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**What Nurses Want:
Analysis of the First National
Survey on Nurses' Attitudes to
Work and Work Conditions in
Australia**

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Overview

The effective attraction and retention of nursing staff is becoming significantly more important in an era of increased demand for world class health care services as a result of ageing populations, chronic diseases and longer life expectancy in Advanced Market Economies (AMEs) (Duffield & O'Brien-Pallas, 2003). However, against this backdrop there is an increasing shortage of skilled and qualified nursing staff to provide the care required. It is widely recognised that in Australia, like in many other AMEs, there is a crisis in the attraction and retention of nurses (Duffield & O'Brien-Pallas, 2003; Hogan, Moxham & Dwyer, 2007; Holland, Allen & Cooper, 2011; Johnstone, 2007; Moseley, Jeffers & Paterson, 2008). This crisis has been labelled the worst nursing shortage in the last 50 years and it has been estimated that if measures are not taken to address the problem there is likely to be a shortfall of around 31,000 nurses in Australia by the year 2062 (Armstrong, 2003; Hodges, Williams, & Carman, 2002).

Key issues cited as contributing to the shortage of nurses include high turnover rates; the high average age of nurses; low enrolment numbers in nursing courses; high workloads; poor work environments; and the movement of nurses internationally due to the mobility of nursing qualifications. Of these issues two have been cited as being particularly problematic; the high average age of nurses and changes to the nature of nursing work which have increased nursing workloads. The Australian nursing workforce is ageing with 36 per cent of the nursing workforce 50 years or older (Australian Institute of Health & Welfare (AIHW), 2011). The potential loss of experienced nurses, due to retirement is likely to exacerbate current nursing shortages, as the most qualified and experienced leave the profession. Age also influences participation in the workforce with reported trends already showing an increased proportion of nurses working part-time and a falling average number of hours worked by nurses per week as they get older (AIHW, 2011).

Changes in hospital management systems have also had a major impact on the attraction and retention of nurses with these changes fundamentally altering the nature of nursing work. Specifically, the shift to a cost control approach to managing illness, injury and disease has served to increase patient throughput and decrease

the average length of stay of patients in hospitals (Hogan, Moxham & Dwyer, 2007). This has expanded the requirement for nursing services in hospitals but in most cases this has not been accompanied by an increase in staffing levels. From an employee retention point of view this is extremely problematic as there is substantial research evidence to support a link between increases in job demands or work overload and burnout, high levels of which have been shown to increase individuals' turnover intentions (e.g., see Jourdain & Chenevert, 2010; Leiter & Maslach, 2009; Schaufeli, Bakker, & van Rhenen, 2009). So, overall the changes to nursing work would seem to have resulted in more stressful and less satisfying work that does not have the intrinsic rewards, such as satisfaction from being able to provide high, quality holistic care to patients, that nursing work used to provide (Duffield & O'Brien-Pallas, 2003).

This reduction in intrinsic rewards, that previously helped to attract and retain nurses, has also served to intensify longstanding problems such as the presence of shift work, limited career prospects, poor pay and low status in the health care sector and community, which have caused attraction and retention problems in the nursing profession historically. As a result many nurses have left the profession, with the resulting nursing shortage exacerbating the workload and stress problems of those nurses who remain and thus potentially contributing further to retention problems in the long term. It has also served to negatively impact the profession's image creating problems when it comes to attracting individuals to a nursing career.

Focus of the Study

Despite research indicating increasing stress and pressure in the work of nurses and the evidence in relation to the increasing shortfall of nurses, nation-wide studies of nurses' attitudes to their work have not previously been undertaken in Australia. This study attempts to address this issue through a comprehensive national survey covering the intrinsic and extrinsic aspects of nursing work in Australia today, and what nurses perceive are the shortfalls in their working conditions.

Executive Summary

Intention to leave the Profession

A typical business might expect a turnover rate up to 4 per cent, in a more demanding environment such as nursing estimates range of 3 per cent to 6 per cent (Cresswell, 2011). Our study found that around 15 per cent of respondents intended to leave the profession in the next 12 months. This is of serious concern as it represents not turnover at the workplace level, but intentions to leave the *nursing profession*. These high levels of intended turnover from the profession are also particularly concerning given that the majority of nurses in Australia are already aged 44 years or older and therefore a large percentage of the nursing workforce will retire in the next decade, while concurrently there are also fewer individuals choosing to embark on careers in nursing (AIHW, 2011). Hence, this level of turnover is likely to be extremely problematic when it comes to health care organisations' abilities to meet demand and retain and develop appropriate skills amongst their nursing workforce.

Satisfaction with Working Conditions

Generally, nurses were satisfied with their job or in other words enjoyed their actual role and reported that skill development was encouraged. However, it is important to note that nurses reported lower levels of job satisfaction and contentment than the broader working population. Significantly, close to half of nurses did not trust their employer to keep promises. Nurses also felt they had limited influence over important workplace decisions. Respondents also reported a generally poorer industrial relations climate, with only 41 per cent of nurses describing the climate as positive compared to 71 per cent of workers from the broader working population. This negative situation is exacerbated further when pay and conditions are examined. Only 40 per cent of nurses report being content with their pay and conditions compared with 75 per cent of workers from the broader working population. For a highly skilled workforce facing a significant skills shortage these are major issues for management to address.

Performance of Management

This is a key indicator of managerial responsiveness to its workforce and overall the figures indicate that management's performance was seen as being poor or a failure by the majority of respondents:

- In responding to issues of concern raised by nurses, only 28 per cent of respondents described this positively, compared to 59 per cent of workers from the broader working population;
- In terms of sharing power and authority, only 21 per cent of respondents reported management did a good or excellent job compared to 42 per cent of workers from the broader working population;
- In terms of pay and conditions only 36 per cent of respondents reported their employer provided good or excellent pay and conditions compared to a national average of 46 per cent;
- While 44 per cent of respondents felt management failed or did a poor job of valuing their contribution at work, with a further 29 per cent rating their employer as doing only a fair job in terms of valuing their contribution. So in total 73 per cent of respondents did not feel strongly valued by their employer.

Furthermore, in relation to making work more interesting and enjoyable:

- Forty per cent of respondents identified this as a failing of management with a further 34 per cent rating management's performance as only fair. In total therefore 74 per cent (or 3 out of 4) respondents felt their employer did not make work very interesting or enjoyable;
- Forty-three per cent of respondents believed that management failed or did a poor job of keeping them up-to-date in relation to changes at work, compared to 27 per cent who thought management did an excellent or good job in relation to this;
- Similar figures were also found regarding managements' level of support for nurses, with 42 per cent rating management's performance as a failure or poor against 27 per cent who believed management did a good or outstanding job of showing their support.

These findings highlight that there is a need for management to not only reflect on the quality of their relationship with this highly-skilled core workforce, but that they also need to consider issues associated with the style, structure and the nature of how work is organised and jobs are designed in order to integrate and use the skills of these professionals to the full. A long-term issue should be the exploration of demarcations which need to be reconsidered in the context of the development of high-performance work teams combining doctors and nurses.

Communication, Involvement and Participation at Work

Communication is a critical element of building co-operative workplace relations. The survey examined a variety of issues associated with these processes and structures.

Findings indicate that:

- The most common forms of communication were one-way and passive – for example 73 per cent of respondents said their organisation used newsletters.
- The use of more active, two-way communication ranged from 28 per cent to 59 per cent:

-	Employee involvement programs	28%
-	Semi-autonomous workgroups	43%
-	Suggestion schemes	43%
-	Joint management/employee committees	48%
-	Team briefings	54%
-	Staff meetings with senior management	59%

Generally these figures reinforce the previous points around managerial responsiveness and performance. These figures should be seen as a concern by management as there appears to be a culture of not proactively communicating and working with this core workforce. This is likely to reinforce the study's findings in relation to nurses feeling undervalued.

In relation to the issue of employee influence, as would be expected from a skilled workforce, respondents reported high levels of control over their immediate work. However, the majority of respondents (81 per cent) indicated they had little or no influence in relation to planning the way their workplace was organised or managed. Only 19 per cent of nurses reported a lot of influence compared to 40 per cent of workers from the broader working population. This reinforces the perceptions of nurses that they are undervalued by management.

Work-Related Stress

Nursing is a stressful and demanding profession, as such it would be expected that management would proactively deal with aspects that are within their influence, such as workloads and adequate staffing levels. However, lack of staffing and inadequate skill mixes were key themes in the qualitative responses given by nurses in relation to key causes of work-related stress.

Considering the issues of workloads noted previously burnout levels were also examined. Critically, over 38 per cent of respondents reported high to very high levels of burnout and stress. Whilst the nature of the job can be factored into this figure, by any comparison these are very high levels and can be linked to problems in relation to turnover and retention highlighted previously.

Overall, the survey finds a very over-stretched and undervalued workforce, with many contemplating leaving the profession. In an already under-supplied occupation the evidence from this survey indicates major problems in the near future. The key points we would make are issues of communication and value are well within the realms of management to deal with on a day-to-day basis. It can be seen therefore that organisational culture as much as resource issues need to be addressed by management to ensure they can steer away from what looks like a 'perfect storm' of labour market shortages and potential workforce crisis in the near future.

Methodology

The findings in this report are based on data from an online survey conducted independently through the Australian Nursing Federation (ANF) website between June and September 2011. Individual nurses who accessed the website were informed of the survey through a bulletin seeking their participation, which also contained a hyperlink to the survey. Potential respondents were advised that the survey was completely voluntary, anonymous and confidential and that they were able to choose not to complete any of the individual questions. A total of 640 usable responses were received from nurses currently engaged in paid work.

The survey instrument was based on previous national surveys of the broader working population conducted by two of the report's authors – the Australian Worker Representation and Participation Survey (AWRPS) (see Teicher, Holland, Pyman, & Cooper 2007 for a summary of the AWRPS) – as well as other international surveys in the field of employment (e.g., Haynes, Boxall & Macky, 2003). Questions from surveys originally used in other countries were adapted to conform to the institutional and demographic contexts in Australia.

Respondent Demographics

On average, respondents were 47 years old and the majority were female and registered nurses (RNs). Typically, respondents had 21 years of nursing service, worked 36 hours per week and most worked on permanent day/afternoon shifts, with rotating shifts the second most common type of shift worked. The majority of respondents worked in public hospitals. Whilst the responses to the survey were national, the highest number of respondents came from New South Wales and Queensland. Table 1 provides more detailed information in relation to the demographic characteristics of the respondents.

Table 1 Demographic Information for Study Respondents

Age (Mean¹)	Total Sample
Years	47
Gender (%)	
Female	89
Males	11
Job Title (%)	
Managers	6
RNs	70
ENs	13
Other	11
Time working in occupation (Mean)	
Years	21
Hours worked per week (Mean)	
Hours	36
Shift Worked (%)	
Permanent Day/Afternoon shift	52
Permanent Night shift	8
Rotating shifts	40
Double shifts	6
Organisation Type (%)	
Public Hospital	49
Private Hospital	14
Aged Care	11
Community-based Organisation	26
State (%)	
Total Sample	
New South Wales	35
Queensland	35
Tasmania	15
Victoria	10
Western Australia	4
South Australia	2

¹ A mean is an average and is calculated by summing the responses of all the participants and then dividing this total by the total number of participants.

Attitudes to Current Employment

These items asked respondents to indicate their attitudes in relation to a wide range of different work-related issues, to get a comprehensive understanding of their work and the environment within which it was undertaken.

Intention to Leave Profession

An individual's intention to leave his/her profession is often a reflection of the climate of the organisation, with exit seen as the final option for employees where they perceive they are not been treated fairly and feel this is unlikely to change in the future. The following quotes from respondents capture some of the drivers behind many of the nurses' intentions to leave the profession:

"I am thinking about leaving nursing due to the poor pay levels. Professional learning/knowledge is also not rewarded. Money comes before staffing levels "Just get on with it, everyone else does!!", with constant unpaid overtime ignored and expected."

"I am sick to death of working short staffed and being underpaid and not appreciated. My children earn more money than me working at Coles! NOT FAIR!"

"Management has a lack of understanding of the nursing role and also lack a true understanding of holistic care. There is a lack of respect shown to nurses by management who treat us like school children instead of adult professionals."

"I am planning on leaving nursing because of inadequate working conditions. For example, incompetent managers and a complete lack of respect for nursing staff from management. It is not about patient care anymore. We are expected to get the patients out at the first opportunity and take on workloads that put us and patients in danger. It is very frustrating to be told how to do our jobs!!!"

Intention to leave the profession was measured by asking respondents to indicate how likely it was that they would leave the nursing profession in the next 12 months. Respondents used a 5-point scale (0=Not Sure through to 5=Very likely) to record their responses with higher scores indicating a greater intention to leave the profession. Overall across the total sample 15 per cent of respondents indicated that they were fairly likely or very likely to leave the nursing profession in the next 12 months.

