy. According to the three-level classification introduced by Lake and Friese (2006), practice environments that rate favourably on no or only one subscale are classified as unfavourable.

Around one third of registered nurses, enrolled nurses and midwives planned to leave their current employment within the next one to five years while 10-15% planned to leave within the next 12 months. This is comparable to the estimated annual rate of nurse turnover in Australia of 15.1% (Roche et al., 2015) as well as the 10-20% range documented in studies in England (Morris, 2006) and Canada (O-Brien-Pallas et al., 2010). Of those who intended to leave, more than one third of enrolled nurses and close to 40% of registered nurses planned to find another job in nursing, while between 12-17% planned to retire or leave the nursing profession. Among midwives who intended to leave their position, fewer planned to find another midwifery job while more planned to retire (27% and 29% respectively) and 12% planned to leave the profession. Participants who reported intending to leave the profession frequently reported being neutral, dissatisfied or very dissatisfied with their present position. Even among participants who were presently satisfied or very satisfied with their employment; burnout, heavy workload, stress, and lack of staffing were issues commonly cited as reasons for leaving the profession. This is problematic for future

workforce retention given the substantial evidence supporting a link between increases in job demands or work overload and burnout, which is a key predictor of nurses' intentions to leave (Chan et al., 2013)

Feeling unsupported and undervalued by management was one of the most commonly reported reasons for intending to leave the nursing profession. This was often linked to pressures from hospital or health system managers and government, and in some instances the union. Lack of support and respect was also linked frequently with feelings of being constrained in delivering patient care due to increasing demands of 'non-nursing' work such as paperwork, administration and education tasks perceived as being focused on compliance rather than improvement. Many participants appeared to be disillusioned with the profession due to its shift from focusing on delivering patient-centred care to undertaking such tasks, and frustrated by the resulting lack of time available to provide basic patient care. They also perceived that nursing managers received greater recognition for administrative work than the provision of care and were more focused on reports, statistics and their own careers than in providing care or supporting their staff to do so.

Mean scores for the MBI suggested that registered nurses, enrolled nurses and midwives experienced feelings of emotional exhaustion a few times a month. Feelings of personal accomplishment were reported on average between once and a few times per week, which may reflect resilience and satisfaction with aspects of their day-to-day nursing/midwifery role and interactions with patients, irrespective of the broader workplace issues. In open ended-responses many participants reported feeling unable to cope with their workload or provide a suitable level of patient care due to physical and emotional exhaustion, increased work demands, lack of staff, inadequate skills mix and poor rostering. Safety issues and fear of physical injury due to lack of appropriate staffing was also raised. Despite these concerns, most participants rated the level of patient safety and quality of care on their ward positively. Around two-thirds of registered and enrolled nurses and 75% of midwives said that they would recommend their ward to a family member needing health care. More than three quarters of registered and enrolled nurses and more than 80% of midwives rated the quality of care on their ward as excellent or good, and more than half of all participants rated the level of patient safety on their ward as excellent or very good. Around one third of registered nurses, enrolled nurses and midwives thought that the quality of care on their ward had diminished in the past year, which was consistent with negative comments regarding the impacts of organisational change.

More than 70% of enrolled nurses and midwives, and more than 80% of registered nurses indicated that their workplace had been affected by significant organisational issues or changes in the past three years. Changes commonly described were significant health system reform/relocation, new systems and management, increased workload, and staff shortages. Open-ended responses revealed that some participants felt that changes such as Transforming Health and EPAS were catalysts for falling standards of care and the introduction of further complexity that nurses and midwives who were already feeling stretched to the limit physically and emotionally cannot cope with.

Many participants also linked the shift from patient-centred clinical care to paperwork and 'box-ticking' education tasks to lack of time to provide basic patient care on the wards and back to a perception that managers were largely focussed upon statistics, reports, their own careers than in providing care themselves or supporting their staff to do so.

