A Summary of Highlights from the 2005 National Survey of the Work and Health of Nurses
Highlights from the 2005 National Survey of the Work and Health of Nurses

The highlights in this summary were drawn from a much larger and comprehensive report on the NSWHN entitled Findings from the 2005 National Survey of the Work and Health of Nurses. The full report details the key observations from the survey and answers many questions about Canada's nurses, such as:

- What does the nursing workforce look like today? How many are men?
- What do nurses think about the quality of care that patients receive?
- How many overtime hours are nurses typically working? Are these hours paid or unpaid?
- How do nurses view their working relations with their colleagues?
- Are nurses satisfied with their job? And how does their job satisfaction compare with that of employed people in general?
- Do nurses have more health problems than employed people in general?
- To what extent do the conditions of nurses’ jobs—shiftwork, work stress and working relations with colleagues, for example—relate to their physical and mental health?

Filled with easy-to-read tables and charts and a wealth of information reflecting nurses’ candid views of their jobs and their health, Findings from the 2005 National Survey of the Work and Health of Nurses will be especially valuable to those interested in the relationship between work and health.

The complete Findings from the 2005 National Survey of the Work and Health of Nurses is available from the following websites free of charge as a downloadable electronic publication in Adobe Acrobat format:

- Statistics Canada www.statcan.ca
- Canadian Institute for Health Information www.cihi.ca
- Health Canada www.hc-sc.gc.ca

The catalogue number is 83-003-XPE. E-mail orders or inquiries should be directed to infostats@statcan.ca.
The 2005 National Survey of the Work and Health of Nurses

The 2005 National Survey of the Work and Health of Nurses (NSWHN) is the first nationally representative survey to focus on the working conditions and health of Canada's nurses. Registered nurses (RNs), licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs) in all provinces and territories shared their perceptions on a variety of topics, including:

- workload
- working overtime, whether paid or unpaid
- adverse events such as medication errors and patient falls
- support and respect from co-workers and supervisors
- staffing adequacy
- working relations with physicians
- their own chronic diseases and injuries
- their mental health

The 2005 NSWHN was developed in collaboration with organizations representing practicing nurses, health care researchers, health information specialists and federal government departments. The survey was conducted by Statistics Canada in partnership with the Canadian Institute for Health Information and Health Canada. A total of 18,676 nurses were interviewed, representing LPNs, RNs and RPNs in a variety of health care settings and in all provinces and territories. The survey's impressive response rate of 80% reflects the enthusiasm and support of nurses across the country.

The survey collected information on a rich array of topics reflecting the physical and emotional challenges nurses face in delivering patient care today. Nurses answered many questions about the quality of patient care, working relations with co-workers and managers, the amount of time they work to get their jobs done, and the way they feel about their jobs and careers as nurses. Data from the 2005 NSWHN will provide an invaluable resource for researchers, health care providers, policy makers and anyone with an interest in human resources, particularly in the health care field.
A summary of highlights from the 2005 National Survey of the Work and Health of Nurses

*Findings from the 2005 National Survey of the Work and Health of Nurses provides a comprehensive description of results from the first national survey focusing on Canada’s nursing workforce.*

Nurses all across the country answered many questions and offered their perceptions of the environment in which they practice and the challenges they face in doing their jobs. They shared their experiences and views of work organization, including staffing, shift work, overtime and employer-supported perks.

Under the protection of privacy and confidentiality assured by the survey, nurses offered candid views on the quality of patient care, as well as the frequency of adverse events such as infection, medication errors and complaints from patients and their families. Nurses’ views of work stress, role overload and respect were also important components of the information collected.

Finally, nurses revealed detailed information about their exposure to workplace hazards, on-the-job injuries, physical and emotional assault, health problems, medication use, and time away from work because of health problems.