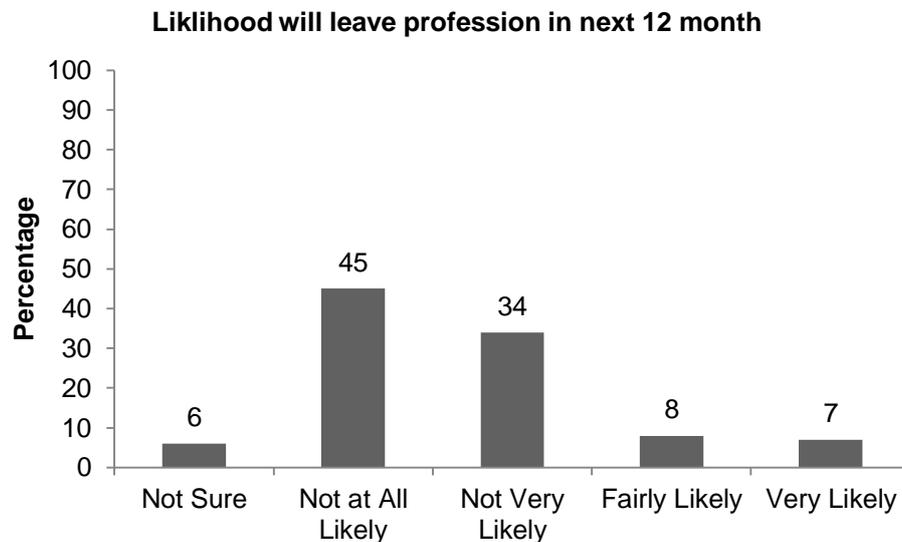
The likely turnover of 15 per cent can best be seen in the context of what might be considered the normal range of between 3 and 6 per cent (Creswell, 2011). Whilst the type and demanding nature of the work can be seen as factors that would contribute to turnover in such a profession being higher than normal workplace turnover levels (Cresswell, 2011), a turnover of 15 per cent (at the professional level) is potentially disastrous for the health care sector. Certainly, qualitative comments from respondents indicated that they were conscious that many of their colleagues were choosing to leave the profession. The following quote from a respondent is illustrative of this:

“I witness excellent nursing staff leaving the workplace all the time.”

The high numbers of individuals intending to leave nursing has the potential to create a 'perfect storm' of labour shortage in the profession in the near future, as older, experienced nurses leave the profession and there are fewer new nurses entering and staying in the system to replace them. A further danger in this situation is that the remaining nurses have their workloads increased potentially forcing even more qualified nurses out of the profession.

Intentions to Leave the Profession

(Mean=3.3; SD=1.0)



Satisfaction with Work Conditions

These items are critical because they are often seen as indicators as to why people choose to work in professions such as nursing. These items asked respondents to indicate the extent to which they felt:

- they were satisfied with their job;
- their job was secure;
- they had influence over organisational decisions;
- their employer could be trusted to meet their promises;
- employees at their organisation were encouraged to develop their skills;
- in general relations between employees and management were good;
- managers showed understanding about employees having to meet family responsibilities;
- employees where they worked received good pay and benefits.

Respondents used a 5-point scale (1=Strongly Disagree through to 5=Strongly Agree) to record their responses. Higher scores on the scale indicate higher levels of satisfaction.

As might be expected in such a profession, overall, 6 out of 10 nurses reported that they were satisfied with their current job. Importantly, over half of the respondents also felt that skill development was encouraged in their organisation. This may merely be because nurses are now required to undertake a minimum of twenty hours of professional development in order to retain their registration each year (Australian Nursing and Midwifery Council (ANMC), 2009). Most respondents also felt that managers showed understanding about employees having to meet family responsibilities. Considering the shortage of nursing staff this flexibility would be expected as would the high perceptions of job security.

Overall, respondents were less favourable in terms of whether they felt relations between employees and management at their organisation were good and whether employees at their organisation received good pay and benefits. Significantly, further analysis of the relationship between management and employees revealed that the majority of respondents indicated that they did not trust their current employer to meet their promises to them and other employees. A similar result was found in relation to the level of influence respondents felt they had over workplace decisions.

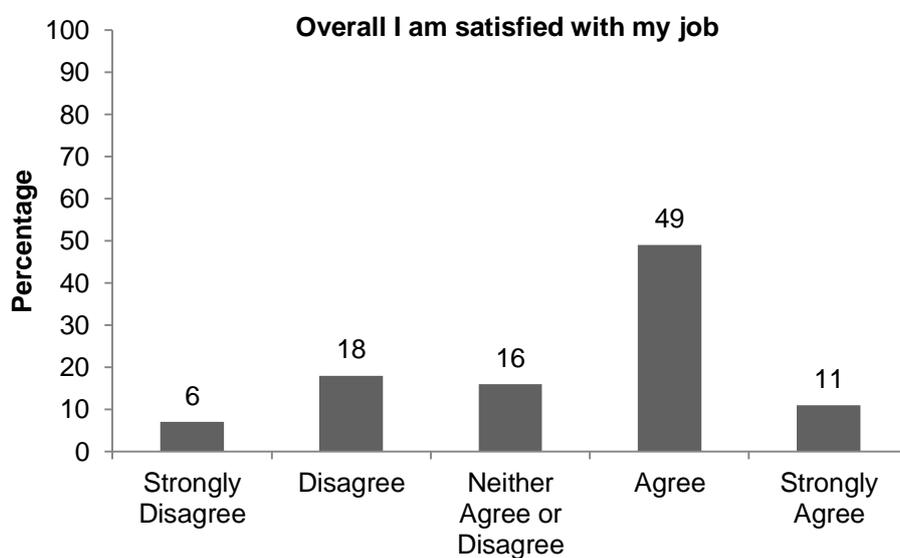
When this is linked to the importance of, and support given to, skill development there appears to be the potential for increased job dissatisfaction as skills and knowledge are either not used or acknowledged. This may be linked to a relatively high proportion (33 per cent) of respondents considering relations between employees and management to be poor or very poor.

Comparisons between the study's respondents and workers who completed the national workplace survey - Australian Worker Representation and Participation Survey (AWRPS) - revealed that overall in relation to the majority of working conditions assessed, nurses reported significantly lower levels of contentment compared to individuals from the broader working population. Specifically, nurses reported significantly lower levels of influence over decisions in their workplace, trust in management, skill development, significantly poorer industrial relations climates, lower levels of management understanding in relation to family responsibilities and lower satisfaction with pay and conditions, compared to the national average. The study's respondents also reported slightly lower levels of job satisfaction compared

to individuals from the broader working population. It was only in relation to job security that nurses reported similar levels to individuals from the broader working population.

Job Satisfaction

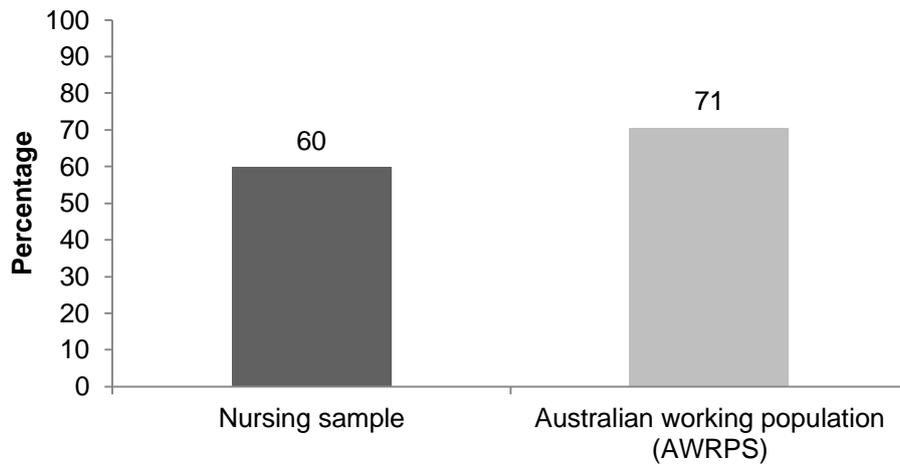
The following graph depicts the extent to which nurses were satisfied with their job. Overall, the majority of nurses indicated that they were satisfied with their job (Mean=3.4; SD=1.1).



As depicted in the next graph a comparison between the study's respondents and a national sample of workers who completed the Australian Worker Representation and Participation Survey (AWRPS) reveals that a lower percentage of nurses report being satisfied with their job as compared to individuals from the broader working population².

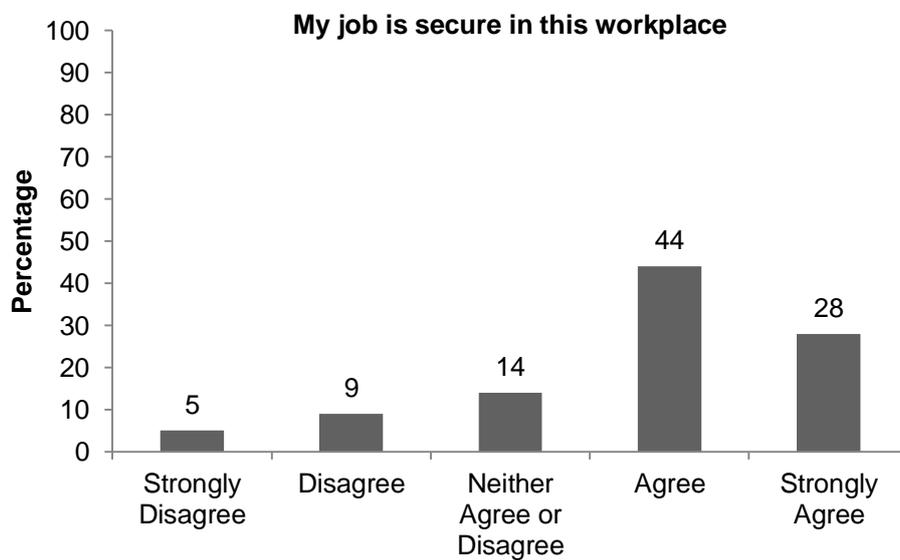
² Throughout this report, figures for the comparisons between nurses and the Australian working population were obtained by combining the percentages for the 'agree' and 'strongly agree' response categories.

Nurses' levels of job satisfaction compared to Australian working population

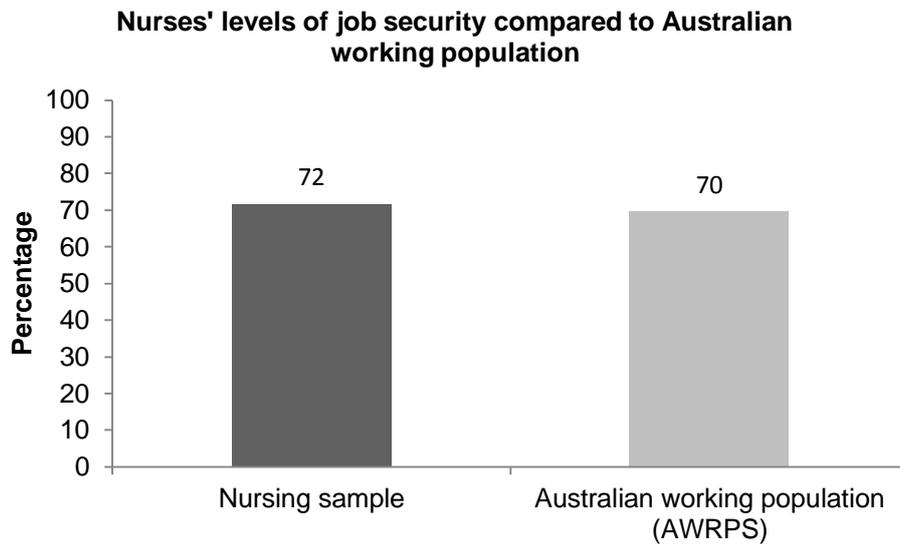


Job Security

The following graph depicts the extent to which nurses felt their current job was secure. The majority of nurses felt their job was secure (Mean=3.8; SD=1.1).

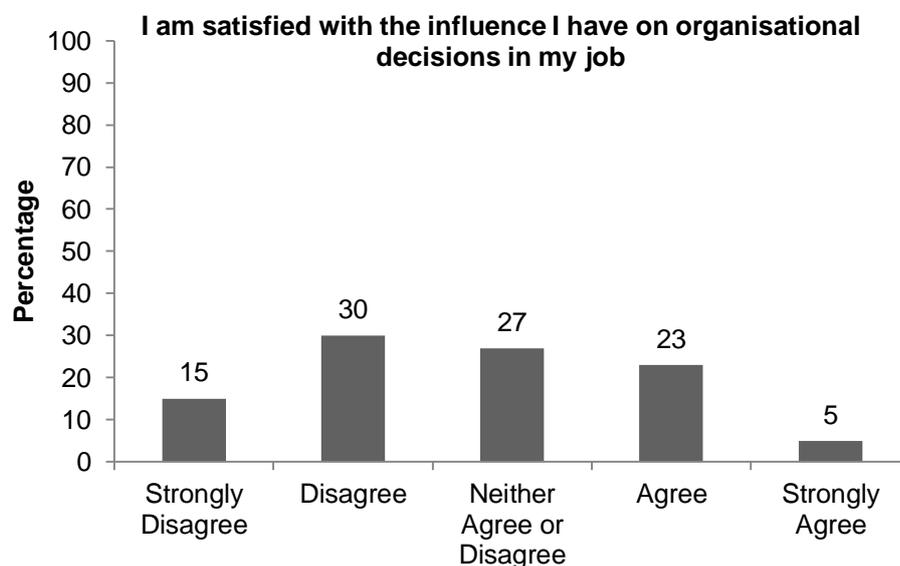


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a similar percentage of nurses report feeling secure in their job compared to individuals from the broader working population.

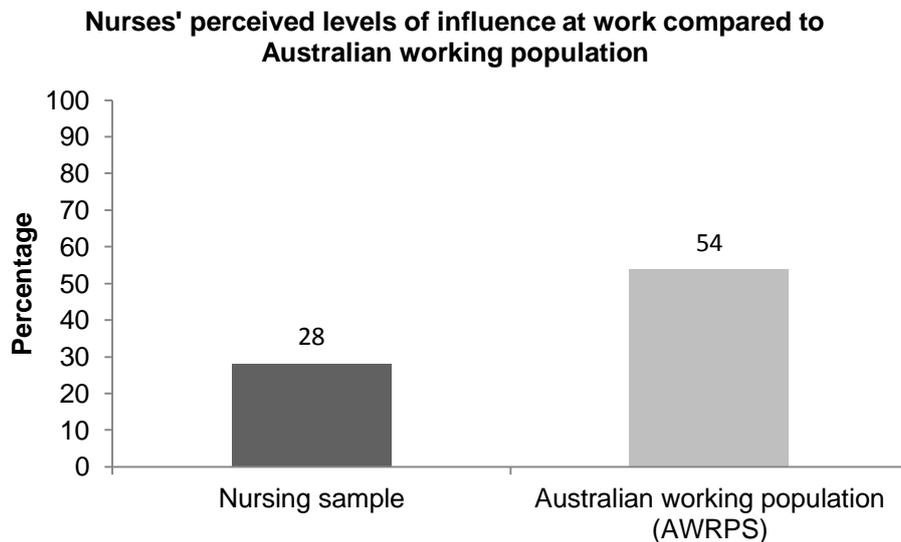


Employee Influence

The following graph depicts the extent to which respondents were satisfied with the level of influence they had over organisational decisions in their job. Close to 50 per cent of nurses reported being dissatisfied with the levels of influence they had (Mean=2.7; SD=1.1).