## Study limitations

**Study design**

This cross-sectional survey was conducted in order to capture a "snapshot" of the current environment and thus it was not possible to determine directions of causality between observations or capture for how long some of these challenges have been experienced. However, based on open-ended responses, it appears that many of the issues raised have been chronic challenges that are not necessarily improving.

The survey was also designed to ask questions that could apply widely to areas of nursing and midwifery. This allowed for easier analysis of aggregate results but necessitated not using nuanced or tailored questions for particular areas (e.g. primary care, midwifery), which may have elucidated more specific information.

**Survey response numbers**

The survey was promoted through different media channels available to the ANMF (SA Branch) (e.g. email, online newsletters) with the intention that the survey would be widely disseminated among the nursing and midwifery professions in SA. However, it was not possible to track distribution, so a response rate cannot be determined. So while the number of respondents is satisfactory for a population survey (1,000-2,000 people usually provides a stable representation of responses assuming no bias), it was still only a small proportion of nurses and midwives overall and may not necessarily be representative of all nurses and midwives across SA.

A second limitation is that drill-down analysis by demographic or other categories (e.g. by LHN) may risk introducing bias into the results. While this can still be performed, any conclusions drawn from the patterns in the data should be treated with caution.

**A note on open-ended responses**

Respondents rarely provided long positive responses but rather focussed on challenges they faced even when they had noted that they were satisfied or very satisfied with their position. Self-reported satisfaction therefore may not be a reliable indicator that respondents did not feel that their position was without challenges. Indeed, challenges that related to self-reported satisfaction expressed by participants reporting across the spectrum of very dissatisfied to very satisfied exhibited marked similarities in terms of content.

It was also observed that while the same workplace issues were raised by participants reporting varying degrees of satisfaction, the severity with which it was expressed appeared to differ. This supports a common-sense assumption that the degree to which a workplace issue is experienced correlates with overall job satisfaction.

## Conclusion

The *2017 Nursing and Midwifery Workforce Climate Survey* identifies that nurses and midwives have been negatively impacted by recent changes to the health system, and within their organisation and individual work units. They report having to do more with less in an environment where they feel unsupported by management and other support structures. Although many nurses and midwives are satisfied with their chosen profession, fewer appeared to be satisfied with their current position and aspects of their work environment and in particular chronic under-staffing. Nearly half of the nurses surveyed indicated that they were looking for another job or for opportunities outside the profession. There is a risk of burnout among the profession with nurses and midwives reporting emotional exhaustion. Feelings of personal

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

## Recommendations

The results from this survey reinforce feedback from those working in the health sector in SA of an environment of uncertainty and instability created through sector reform, lack of leadership, lack of purpose and shared vision, organisational constraints (e.g. lack of resources) resulting in increasing workload burden, disconnect between management/health system administration and clinical staff, administrative burden, and constraints on professional development and promotion.

**Key recommendations for the sector**

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

**Dissemination**

- Share the report with SA Health and Local Health Network key personnel as part of progressing other recommendations made in this report for the benefit of the SA health system.
- Develop dashboard reports for use by SA Health and Local Health Network key personnel for their own internal planning, reporting and communication purposes.
- Publish summary report of findings in an appropriate ANMF (SA Branch) communique as a mechanism for providing information back to respondents and encouraging future survey contribution.

**Research, evaluation and monitoring**

- Consider further exploratory research to understand the impact of identified key themes on the climate of the nursing and midwifery workforce.
- All programs invested in to address workplace culture or climate in the South Australian healthcare system be evaluated including the medium to long-term outcomes and impact the programs are having on the nursing and midwifery workforce.
- This survey is repeated on a triennial basis to monitor workplace climate as reported by nurses and midwives working in SA.

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# Appendix 1: South Australian Nurses and Midwives Survey

**Thank you for participating in this research study**

Dear Nurse and/or Midwife,

You are invited to take part in a survey about your work environment and wellbeing. The aim of the survey is to find out how you are feeling about your work and how you have been impacted by health system reform in recent years. You will be asked questions about you, your role, and your work environment. It will take approximately 20 minutes.