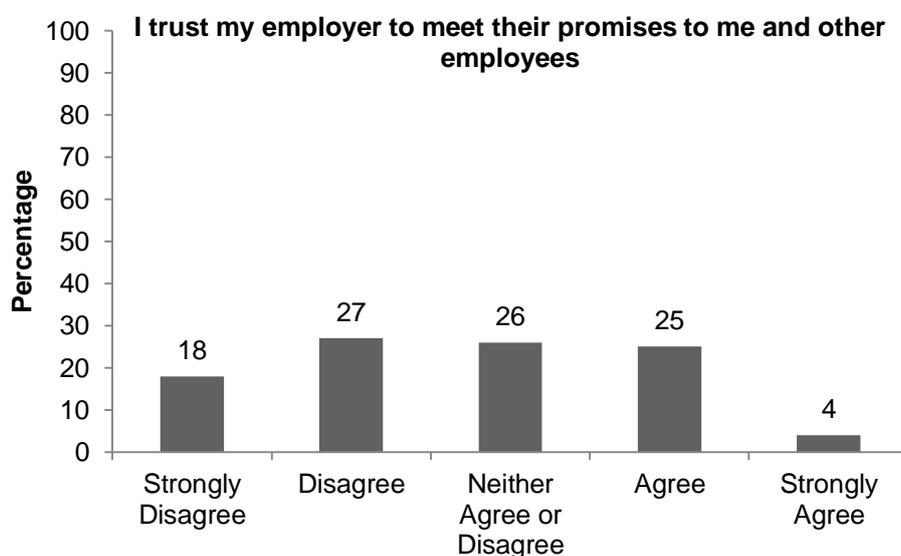


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a significantly lower percentage of nurses report feeling like they have some influence at their work compared to individuals from the broader working population.

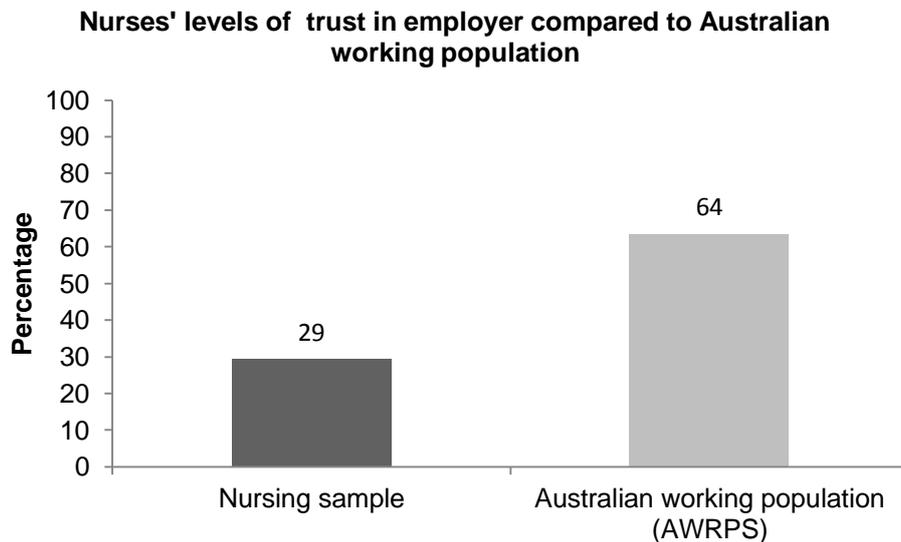


Employee Trust of Employer

The following graph depicts the extent to which respondents felt they could trust their employer to keep their promises. Overall 45 per cent of nurses felt their employer could not be trusted (Mean=2.7; SD=1.1).

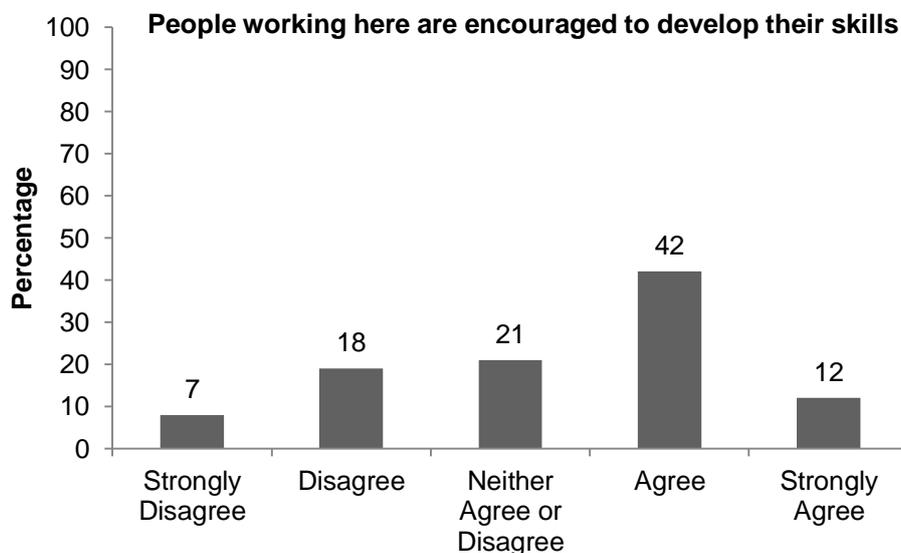


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a significantly lower percentage of nurses report feeling like they can trust their employer as compared to individuals from the broader working population.

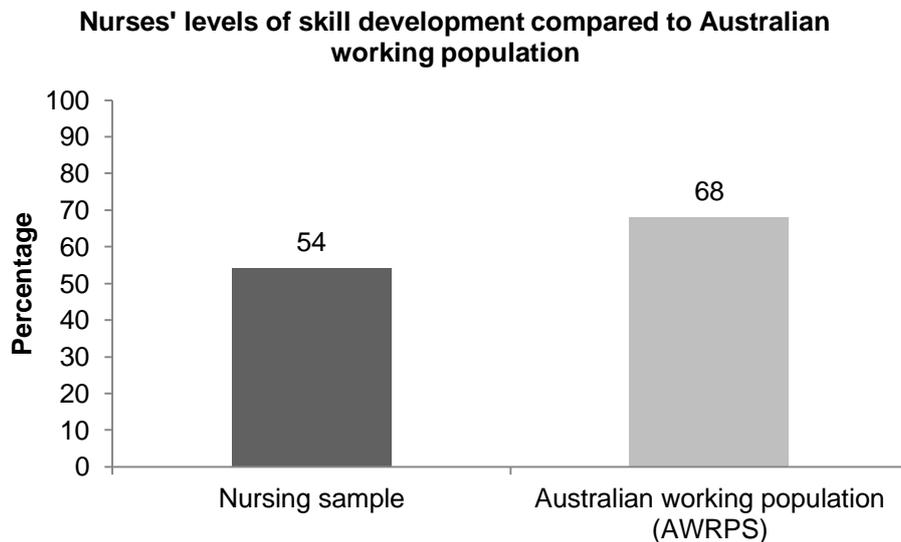


Skill Development

The following graph depicts the extent to which respondents felt employees at their organisation were encouraged to develop their skills. Overall the majority of respondents felt that skill development was encouraged at their organisation (Mean=3.3; SD=1.1).

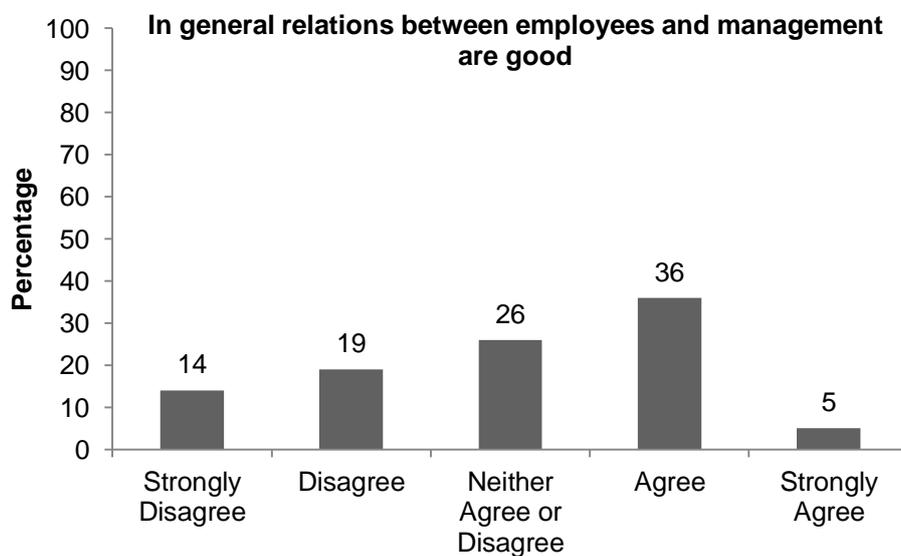


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a lower percentage of nurses report feeling like there are good opportunities for skill development compared to individuals from the broader working population.

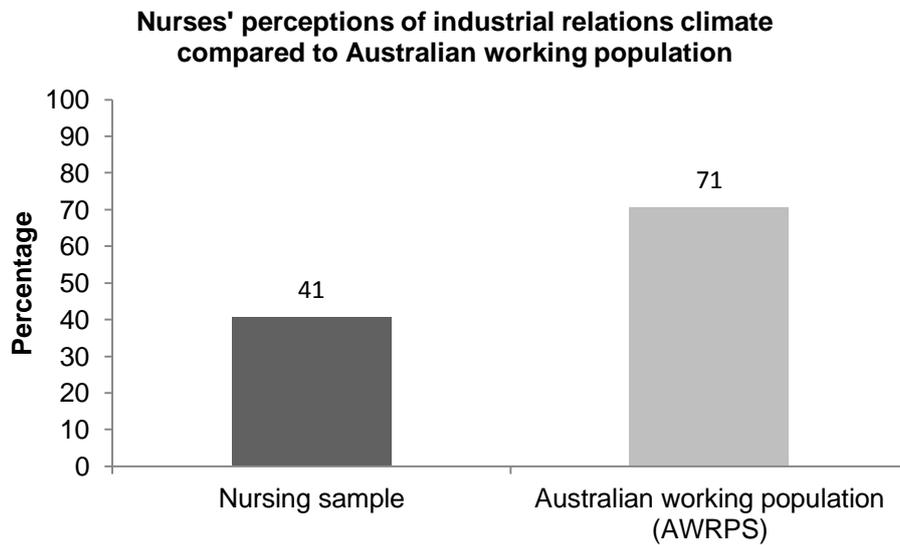


Relationship between Employees and Management (Industrial Relations Climate)

The following graph depicts the extent to which respondents felt there was a good relationship between employees and management at their organisation. Of concern is that a third of respondents felt there was not a good relationship between employees and management at their organisation (Mean=3.0; SD=1.1).

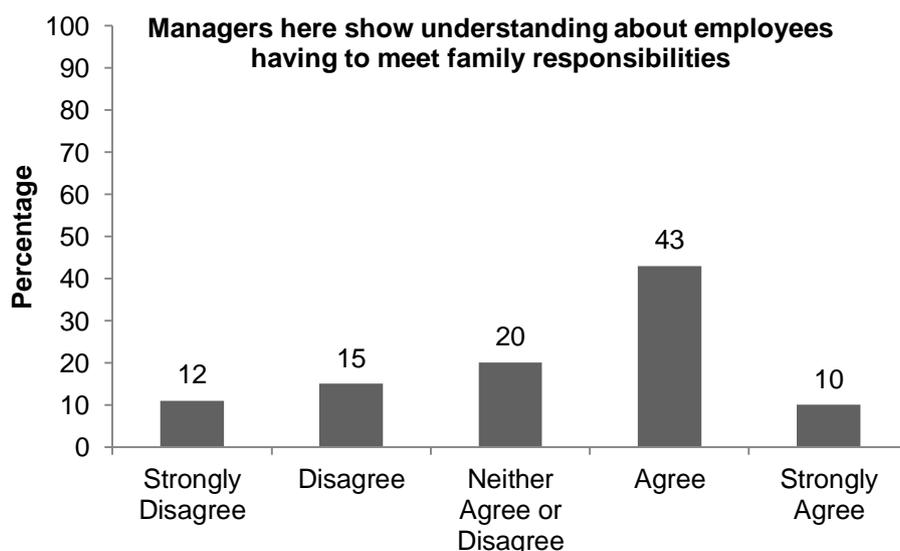


As depicted in the graph below a comparison between the study’s respondents and a national sample of workers who completed the AWRPS reveals that a significantly lower percentage of nurses report that there is a positive industrial relations climate at their workplace compared to individuals from the broader working population³.



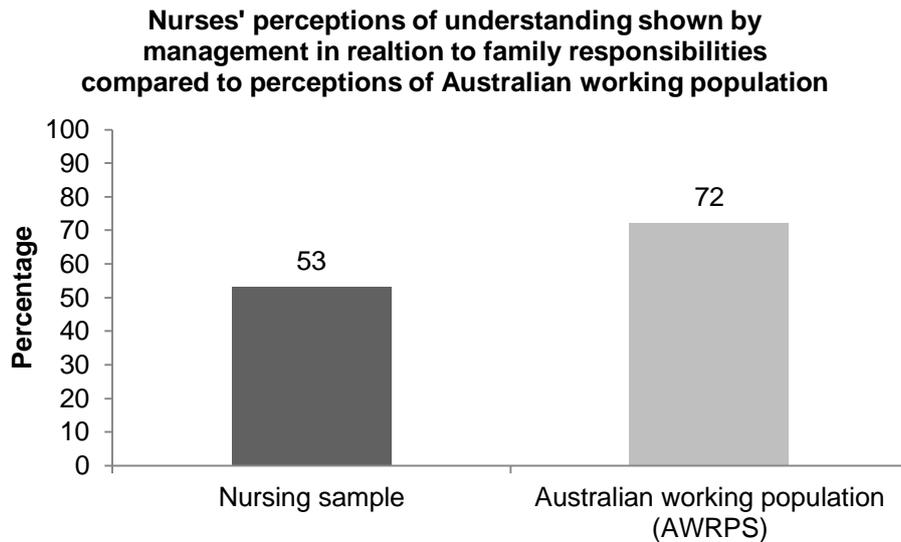
Understanding shown by management in relation to family responsibilities

The following graph depicts the extent to which respondents felt managers at their organisation showed understanding about employees having to meet family responsibilities. The majority of respondents indicated that managers showed understanding in relation to employees’ family responsibilities (Mean=3.3; SD=1.2).



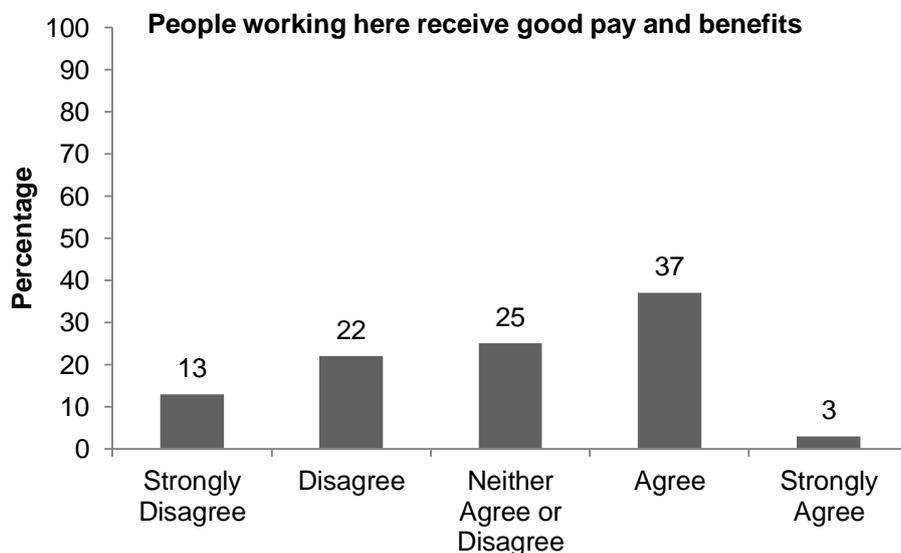
³ It should be noted that this survey was conducted prior to the commencement of the industrial dispute between the ANF and the Victorian State Government over pay and conditions which has received nationwide attention.

As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a lower percentage of nurses report feeling that management shows understanding in relation to family responsibilities as compared to individuals from the broader working population. This despite the fact that the majority of nurses indicated that they felt they were being treated well in relation to this aspect of work.

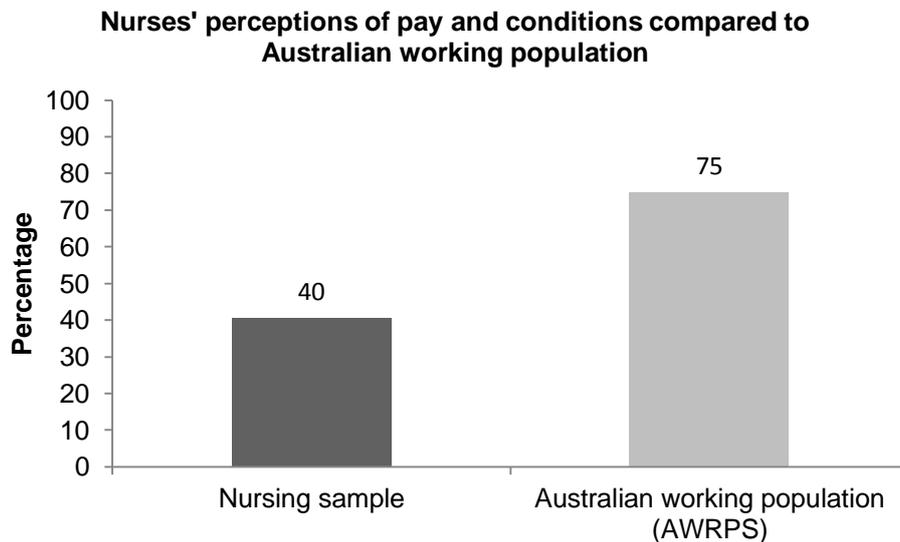


Pay and Benefits

The following graph depicts the extent to which respondents felt that employees working at their organisation received good pay and benefits. Of concern is that over a third of respondents did not feel employees at their organisation received good pay and benefits (Mean=3.0; SD=1.1).



As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a significantly lower percentage of nurses report feeling like they receive good pay and conditions in their job compared to individuals from the broader working population⁴.



Performance of Management

This is a critical element in assessing the climate at a workplace, as it takes into consideration the efforts of management even if goals are not being achieved. These items asked respondents to rate management's performance at their workplace in relation to 11 different issues (e.g., responding to issues of concern raised by employees). Respondents used a 5-point scale (1=Failure through to 5=Excellent) to indicate the level of management's performance in relation to each of the issues. Higher scores on the scale indicate more positive perceptions in relation to management's performance. Overall, the majority of respondents indicated that the performance of management was at best fair but mainly poor or a failure, across a range of issues in their organisation. This is not only of concern in itself but when compared to data from AWRPS which indicates that in relation to all areas nurses reported that management's performance was significantly poorer than the levels reported by individuals from the broader working population.

⁴ As was noted previously this was a nationwide study undertaken prior to the industrial relations dispute in Victoria.

For example, in relation to the efficient and effective response of management to issues of concern raised by employees, 28 per cent of nurses described management's response as good or excellent. This is in comparison to the AWRPS study which found that 59 per cent of individuals from the broader working population described management as good or excellent in responding to concerns raised by employees. Considering the on-going and increasing labour shortages in nursing, it might have been expected that management would be quick to respond to the concerns of this core workforce.

Another major concern in terms of the results relates to the (un)willingness of management to share power and authority. Only 21 per cent of nurses reported that management did a good or excellent job of sharing power and authority, in contrast to 42 per cent of individuals from the broader working population. This is significant in that it relates to the core of the industrial campaign in Victoria (late 2011- early 2012) and comments that many respondents, not just those from Victoria, made about feeling undervalued. Considering the level of skill required to be a nurse (tertiary level qualifications), this is a concern, as it could be a critical factor in nurse retention rates. As Health Workforce Australia CEO Mark Cormack (as quoted in Cresswell, 2011) recently noted, there is a need for employers, in an effort to help retain nurses, to assist nurses to use the full extent of their training – which he noted many nurses felt is not the case currently. Similar sentiments were expressed by this study's respondents with the following quotes being indicative:

“My qualifications and training are not respected.”

“Not being taken seriously as a health professional by management is frustrating.”

This study also found that 44 per cent of nurses felt their employer did not value their contribution at work, with a further 29 per cent rating this as fair. In combination this accounts for 73 per cent of the sample. In the words of two respondents:

“There is insufficient respect from managers relating to work contributions.”

“Nurses where I work feel unappreciated and ignored. There is a lack of acknowledgement from management for the work that we do.”

In this context, Cormack (as quoted in Creswell, 2011) states that:

“Retention rates can be very much influenced by employers and the nature of the work that nurses do. When you look at why nurses leave the profession, they don’t always feel valued in the work they do.”

This takes this issue into the controversial area of job re-design and expanded roles for nurses. However, the traditional barrier between doctors and nurses need not be the sticking point for discussion in relation to this but rather a starting position to discuss the introduction of things such as high performance work teams predicated on complementary skill sets.

Building on these points were the results in regards to making work interesting and enjoyable, with 40 per cent of nurses considering this a major failing of management and 34 per cent giving management a “fair” rating. In total therefore 74 per cent of nurses (or 3 out of every 4) indicated that their work was clearly not interesting or challenging. In addition the fact that 43 per cent of respondents believed they were not kept up-to-date in relation to change with only 5 per cent believing updates in relation to change were excellent, reinforces this sense of distance in the workplace for nurses from key decision making processes. Qualitative comments from respondents reinforce this point:

“There is no consultation with employees about changes being introduced.”

“We are not kept informed of changes before they happen, only when or after they happen.”

“There is a lack of consultation between management, staff and unions when management wishes to change paperwork, decrease staff, rosters etc.”

The final item in this section provides an indication of how much support management is perceived as showing to nurses. Again the evidence shows 42 per cent of the respondents believe it is poor or management has failed with only 5 per cent of respondents believing management has done an excellent job. Again, many of the qualitative comments made by respondents reflected their feelings of a lack of support from management:

“There are heavy workloads with no support from management in finding solutions to reduce the workload e.g. implementing waiting lists for service, employing more staff etc.”

“I received no support from my current line manager or senior management.”

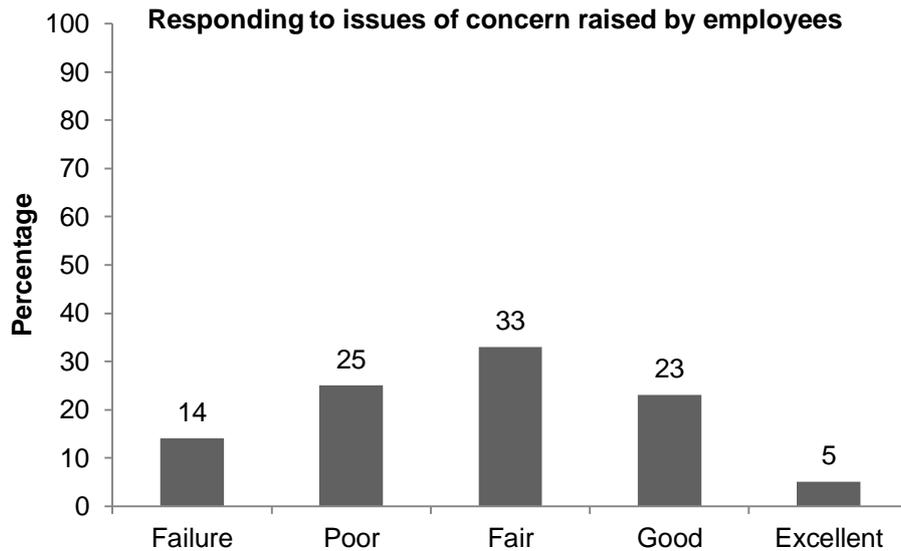
“There is a lack of support and praise when a good job is done.”

“Unsupportive management who operate as dictators.”

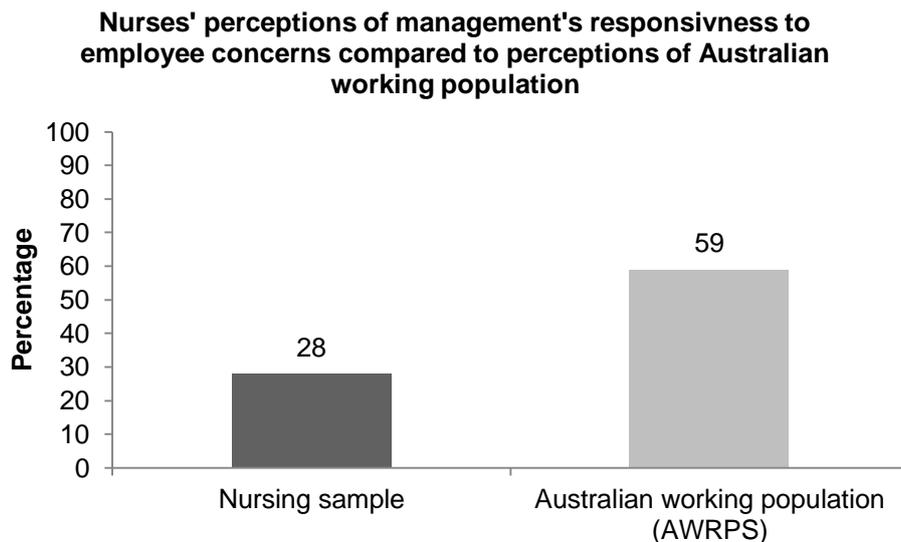
These perceptions of a lack of support from management, when considered against the context of the labour shortages in nursing, should be a major concern. The following graphs depict the results in relation to each of the issues respondents were asked to rate management’s performance on.

Management’s performance in responding to issues of concern raised by employees

The following graph depicts respondents’ ratings of managements’ performance in relation to responding to issues of concern raised by employees. Overall 72 per cent of respondents felt management did a poor job, completely failed or at best did a fair job in responding to employees’ concerns (Mean=2.8; SD=1.1).