The survey is voluntary and anonymous and is being offered to nurses and midwives in South Australia, who are members of the ANMF (SA Branch). It is an opportunity to make your voice heard. The information you provide will go directly to the researchers. Your participation will not affect your membership or relationship with ANMF (SA Branch) in any way. By completing and submitting the survey you are giving your consent to participate.

You may not benefit directly from the research however the findings will identify areas where nurses and midwives may be adversely affected by their work environment and this information will inform strategies for how to better support and retain nurses and midwives in South Australia. There is no known risk or discomfort associated with participating. If you wish, you may leave the survey at any time. The findings from the research may be published in reports, academic journals and presented at conferences.

The study has been approved by the University of South Australia Human Research Ethics Committee (ID 200184). If you have any questions regarding this study, please contact Nadia Corsini (8302 9989, nadia.corsini@unisa.edu.au). If you wish to make a complaint about this study please contact the Executive Officer of the Human Research Ethics Committee (8302 3118, humanethics@unisa.edu.au). A summary of the findings will be made available upon request to Nadia Corsini.

Yours sincerely,

Professor Marion Eckert
Director, Rosemary Bryant AO Research Centre
on behalf of other study investigators

Dr Nadia Corsini, Ms Pam Adelson, Mr Greg Sharplin (Rosemary Bryant AO Research Centre), Mr Rob Bonner (Australian Nursing and Midwifery Federation, SA Branch)

## ABOUT YOU

1. What is your age?
   - ○ 18 to 24
   - ○ 25 to 34
   - ○ 35 to 44
   - ○ 45 to 54
   - ○ 55 to 64
   - ○ 65 to 74
   - ○ 75 or older

2. How do you describe yourself?
   - ○ Female
   - ○ Male
   - ○ Transgender
   - ○ Do not identify as male, female or transgender

3. Are you an Aboriginal or Torres Strait Islander?
   - ○ No
   - ○ Yes, Aboriginal
   - ○ Yes, Torres Strait Islander
   - ○ Yes, both Aboriginal and Torres Strait Islander
   - ○ Prefer not to say

4. What is your country of birth?
   - ○ Australia
   - ○ England
   - ○ New Zealand
   - ○ Other (please specify)_____

## YOUR NURSING AND MIDWIFERY EDUCATION

5. In what country did you receive your basic nursing and/or midwifery education?

- ○ Australia
- ○ England
- ○ New Zealand
- ○ Other (please specify)_____

6. What is the highest nursing and/or midwifery qualification you have?

- ○ Hospital Certificate
- ○ Bachelor degree
- ○ Postgraduate certificate
- ○ Postgraduate diploma
- ○ Masters degree
- ○ Doctorate
- ○ PhD
- ○ Other (please specify)_____

7. What best describes your nursing category?

- ○ Registered Nurse
- ○ Registered Midwife
- ○ Registered Nurse and Midwife (dual qualification)
- ○ Enrolled Nurse
- ○ Other (please specify)_____

## YOUR WORK

8. How many years have you worked as a nurse and/or midwife?

- ○ Less than 1 year
- ○ 1 – 4 years
- ○ 5 – 10 years
- ○ 11 – 20 years
- ○ 21 – 30 years
- ○ 31 years or more

9. Which of the following best describes your CURRENT PRIMARY role?

- ○ Patient or client care
- ○ Administration
- ○ Teaching/Education
- ○ Research
- ○ Other (please specify)_____

10. Which of the following best describes your work setting?

- ○ Hospital (excluding outpatients)
- ○ Community health care service (excluding indigenous)
- ○ Residential health care facility
- ○ Outpatient services
- ○ Indigenous health services
- ○ Correctional services
- ○ Tertiary educational facility
- ○ General Practitioner (GP) practice
- ○ Other government department or agency
- ○ Rehabilitation
- ○ Other (please specify)_____

11. What is your classification?

- ○ Enrolled Nurse (certificate) – not authorised in medication administration
- ○ Enrolled Nurse (diploma or certificate) – authorised in medication administration
- ○ Advanced Skills Enrolled Nurse
- ○ Registered Nurse/Midwife (Level 1)
- ○ Clinical Nurse/Midwife (Level 2)
- ○ Associate Nurse/Midwife Unit Manager (Level 2)
- ○ Nurse/Midwife Unit Manager, Consultant, Educator or Manager (Level 3)
- ○ Advanced Nurse/Midwife Unit Manager, Consultant, Educator or Manager (Level 4)
- ○ Nursing/Midwifery Director (Level 5)
- ○ Director of Nursing/Midwifery (Level 6)
- ○ Other (please specify)_____

12. Which network do you work in?

- ○ Central Adelaide Local Health Network
- ○ Northern Adelaide Local Health Network
- ○ Southern Adelaide Local Health Network
- ○ Women's & Children's Health Network
- ○ Country Health SA Local Health Network
- ○ Other (please specify)_____

## YOUR EMPLOYMENT AND WORK HISTORY

13. What is the name of your workplace?_____

14. What is the principal area of your main job?

- ○ Aged care
- ○ Medical
- ○ Surgical
- ○ Mixed medical/surgical
- ○ Peri-operative
- ○ Mental health
- ○ Critical care
- ○ Emergency
- ○ Community/primary health care nursing
- ○ Maternity care
- ○ Practice nursing
- ○ Management
- ○ Rehabilitation and disability
- ○ Paediatrics
- ○ Education
- ○ Child and family health
- ○ Palliative care
- ○ Research
- ○ Drug and alcohol
- ○ Health promotion
- ○ Policy

- ○ Postnatal care
- ○ Care during labour and birth
- ○ Continuum of midwifery care
- ○ Antenatal care
- ○ Neonatal care
- ○ Other (please specify)_____

15. Do you currently work…
    - ○ Part time
    - ○ Full time
    - ○ Other (please specify)_____

16. Are your current working hours…
    - ○ A lot more than you would like
    - ○ A bit more than you would like
    - ○ About right
    - ○ A bit less than you would like
    - ○ A lot less than you would like

17. Is your employment…
    - ○ Permanent
    - ○ Contract
    - ○ Casual
    - ○ Other (please specify)_____

18. Overall how satisfied are you with your present position?
    - ○ Very satisfied
    - ○ Satisfied
    - ○ Neutral
    - ○ Dissatisfied
    - ○ Very dissatisfied

Please comment on your answer._____

_____

19. Independent of your present position, how satisfied are you with being a nurse/midwife?

- ○ Very satisfied
- ○ Satisfied
- ○ Neutral
- ○ Dissatisfied
- ○ Very dissatisfied

20. If you were looking for another job in nursing in SA how easy or difficult do you think it would be…

- ○ Very easy
- ○ Fairly easy
- ○ Fairly difficult
- ○ Very difficult

21. Do you plan to leave your current nursing/midwifery position?

- ○ No plans to leave within the next 5 years
- ○ Yes, within the next 12 months
- ○ Yes, within the next 1 – 5 years

## LEAVING THE PROFESSION

22. Do you plan to exit the nursing/midwifery profession to work in another field? If you are leaving to retire please tick 'N/A - I am retiring'

- ○ No
- ○ Yes
- ○ Undecided
- ○ N/A – I am retiring

23. If you intend to exit the profession to move to another field can you please comment on the reason(s) why?

_____

_____

## WORK HOURS AND OVERTIME

24. How many years have you worked as a Registered Nurse/Midwife?

- ○ Less than 1 year
- ○ 1 – 4 years
- ○ 5 – 10 years
- ○ 11 – 20 years
- ○ More than 20 years