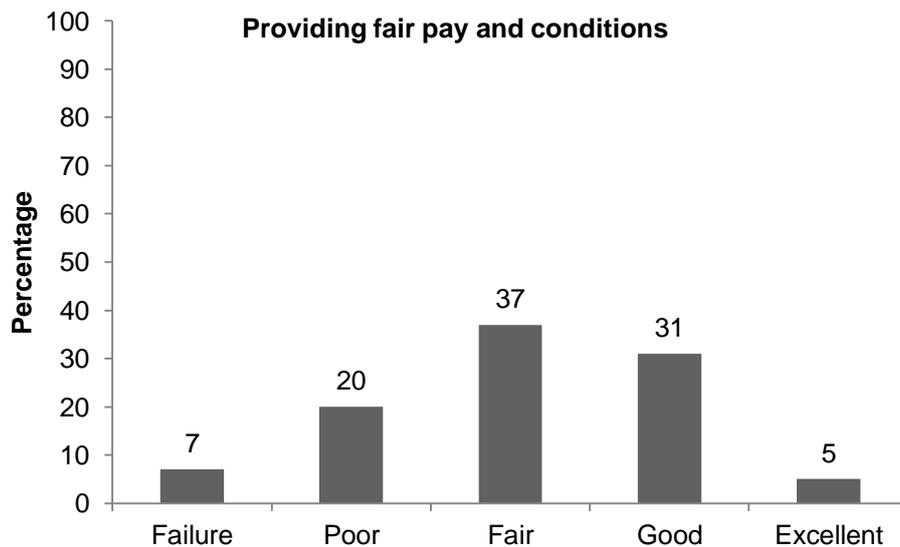


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the Australian Worker Representation and Participation Survey (AWRPS) reveals that a considerably lower percentage of nurses report that management does a good or excellent job of responding to employees' concerns compared to individuals from the broader working population.

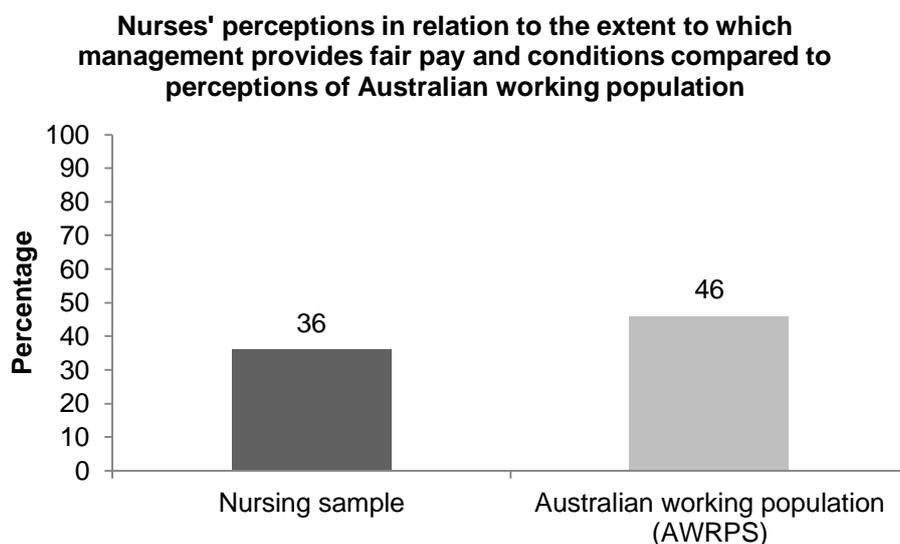


Management's performance in relation to providing fair pay and conditions

The following graph depicts respondents' ratings of managements' performance in relation to providing fair pay and conditions. Overall 64 per cent of respondents felt management did a poor job, completely failed or at best did a fair job of providing fair pay and conditions (Mean=3.1; SD=1.0).

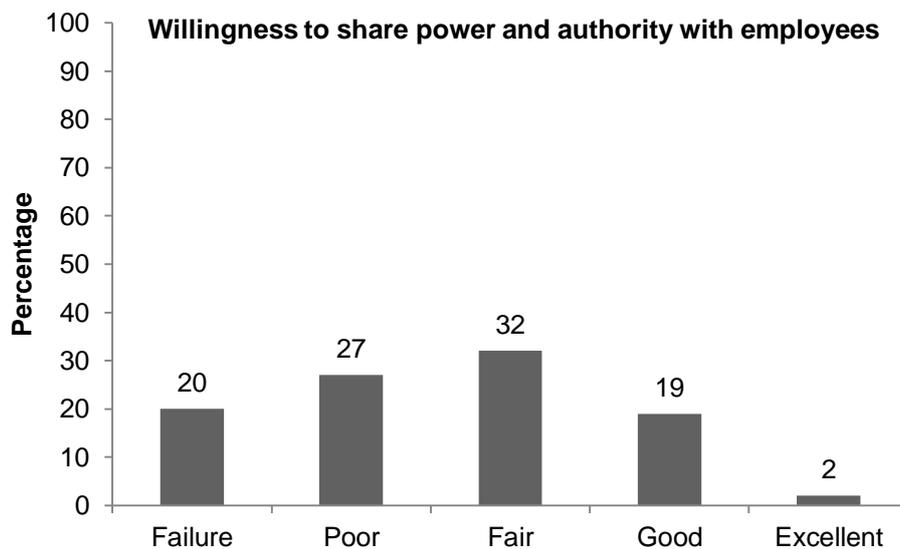


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a lower percentage of nurses report feeling like management provides them with fair pay and conditions in their job compared to individuals from the broader working population.



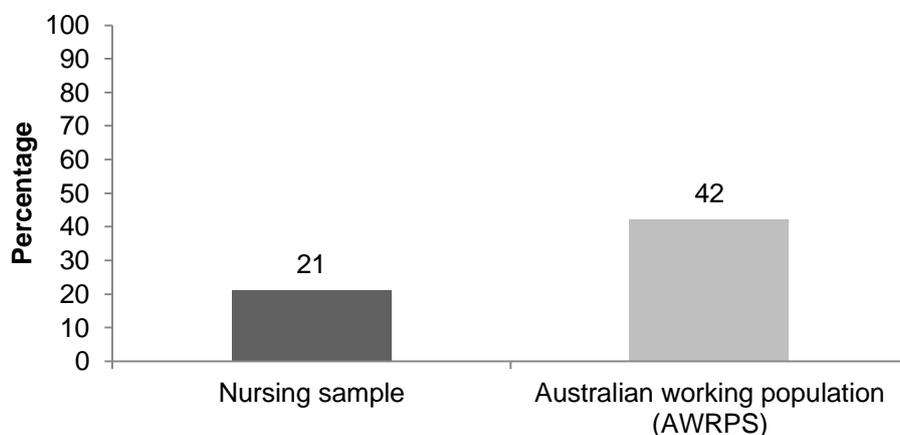
Management's willingness to share power and authority with employees

The following graph depicts respondents' ratings of managements' performance in relation to their willingness to share power and authority with employees. Overall 79 per cent of the respondents felt management did a poor job, completely failed or at best did a fair job of sharing power with employees (Mean=2.6; SD=1.1).



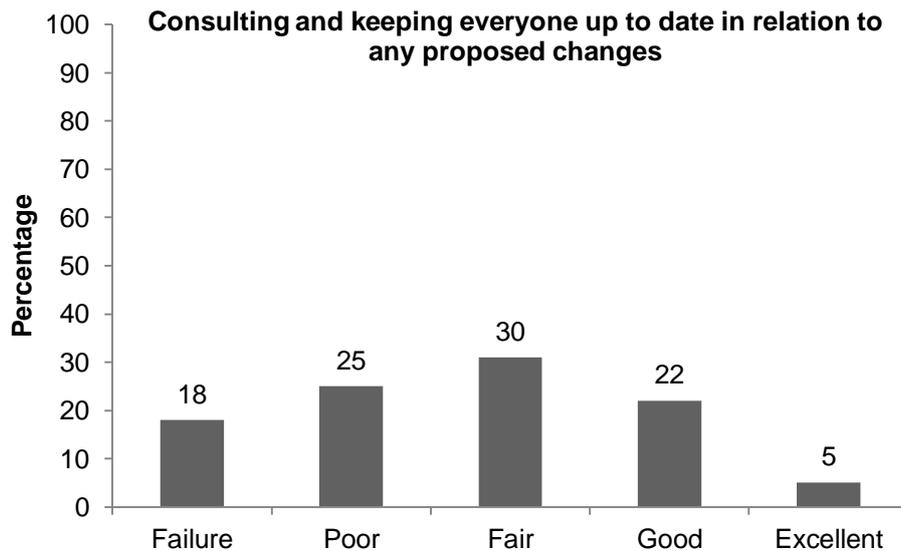
As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a considerably lower percentage (half in fact) of nurses report feeling like management is willing to share authority and power compared to individuals from the broader working population.

Nurses' perceptions of management's willingness to share power and authority compared to perceptions of Australian working population

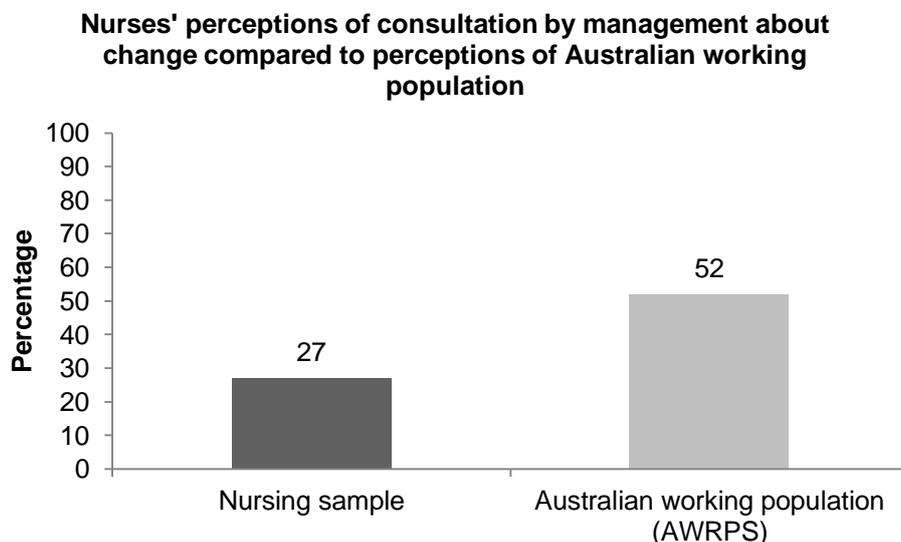


Management's performance in keeping everyone up to date with changes

The following graph depicts respondents' ratings of managements' performance in relation to consulting with employees in relation to proposed changes. Overall 73 per cent of respondents felt management did a poor job, completely failed or at best did a fair job of consulting with employees about proposed changes (Mean=2.7; SD=1.1).

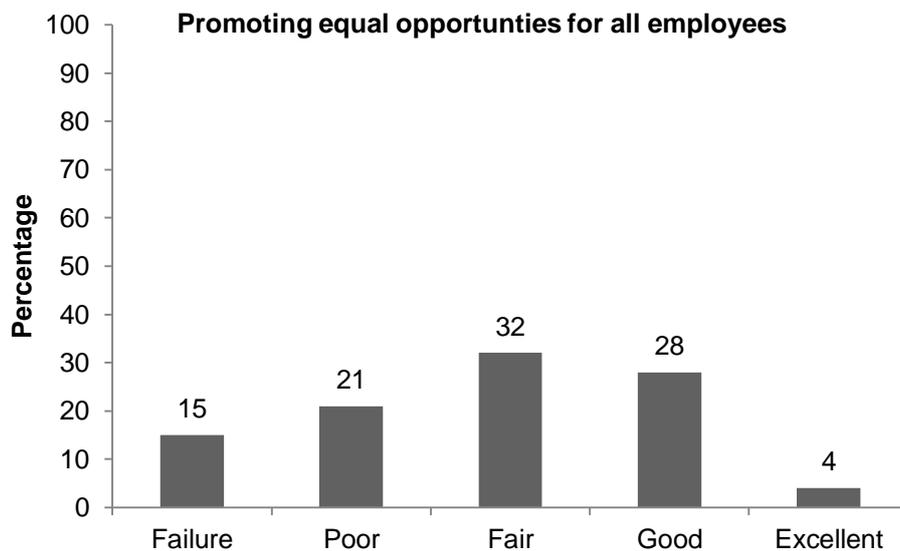


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a considerably lower percentage of nurses report feeling like management does a good job of consulting staff about proposed changes compared to individuals from the broader working population.



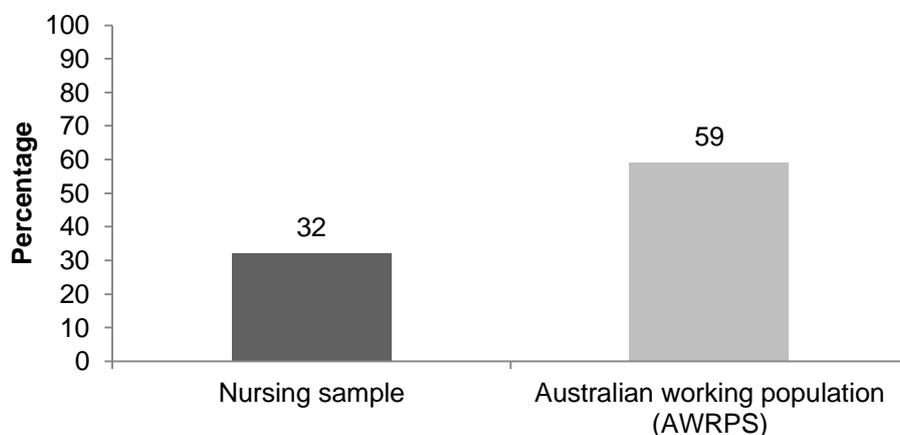
Management's performance in relation to promoting equal opportunities

The following graph depicts respondents' ratings of managements' performance in relation to promoting equal opportunities for all employees. Overall 68 per cent of respondents felt management did a poor job, completely failed or at best did a fair job of promoting equal opportunities for all employees (Mean=2.9; SD=1.1).