25. How many years have you worked as a Registered Nurse/Midwife or Enrolled Nurse on YOUR CURRENT WARD/UNIT/CLINIC?

- ○ Less than 1 year
- ○ 1 – 4 years
- ○ 5 – 10 years
- ○ 11 – 20 years
- ○ More than 20 years

26. Is your immediate supervisor a Nurse or Midwife?

- ○ Yes
- ○ No

27. In the past YEAR how many hours PER WEEK did you work on your ward/unit/clinic?
_____ (please enter whole numbers)

28. In the past WEEK how many hours did you work PAID overtime?
_____ (please enter whole numbers)

29. In the past WEEK how many hours did you work UNPAID overtime?
_____ (please enter whole numbers)

30. On average over the past year has the amount of overtime you have worked...

- ○ Increased
- ○ Remained the same
- ○ Decreased
- ○ Not applicable

## IMPACT OF RECENT CHANGES TO YOUR WORK

*The following section asks about the impact of any recent organisational changes*

31. Has your work been affected by any significant workplace organisational issues/changes in the past three years?

- ○ Yes
- ○ No

32. If yes, please explain which aspects of your work have been affected and what the impact has been?

_____

_____

33. How have you felt the issue/change was managed?

_____

_____

34. Can you comment on the learning and training support that was available to nurses and midwives to support the issue/change(s)?

_____

_____

35. How would you describe the culture within your ward/unit/clinic with respect to managing significant issues/change(s)?

_____

_____

## YOUR WORK ENVIRONMENT

36. Please rate your agreement with the following statements to indicate whether the factor is present in your current job.

| Statement | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| Staff nurses/midwives are involved in the internal governance of the hospital (e.g., practice and policy committees) | ☐ | ☐ | ☐ | ☐ |
| Opportunity for nurses/midwives to participate in policy decisions | ☐ | ☐ | ☐ | ☐ |
| Opportunities for advancement | ☐ | ☐ | ☐ | ☐ |
| Administration that listens and responds to employee concerns | ☐ | ☐ | ☐ | ☐ |
| A director of nursing/midwifery who is highly visible and accessible to staff | ☐ | ☐ | ☐ | ☐ |
| Career development/clinical ladder opportunity | ☐ | ☐ | ☐ | ☐ |
| Nurses/midwifery administrators consult with staff on daily problems and procedures | ☐ | ☐ | ☐ | ☐ |
| Nurses/midwives have the opportunity to serve on hospital and nursing committees | ☐ | ☐ | ☐ | ☐ |
| A director of nursing/midwifery equal in power and authority to other top-level hospital executives | ☐ | ☐ | ☐ | ☐ |
| An active quality assurance program | ☐ | ☐ | ☐ | ☐ |
| A preceptor program for newly hired nurses/midwives | ☐ | ☐ | ☐ | ☐ |
| Care is based on a nursing/midwifery model rather than a medical model | ☐ | ☐ | ☐ | ☐ |
| Patient care assignments that foster continuity of care, same nurse/midwife cares for the patient from one day to the next | ☐ | ☐ | ☐ | ☐ |
| A clear philosophy of nursing/midwifery that pervades the patient care environment | ☐ | ☐ | ☐ | ☐ |
| Written, up-to-date nursing/midwifery care plans for all patients | ☐ | ☐ | ☐ | ☐ |
| High standards of nursing/midwifery care are expected by the administration | ☐ | ☐ | ☐ | ☐ |
| Active staff development or continuing education programs for nurses/midwives | ☐ | ☐ | ☐ | ☐ |
| Working with nurses/midwives who are clinically competent | ☐ | ☐ | ☐ | ☐ |
| A nurse/midwife manager who is a good manager and leader | ☐ | ☐ | ☐ | ☐ |
| A nurse/midwife manager who backs up the nursing staff in decision making, even if the conflict is with a doctor | ☐ | ☐ | ☐ | ☐ |
| A supervisory staff that is supportive of the nurses/midwives | ☐ | ☐ | ☐ | ☐ |
| Praise and recognition for a job well done | ☐ | ☐ | ☐ | ☐ |

| Statement | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| Enough staff to get the work done | ☐ | ☐ | ☐ | ☐ |
| Enough registered nurses/midwives to provide quality patient care | ☐ | ☐ | ☐ | ☐ |
| Adequate support services allow me to spend time with my patients | ☐ | ☐ | ☐ | ☐ |
| Enough time and opportunity to discuss patient care problems with other nurses/midwives | ☐ | ☐ | ☐ | ☐ |
| A lot of teamwork between nurses/midwives and doctors | ☐ | ☐ | ☐ | ☐ |
| Doctors and nurses/midwives have good working relationships | ☐ | ☐ | ☐ | ☐ |
| Collaboration (joint practice) between nurses/midwives and doctors | ☐ | ☐ | ☐ | ☐ |

## QUALITY OF CARE AND SAFETY

37. How would you describe the quality of nursing/midwifery care delivered on your ward/unit/clinic?

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor

38. Compared to a year ago would you say the quality of care in your ward/unit/clinic is...?

- ○ Better
- ○ The same
- ○ Worse

39. Please give your ward an overall grade on patient safety?

- ○ Excellent
- ○ Very good
- ○ Acceptable
- ○ Poor
- ○ Failing

40. How confident are you that management will act to resolve problems in patient/resident care that you report?

- ○ Very confident
- ○ Somewhat confident
- ○ Not very confident
- ○ Not at all confident

41. In the past year would you say the quality of patient care in your hospital/health service has...?

- ○ Improved
- ○ Stayed the same
- ○ Deteriorated

42. If a member of your family needed health care, would you recommend your ward/unit/clinic?

- ○ Yes
- ○ No

43. What would help improve the safety an quality of care where you work?

_____

_____

44. What does your work area/service do well to support the delivery of safe, high quality care?

_____

_____

45. Do you have any comments about the impact of new technology on patient safety and care?

_____

_____

## JOB-RELATED FEELINGS

*The purpose of this survey is to discover how various people working in human services of the helping professions view their jobs and the people with whom they work closely.*

*Because people in a wide variety of jobs will answer this survey, it uses the term recipients to refer to the people for whom you provide your service, care, treatment or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.*

46. Please indicate the response that best describes how frequently you have each feeling in relation to your current job.

| Statement | Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times a week | Every day |
|---|---|---|---|---|---|---|---|
| I feel emotionally drained from my work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel used up at the end of the workday | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel fatigued when I get up in the morning and have to face another day | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I can easily understand how my patient/client/residents feel about things | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel I treat some residents as if they are impersonal objects | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Working with people all day is really a strain for me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I deal very effectively with the problems of my patient/client/residents | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel burned-out from my work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel I'm positively influencing other people's lives | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I've become more callous towards people since I took this job | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I worry that my job is hardening me emotionally | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel very energetic | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel frustrated by my job | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel I'm working too hard on my job | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I don't really care what happens to some patients/client/residents | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Working directly with people puts too much stress on me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| I can easily create a relaxed atmosphere with my patient/client/resident | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I accomplish many worthwhile things in this job | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel exhilarated after working closely with my patient/client/resident | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel like I'm at the end of my rope | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I my work, I deal with emotional problems very calmly | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel patient/client/residents blame me for some of their problems | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |