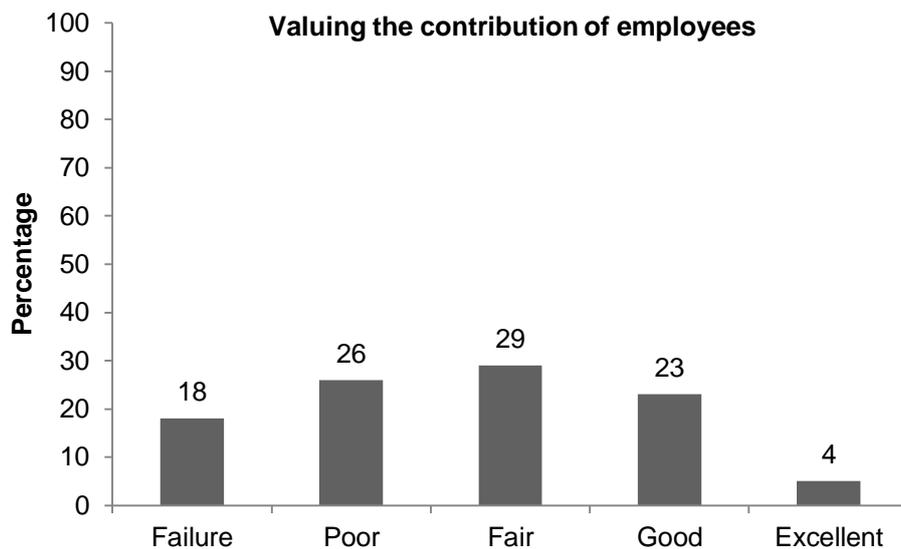
As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a considerably lower percentage of nurses report feeling like management does a good job of promoting equal opportunities for all employees compared to individuals from the broader working population.

Nurses' perceptions of management's efforts to promote equal opportunity compared to perceptions of Australian working population



Management's performance in relation to valuing the contribution of employees

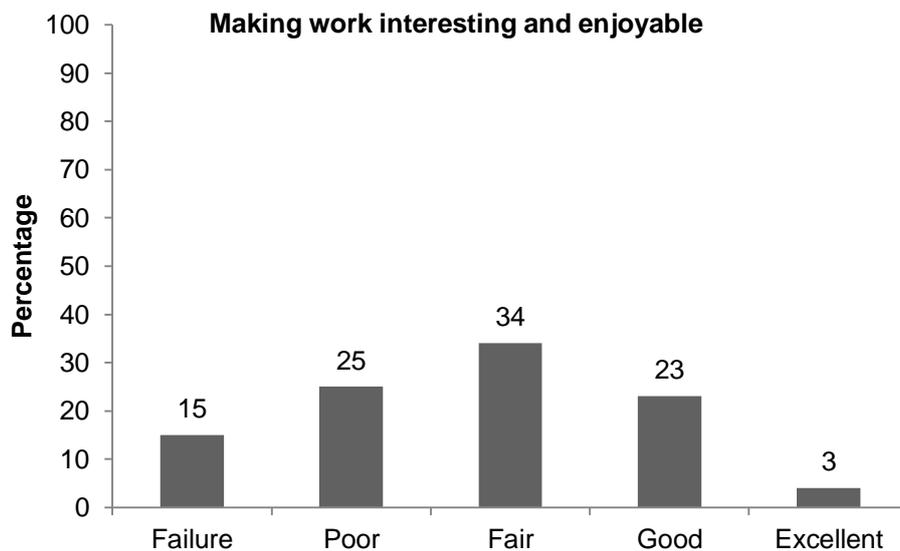
The following graph depicts respondents' ratings of managements' performance in relation to valuing the contribution of employees. Overall 73 per cent of respondents felt management did a poor job, completely failed or at best did a fair job of valuing the contributions of employees (Mean=2.7; SD=1.1).



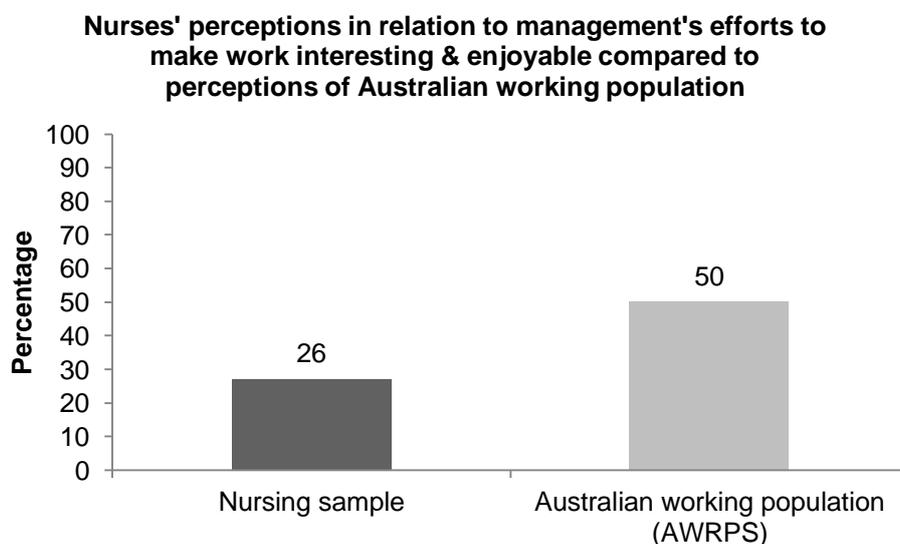
Unfortunately, in relation to this item, it is not possible to compare the results from nurses with the national working population as this aspect of management's performance was not assessed in the AWRPS.

Management's performance in relation to making work interesting and enjoyable

The following graph depicts respondents' ratings of managements' performance in relation to making work interesting and enjoyable. Overall 74 per cent of respondents felt management did a poor job, completely failed or at best did a fair job of making work interesting and enjoyable (Mean=2.8; SD=1.1).

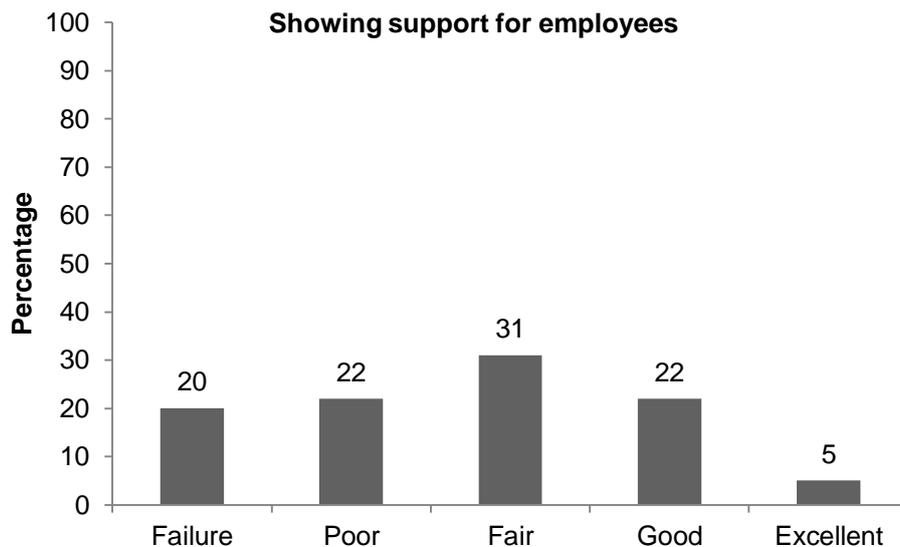


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a notably lower percentage (almost half) of nurses report feeling like management do a good job of making work interesting and enjoyable compared to individuals from the broader working population.



Management's performance in relation to showing support for employees

The following graph depicts respondents' ratings of managements' performance in relation to showing support for employees. Overall 73 per cent of respondents felt management did a poor job, completely failed or at best did a fair job of showing support for employees (Mean=2.7; SD=1.2).



Unfortunately, in relation to this item, it is not possible to compare the results from nurses with the broader working population as this aspect of management's performance was not assessed in the AWRPS.

Communication, Involvement and Participation at Work

Increasingly, in the field of human resource management, key researchers (e.g., Boxall & Purcell, 2011) are indicating that communication flows within organisations are a critical, but often overlooked, aspect of the efficient and effective management of people as they set the climate and ultimately the employment relationship. In this context, respondents were asked to indicate the methods of communication and involvement used in their organisation. Respondents were also asked to indicate the extent to which they were able to influence different aspects of their work and the planning and operation of their organisation.

Employee Voice

Employee voice arrangements are a key means of employee involvement and participation and have been found to enhance employee performance (Boxall & Purcell, 2011; MacDuffie, 1995; Storey, 2007; Tzafir, Harel, Baruch & Dolan, 2004; Wright, McCormick, Sherman & McMahan, 1999). Lepak and Snell (2010) suggest that a 'fit' between HR policies and practices is necessary to ensure the development of a high trust relationship between employees and management. It is logical therefore, that employee voice arrangements must also induce trust in order to be effective (Tzafir *et al.* 2004). With respect to trust and employee voice arrangements, Boxall and Purcell (2011) therefore argue that it is not so much the particular voice practices that matter, but the level of managerial sincerity and the degree of responsiveness that results from them. This is supported by research by Holland, Pyman, Cooper and Teicher (2011) (in Australia) and Bryson, Gomez, Kretschmer and Willman (2007) (in Great Britain).

This section of the survey contained nine items which asked respondents to indicate whether their organisation provided a number of mechanisms for employees to voice their opinions and have input into and receive information about the operation of their organisation (see Table 2 for items and results). Overall, the most common forms of communication and involvement identified by respondents were newsletters and staff meetings. The majority of respondents indicated that suggestion schemes, employee involvement programs, self-directed work groups, formal recognition and reward programs and consultative committees were not used in their organisation.

Table 2 Employee Voice Mechanisms

An 'open door' policy so employees can tell senior management about problems with supervisors (%)	Total Sample
Yes	57
No	43
Suggestion schemes (%)	
Yes	43
No	57
Newsletters (hard copy or electronic) or notice boards (%)	
Yes	73
No	27
Staff meetings between senior management and employees (%)	
Yes	59
No	41
Team briefings (%)	
Yes	54
No	46
An employee involvement programme such as quality circles (%)	
Yes	28
No	72
Semi-autonomous or self-directed work groups or teams in which members make decisions on allocation of tasks (%)	Total Sample
Yes	43
No	57
A formal recognition or reward scheme (%)	
Yes	26
No	74
A committee of managers and employees (or their representatives including unions) who meet to consult over a range of workplace issues. These are also commonly called joint consultative committees, work councils or staff forums (%)	
Yes	48
No	52

The items in this section were selected to assess both passive and active voice communication strategies. In terms of passive strategies, or where communication is generated one-way by employers, the most passive and unidirectional communication was via newsletters, and was high with 73 per cent of respondents indicating this form of communication was used by their organisation. However, in relation to the more proactive voice mechanisms there were significantly lower levels of use reported by respondents. For example, 57 per cent of respondents reported that their organisation had an 'open door' policy, with 43 per cent reporting their organisation had a suggestion scheme. As both of these communication strategies imply an openness of management to employees' ideas these relatively low levels are concerning. In comparison to the national sample of workers who completed the AWRPS, nurses reported similar levels of these communication strategies. For example, 59 per cent of workers from the broader working population reported that their organisation had an 'open door' policy in the workplace.

In terms of more proactive voice mechanisms 59 per cent of respondents said their organisation used staff meetings with senior management and 54 per cent reported having team briefings. These figures are surprisingly low for a highly skilled workforce that is working within a complex and dynamic environment – yet similar to the broader working population where, for example, 55 per cent of respondents reported having regular staff meetings. Probably the most revealing finding is in the area of formal employee involvement programmes with only 28 per cent of respondents reporting that these were used at their workplace. Although this is higher than the broader working population where 12 per cent of respondents reported that there was a formal employee involvement program in their workplace, one would have expected a higher level of use with a highly skilled nursing workforce. These quantitative findings were supported by qualitative comments that respondents also made in relation to their relatively low levels of voice in their organisation:

“There is very poor communication; very infrequent staff meetings.”

“We are unable to speak openly to management. There is no encouragement of any dialogue.”

“Team meetings are merely a forum for complaints and criticism from management.”

“There is a lack of staff involvement in planning and the future direction of the team.”

These findings undoubtedly directly relate to the previous findings in relation to nurses reporting feeling like their contribution is undervalued, and reinforces a concerning trend with regard to the intrinsic satisfaction of a highly skilled core workforce which is also in high demand.

Employee Influence

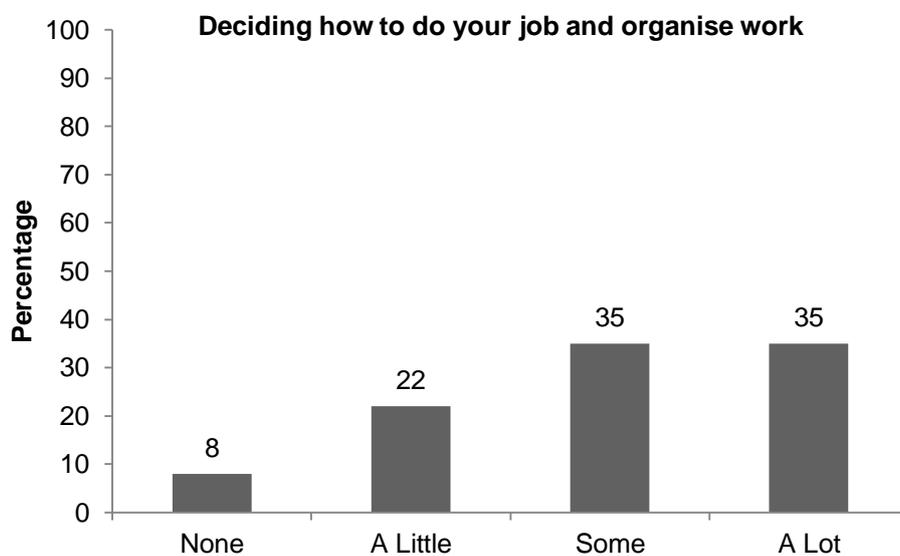
The survey also contained an additional six items which required respondents to indicate the level of influence they felt they had in relation to aspects of their work and how they did their job. These items also asked respondents to indicate how much influence they felt they had on the overall planning and operation of their organisation. Respondents used a 4-point scale (0=None through to 3=A Lot) to record their responses and higher scores indicate higher levels of perceived influence. As might be expected from high-skilled professionals, 70 per cent identified that they had some to a lot of control over their immediate work. In regard to setting hours and breaks this was seen as positive with 53 per cent of respondents identifying that they had control over this aspect of their work. However, 46 per cent of nurses reported having no contribution or influence in relation to the planning and operation of their organisation and the way their workplace was managed. Only 7 per cent of respondents reported having high involvement in relation to this aspect of their work. This reinforces previous points in relation to nurses feeling undervalued and that their skills are not fully utilised. Unsurprisingly these more negative results are replicated when nurses were asked about their levels of influence in relation to the use of new equipment and how the workplace was organised and managed.

Worryingly when compared to findings from the AWRPS in relation to employee influence nurses report lower levels of influence compared to individuals from the

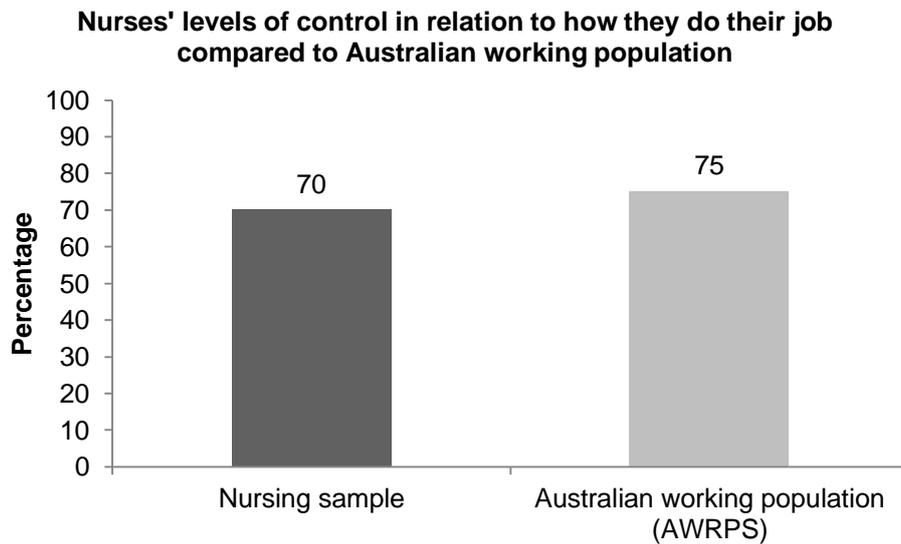
broader working population. For example, in relation to the level of influence they have over how their workplace is managed only 19 per cent of nurses reported having some or a lot of influence in this area compared to 40 per cent of individuals from the broader working population. Only in relation to the level of influence they had over how they did their immediate job and control over their work hours did nurses report similar levels of influence to individuals from the broader working population.

Level of influence in relation to deciding how to do job and organise work

The following graph depicts the level of influence respondents felt they had in deciding how to do their job and organise their work. Most respondents reported some or a lot of influence over their immediate work environment (Mean=2.0; SD=0.9).

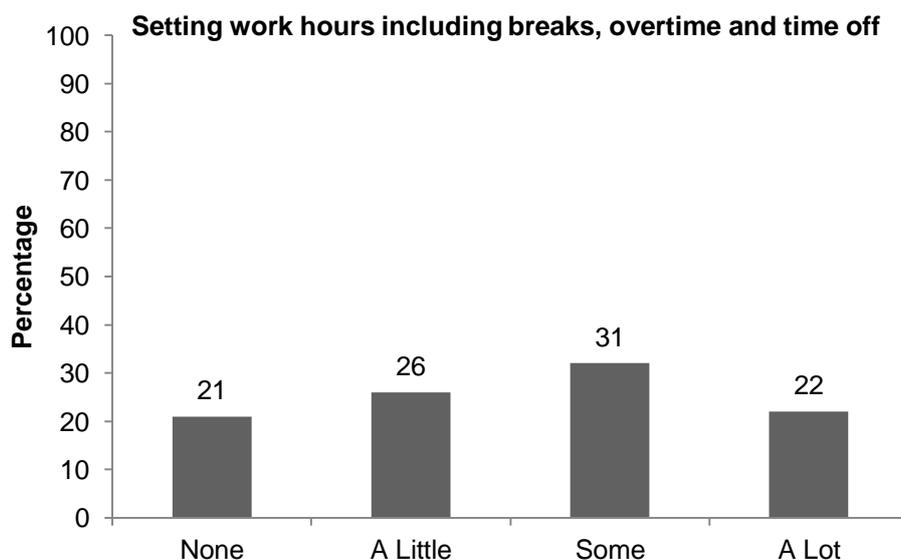


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a similar percentage of nurses report feeling like they have influence and control in relation to how they do their job compared to individuals from the broader working population.

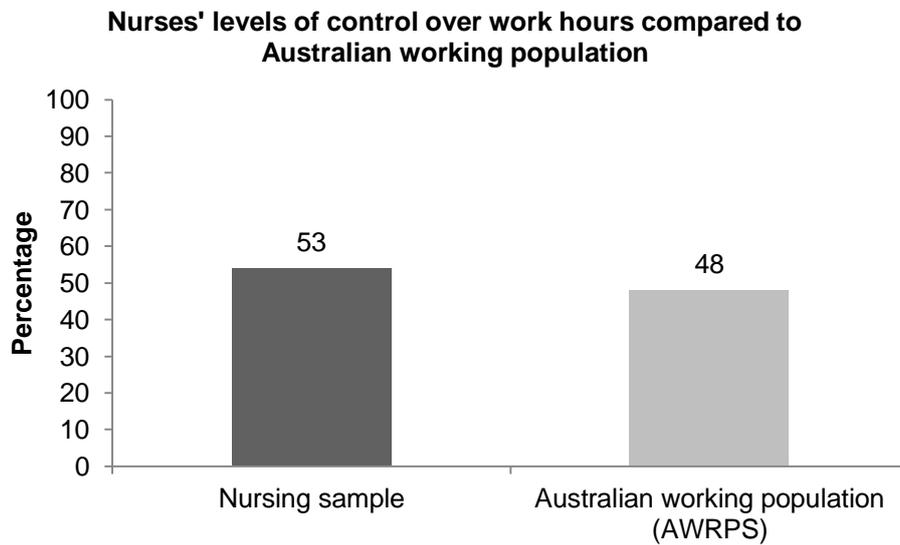


Level of influence in relation to setting work hours

The following graph depicts the level of influence respondents felt they had in relation to setting their work hours. Overall close to half (47 per cent) of respondents felt they had no or only a little influence over their work hours (Mean=1.5; SD=1.0).

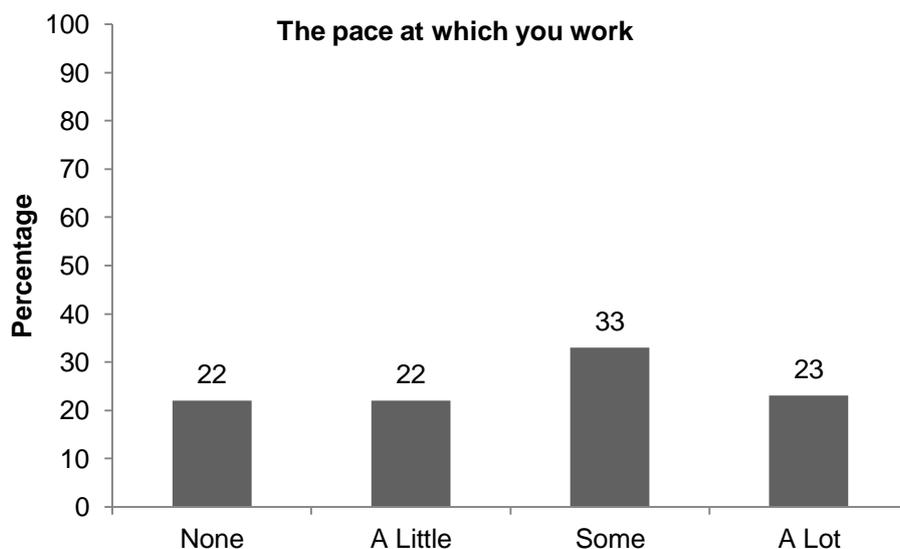


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a similar percentage of nurses report feeling like they have influence and control over their work hours compared to individuals from the broader working population.

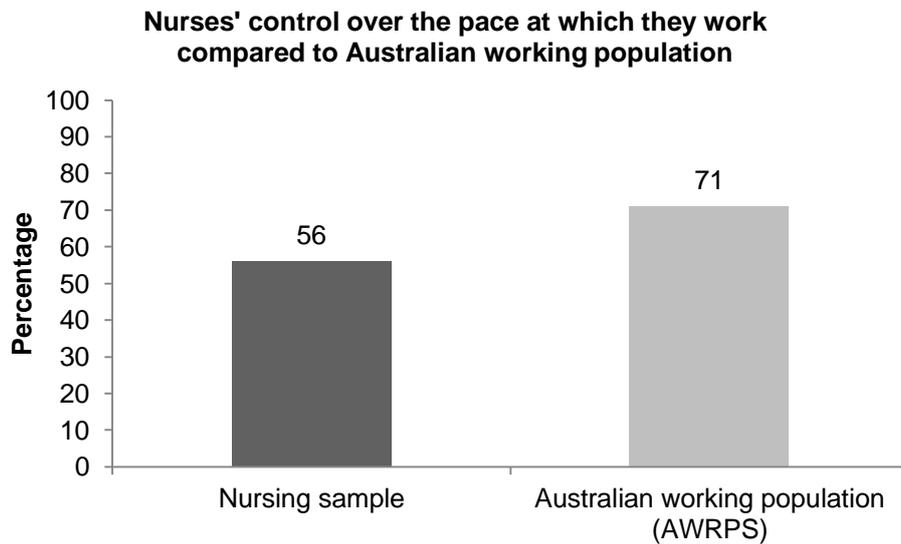


Level of influence in relation to the pace of work

The following graph depicts the level of influence respondents felt they had in relation to the pace at which they worked. There was a wide spread of responses to this question, but it is of concern that 44 per cent of respondents felt they had no or only a little influence over the pace at which they worked (Mean=1.6; SD=1.1).

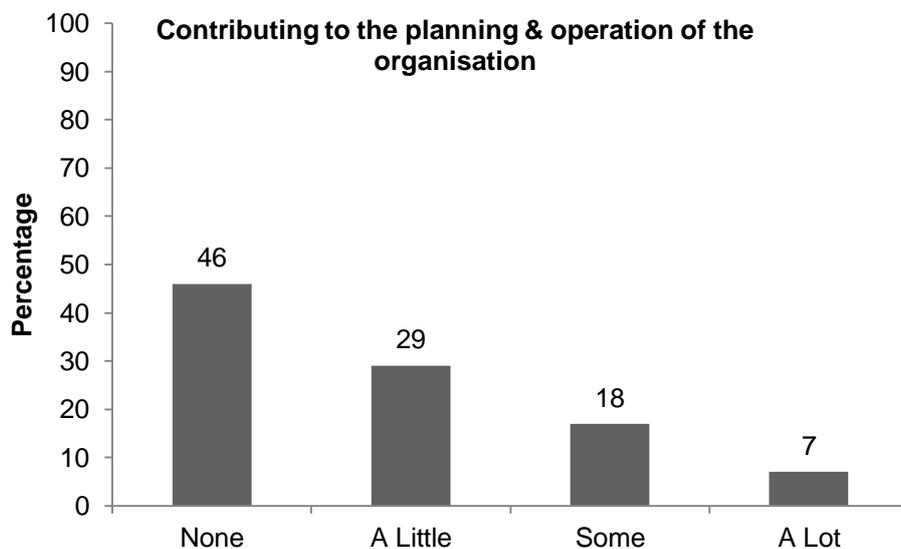


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a lower percentage of nurses report feeling like they have influence over the pace at which they work compared to individuals from the broader working population.



Level of influence in relation to the planning and operation of the organisation

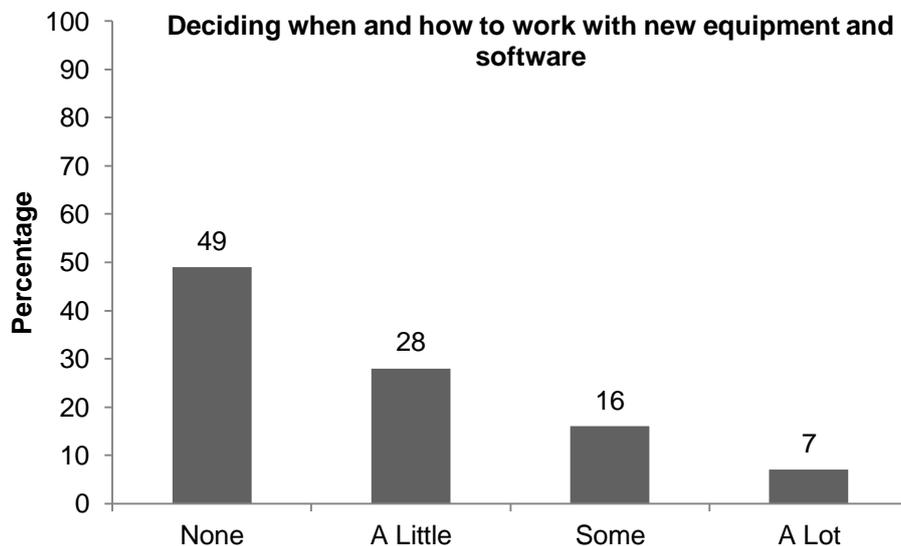
The following graph depicts the level of influence respondents felt they had in relation to contributing to the planning and operation of their organisation. Overall 75 per cent of respondents felt they had no or only a little influence over the planning and operation of their organisation (Mean=0.9; SD=1.0).