47. Feel free to share any further information about your work and wellbeing.

_____

_____

## THANK YOU

*Thank you for taking the time to complete this survey and share your views.*

48. Were you aware of the Rosemary Bryant AO Research Centre before taking this survey?

- ○ Yes
- ○ No

## Appendix 2: Response numbers to each survey question

| | Registered nurses (RNs) | Enrolled nurses (ENs) | Midwives |
|---|---|---|---|
| **Demographics** | | | |
| **Age** | **1140** | **371** | **268** |
| **18 to 24** | 55 | 14 | 9 |
| **25 to 34** | 265 | 57 | 39 |
| **35 to 44** | 221 | 65 | 50 |
| **45 to 54** | 324 | 129 | 72 |
| **55 to 64** | 251 | 102 | 94 |
| **65 to 74** | 23 | 4 | 4 |
| **75 or older** | 1 | 0 | 0 |
| | | | |
| **Gender** | **1140** | **371** | **268** |
| **Female** | 1043 | 351 | 263 |
| **Male** | 96 | 20 | 5 |
| **Do not identify as female, male or transgender** | 1 | 0 | 0 |
| | | | |
| **Country of birth** | **1140** | **371** | **268** |
| **Australia** | 902 | 308 | 205 |
| **United Kingdom** | 121 | 37 | 31 |
| **New Zealand** | 14 | 1 | 2 |
| **Other** | 103 | 25 | 30 |
| | | | |
| **Country where they received their nursing and/or midwifery education** | **1140** | **371** | **268** |
| **Australia** | 1039 | 365 | 236 |
| **United Kingdom** | 51 | 2 | 14 |
| **New Zealand** | 9 | 0 | 1 |
| **Other** | 41 | 4 | 17 |
| | | | |
| **Highest nursing and/or midwifery qualification** | **1140** | **371** | **268** |

| | Registered nurses (RNs) | Enrolled nurses (ENs) | Midwives |
|---|---|---|---|
| **Hospital certificate** | 108 | 61 | 46 |
| **Bachelor degree** | 509 | 10 | 127 |
| **Postgraduate certificate** | 200 | 11 | 31 |
| **Postgraduate diploma** | 241 | 126 | 29 |
| **Masters degree** | 70 | 0 | 27 |
| **Doctorate** | 0 | 0 | 1 |
| **PhD** | 7 | 0 | 0 |
| **Other** | 5 | 163 | 7 |
| | | | |
| **Years worked as a nurse and/or midwife** | **1109** | **365** | **260** |
| **Less than 1 year** | 37 | 23 | 5 |
| **1-4 years** | 117 | 61 | 27 |
| **5-10 years** | 234 | 109 | 46 |
| **11-20 years** | 247 | 56 | 42 |
| **21-30 years** | 187 | 54 | 45 |
| **31 years or more** | 287 | 62 | 95 |
| | | | |
| **Employment and working hours** | | | |
| **Employment status** | **901** | **301** | **217** |
| **Permanent** | 729 | 237 | 177 |
| **Contract** | 97 | 19 | 19 |
| **Casual** | 57 | 43 | 16 |
| **Other** | 18 | 2 | 5 |
| | | | |
| **Employment type** | **901** | **301** | **217** |
| **Full-time** | 287 | 65 | 52 |
| **Part-time** | 575 | 206 | 154 |
| **Other** | 39 | 30 | 11 |
| | | | |
| **Network of employment** | **1109** | **365** | **260** |
| **CALHN** | 314 | 102 | 22 |

| | Registered nurses (RNs) | Enrolled nurses (ENs) | Midwives |
|---|---|---|---|
| **NALHN** | 103 | 56 | 32 |
| **SALHN** | 254 | 56 | 47 |
| **WCHN** | 52 | 11 | 65 |
| **CHSALHN** | 219 | 94 | 62 |
| **Other** | 167 | 46 | 32 |
| | | | |
| **Hours worked per week** | **836** | **275** | **199** |
| **<8 hours** | 12 | 6 | 1 |
| **8-17 hours** | 45 | 20 | 19 |
| **18-27 hours** | 161 | 67 | 39 |
| **28-37 hours** | 378 | 131 | 98 |
| **38 hours and over** | 240 | 51 | 42 |
| | | | |
| **Are your current working hours…?** | **901** | **301** | **217** |
| **A lot more than you would like** | 128 | 33 | 31 |
| **A bit more than you would like** | 241 | 66 | 59 |
| **About right** | 462 | 158 | 116 |
| **A bit less than you would like** | 60 | 38 | 9 |
| **A lot less than you would like** | 10 | 6 | 2 |
| | | | |
| **Satisfaction with job and intentions to leave** | | | |
| **Satisfaction with current position** | **901** | **301** | **217** |
| **Very satisfied** | 100 | 38 | 34 |
| **Satisfied** | 390 | 117 | 90 |
| **Neutral** | 201 | 68 | 36 |
| **Dissatisfied** | 154 | 62 | 43 |
| **Very dissatisfied** | 56 | 16 | 14 |
| | | | |
| **Satisfaction with nursing/midwifery profession, independent of present position** | **901** | **301** | **217** |
| **Very satisfied** | 248 | 92 | 68 |
| **Satisfied** | 418 | 125 | 96 |