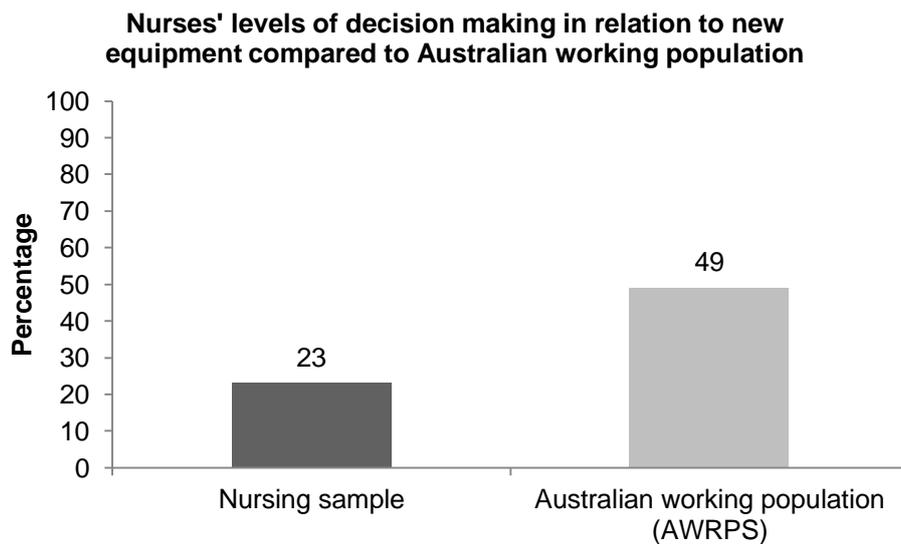
Unfortunately, in relation to this item, it is not possible to compare the results from nurses with the national working population as this aspect of employee influence was not assessed in the AWRPS.

Level of influence in deciding how and when to work with new equipment

The following graph depicts the level of influence respondents felt they had in relation to deciding how and when to work with new equipment and software. Overall 77 per cent of respondents felt they had no or only a little influence over deciding how and when to work with new equipment or software (Mean=0.8; SD=1.0).

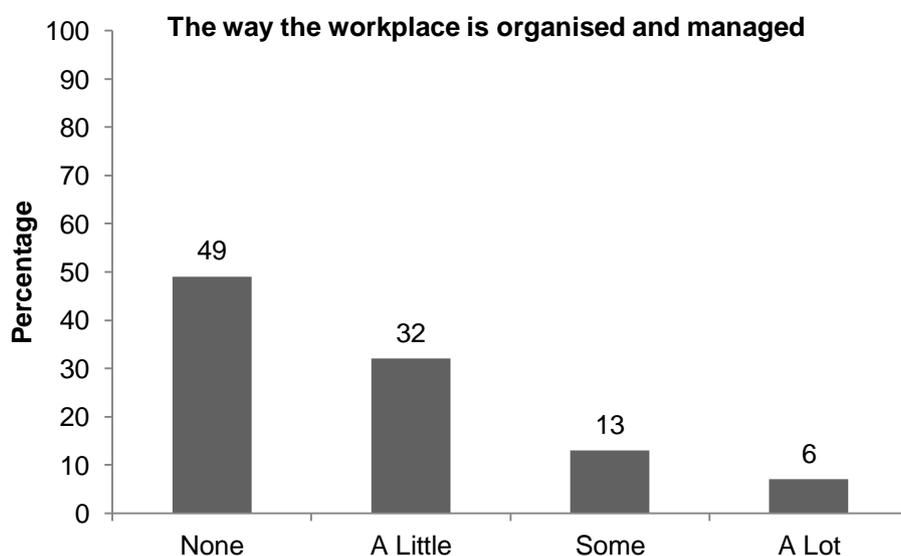


As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a considerably lower percentage of nurses (less than half) report feeling like they have influence when it comes to decisions about the introduction of new equipment compared to individuals from the broader working population.

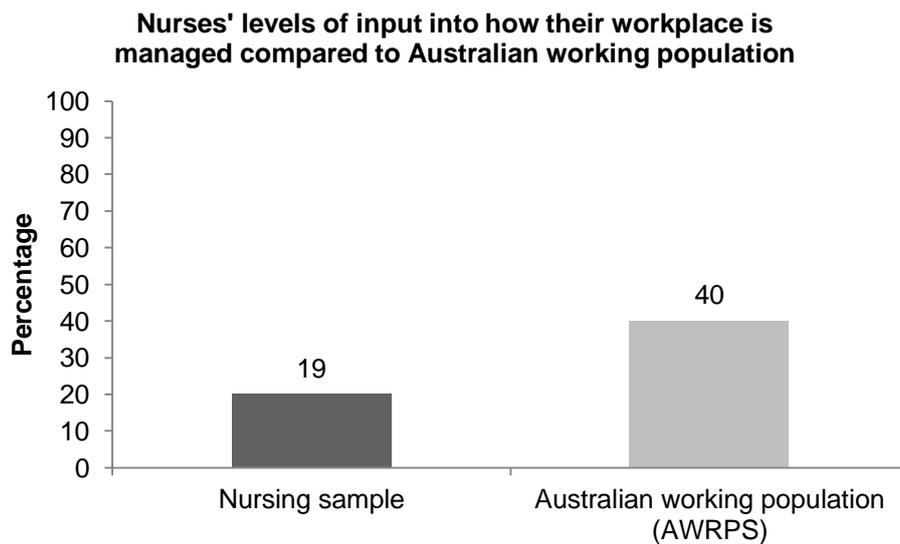


Level of influence in relation to how the workplace is organised and managed

The following graph depicts the level of influence respondents felt they had in relation to the way their workplace was organised and managed. Overall 81 per cent of respondents felt they had no or only a little influence in relation to how their workplace was managed (Mean=0.8; SD=0.9).



As depicted in the graph below a comparison between the study's respondents and a national sample of workers who completed the AWRPS reveals that a considerably lower percentage of nurses (almost half) report feeling like they have influence in relation to how their workplace is organised and managed compared to individuals from the broader working population.



Work-Related Stress

In this section respondents were asked to comment on what they felt were the main causes of work-related stress for them. Respondents were also asked to indicate the degree to which their job left them feeling emotionally exhausted and burnt out.

Key Causes

This section of the survey asked respondents to describe what they felt were the main causes of stress for them in their job. Overwhelmingly, respondents cited increased workloads as the primary cause of their work related stress. Workloads were described as being "unreasonable", "dangerous", "unsafe", "excessive" and "impossible". The increasingly unmanageable workloads were largely seen to be as a result of a lack of staff, with staff who were away on leave not being replaced, and/or inappropriate skill mixes. Respondents felt that this meant that care was rushed, that the likelihood of errors and mistakes being made was more probable and the delivery of holistic patient care was no longer possible. Respondents also

commented on often having to go without breaks on long shifts because of a lack of staff and were frequently under pressure by management to increase patient throughput. Not surprisingly given the previous findings in relation to support and consultation from management another common reason for work related stress cited by respondents was a lack of support from management and in particular a lack of consultation in relation to proposed organisational changes. The following quotes from respondents provide a typical snapshot of the key causes of respondents' work-related stress:

"I find the hospital works on numbers (or bums in the beds) often disregarding the complexity of many clients. So staffing is supplied according to the number of beds occupied not on their acuity. This means workloads are astronomical and work is very stressful."

"We are consistently (daily!) understaffed on each shift and it is becoming part of the norm and it is expected staff will pick up the extra patient loads. It can be quite stressful in these circumstances just doing all the work that one needs to do in a day."

"What causes me stress is the inadequate staff and/or skill mix so that at the end of the day you feel you have done a poor job."

"Feeling unable to provide the highest level of quality care due to high acuity patient loads and inadequate staffing makes me feel very stressed."

"There are insufficient staff to care for patients safely and this is extremely stressful."

"The main stressor is working in a system that is so broken and where individuals or groups who have any desire or ability to fix the problems are criticised, beaten down or just blocked by senior management."

Burnout

Broadly, burnout refers to a condition where an individual feels overextended and depleted of their emotional and physical resources as a result of the work that they do (Maslach, Schaufeli, & Leiter, 2001; Schaufeli, Leiter, & Maslach, 2009). Extensive research has confirmed burnout is a widespread and pervasive issue for nurses (Greenglass, Burke, & Fiksenbaum, 2001; Leiter & Maslach, 1988, 2009; Schaufeli, Leiter, & Maslach, 2009). It is recognised that nurses differ significantly from other workers due to the inherently stressful nature of their daily work. More specifically, nursing involves direct care provision which at times can be very demanding, and emotionally exhausting. The inherent nature of nursing work therefore directly contributes to the documented high rates of burnout amongst nurses (Ilhan, Durukan, Taner, Maral, & Bumi, 2007; Zapf, Seifert, Schmutte, Mertini, & Holz, 2001).

Additionally, research has identified a number of areas in relation to working conditions that also can result in employees experiencing high levels of burnout. Specifically, working environments where workloads are seen as excessive, employees feel they lack influence and they have low levels of trust in management are known to also contribute to employees experiencing high levels of burnout (Leiter & Maslach, 2004). Given, as previously discussed, the majority of respondents felt they had excessive workloads, limited influence over decisions in relation to their workplace and did not trust management to keep their promises it is not surprising that burnout levels were relatively high amongst the sample. In combination these findings are extremely concerning given that there is a well-documented link between high levels of burnout and turnover amongst employees (Janssen, De Jonge & Bakker, 2001; Leiter & Maslach, 2009) and in this context an exit rate of 15 per cent is perhaps not surprising. It is likely therefore that unless measures are taken by employers to reduce the levels of burnout amongst their nursing staff, the existing retention problems within the nursing profession will only escalate further.

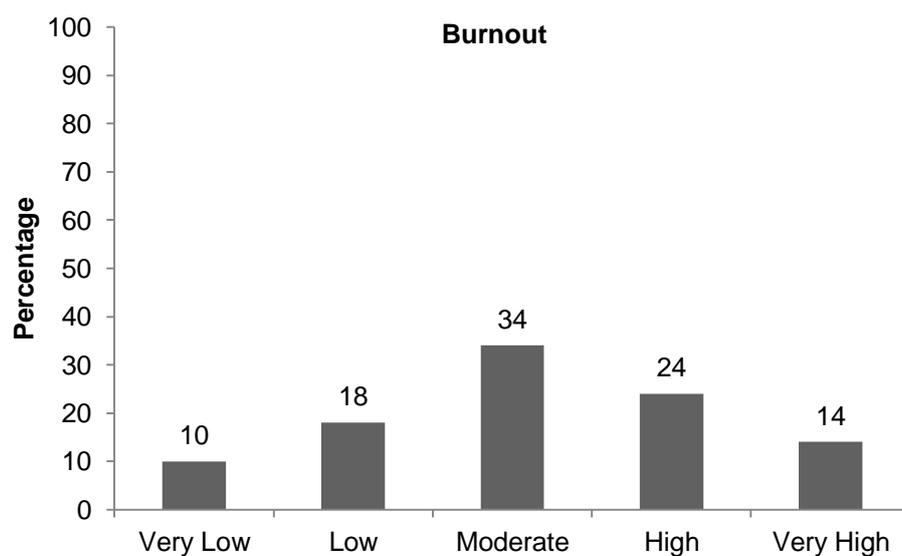
In the survey there were seven items which were used to assess burnout and which asked respondents to indicate the extent to which they found their work emotionally and physically exhausting. These items were taken from the Copenhagen Burnout Inventory (CBI) developed by Kristensen, Borritz, Villadsen, & Christensen (2005), a

validated measure of work-related burnout designed for human service workers. Respondents used a 5-point scale which following Kristensen et al. (2005) were scored 0 = very low to 100 = a very high level of burnout. Overall, 38 per cent of respondents reported experiencing high to very high levels of burnout and stress. The average level of burnout was 54 out of 100. This is a significantly higher level of work-related burnout than that found by Kristensen et al. (2005), who reported an average score of 35 for the Danish nurses in their study. As demonstrated by the following quote from a nurse many respondents were aware that the intense nature of their work had caused them to become burnt out:

“I am burnt out due to the huge workload that I am expected to achieve which is far beyond normal working hours. I currently do at least 15 hours unpaid work per week. There is no work life balance and as a result I am currently being treated for anxiety and depression.”

Burnout

The following graph depicts the levels of burnout respondents reported experiencing. Overall 38 per cent of respondents reported experiencing high or very high levels of burnout as a result of their work (Mean=53.6; SD=22.5).



Conclusion

Overall, the findings reveal a widespread perception amongst nurses that they are undervalued and lack the recognition they deserve as health care professionals. The findings also indicate that 15 per cent of nurses intend to leave the profession in the next 12 months. This level of turnover is significantly higher than the norm and cause for serious concern given the nursing skills shortages that already exist. Respondents indicated that excessive workloads and poor relationships between management and employees were key contributors to their desire to leave the profession. Indeed, overall when compared to national data, nurses consistently reported poorer work conditions and rated management's performance lower than individuals from the broader working population. Not surprisingly, respondents also reported experiencing very high levels of stress and burnout as a result of their work. Taken together these findings are cause for serious concern and unless steps are taken to improve the work conditions of nurses it is likely that existing problems in relation to the recruitment and retention of this critical workforce will only worsen.

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