| | Registered nurses (RNs) | Enrolled nurses (ENs) | Midwives |
|---|---|---|---|
| **Neutral** | 144 | 45 | 30 |
| **Dissatisfied** | 73 | 35 | 21 |
| **Very dissatisfied** | 18 | 4 | 2 |
| | | | |
| **Perceived difficulty of finding another job in nursing/midwifery in SA** | **901** | **301** | **217** |
| **Very easy** | 24 | 6 | 4 |
| **Fairly easy** | 209 | 84 | 52 |
| **Fairly difficult** | 442 | 139 | 114 |
| **Very difficult** | 226 | 72 | 47 |
| | | | |
| **Intention to leave current position** | **901** | **301** | **217** |
| **No plans to leave within the next 5 years** | 478 | 160 | 118 |
| **Yes, within the next 12 months** | 111 | 44 | 23 |
| **Yes, within the next 1-5 years** | 312 | 97 | 76 |
| | | | |
| **Intention to leave nursing/midwifery profession** | **419** | **137** | **97** |
| **No** | 165 | 47 | 26 |
| **Yes** | 52 | 23 | 12 |
| **Undecided** | 132 | 50 | 31 |
| **Retiring** | 70 | 17 | 28 |
| | | | |
| **Overtime** | | | |
| **Change in average overtime worked over past year** | **836** | **275** | **199** |
| **Increased** | 467 | 128 | 105 |
| **Remained the same** | 229 | 74 | 65 |
| **Decreased** | 25 | 8 | 0 |
| **Not applicable** | 115 | 65 | 29 |
| | | | |
| **Organisational issues and changes** | | | |
| **Quality of nursing/midwifery care on ward** | **671** | **215** | **160** |
| **Excellent** | 192 | 56 | 34 |

| | Registered nurses (RNs) | Enrolled nurses (ENs) | Midwives |
|---|---|---|---|
| **Good** | 336 | 112 | 98 |
| **Fair** | 126 | 37 | 24 |
| **Poor** | 17 | 10 | 4 |
| | | | |
| **Quality of care on ward compared to a year ago** | **671** | **215** | **160** |
| **Better** | 71 | 30 | 5 |
| **The same** | 348 | 114 | 98 |
| **Worse** | 252 | 71 | 57 |
| | | | |
| **Patient safety on ward** | **671** | **215** | **160** |
| **Excellent** | 102 | 34 | 24 |
| **Very good** | 259 | 84 | 64 |
| **Acceptable** | 222 | 71 | 62 |
| **Poor** | 71 | 20 | 8 |
| **Failing** | 17 | 6 | 2 |
| | | | |
| **Intention to recommend ward to family members** | **671** | **215** | **160** |
| **Yes** | 468 | 138 | 118 |
| **No** | 203 | 77 | 42 |
| | | | |
| **Organisational change** | **768** | **252** | **182** |
| **Yes** | 631 | 181 | 129 |
| **No** | 137 | 71 | 53 |

Please note that denominator data for scale-based questions are provided in the text of the report.

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