Specific information on three groups, registered nurses (RNs), licensed practical nurses (LPNs) (who are known in Ontario as “registered practical nurses”) and registered psychiatric nurses (RPNs), is presented in the report. These groups are referred to collectively as “nurses” in the text that follows.

Whenever possible, the analysis drew comparisons between the findings for nurses and those for the general employed population. These comparisons were based on information from other Statistics Canada surveys: the Canadian Community Health Survey, the Workplace and Employee Survey, and the Canadian Labour Force Survey. Because virtually all nurses are aged 21 or older, the employed population aged 21 or older is used for comparisons in the report.
Canada’s nurses

- The average age of nurses in 2005 was 44.3 years, and the average number of years they had spent in nursing was 18.3. Both female and male nurses were significantly older, on average, than their counterparts in the overall employed population aged 21 or older. On average, female nurses were 3.4 years older than employed women overall, and male nurses were 1 year older than employed men.

- In 2005, 9 in 10 nurses had jobs that involved direct patient care. Six in ten nurses worked in hospitals, and the others were employed in long-term care facilities, community health and other settings. Nurses, 95% of whom are women, account for nearly 2% of the total workforce.

- Although the household income of nurses placed them at an overall advantage relative to the general population of employed people, pronounced income discrepancies emerged between types of nurses. A much larger proportion of LPNs (16%) than RNs (4%) or RPNs (3%) were in households classified in the lowest income quintile within their province/territory. Likewise, only 12% of LPNs were living in households in the top quintile in their province/territory, compared with 34% of RPNs and 39% of RNs.

The job

- About 8 in 10 nurses were covered by a union contract or collective agreement. By contrast, only a third of the total employed population had such coverage. Hospital nurses were more likely than nurses employed elsewhere to be unionized: 90% of them were covered, followed by 79% in long-term care facilities, 73% in community health settings, and 51% in other settings.

- Substantial numbers of Canada’s nurses put in extra hours at work. Nearly half of nurses usually worked unpaid overtime, for an average of 4 such hours per week. And 3 in 10 nurses usually worked overtime for pay—averaging 5.4 hours per week. Not surprisingly, only 52% of nurses thought there was enough staff to get the work done; and fewer than half (48%) felt there were enough nurses on staff to provide quality patient care.
• One-sixth (16%) of nurses who provided direct care believed that the quality of patient care in their workplace had improved during the past year, attributing the change to improved management, staffing increases and better training, among other factors. Of the 27% who thought that care had deteriorated, most felt that staffing decreases were an underlying cause.

• Nearly half (48%) of nurses who provided direct care reported having ever experienced a needlestick or other sharps (for example, scalpel, razor, scissors) injury from an object that had been contaminated by use on a patient, and 11% reported having had such an injury in the past year.
A Summary of Highlights from the 2005 National Survey of the Work and Health of Nurses

• Nearly 3 in 10 nurses reported that they had been physically assaulted by a patient in the previous year. Half of nurses in long-term care facilities reported physical assault, as did 30% of those employed in hospitals. Emotional abuse from patients was even more commonly reported; 44% of nurses said that they had experienced emotional abuse from a patient.

• Four-tenths of female nurses (44%) and half of male nurses (50%) confided that they were exposed to hostility or conflict from the people they worked with. The figures for nurses were much higher than those for employed women and men in general, of whom just under 30% reported being exposed to hostility or conflict from co-workers.

• Nearly nine-tenths of nurses reported positive working relations with physicians.

• The overwhelming majority of nurses (88%) were satisfied with their jobs. Still, compared with employed people in general (92%), nurses’ level of satisfaction was somewhat lower.

Risk factors, chronic conditions

• Nurses are significantly less likely to smoke daily than were members of the employed population overall. More than 1 in 10 (11%) of female and male nurses alike said that they smoked daily; by comparison, 17% and 21% of employed females and males, respectively, reported doing so.
Reflecting the physical demands that nursing often involves, back problems were more common in female nurses than in employed women in general.

In the previous 12 months, more than 1 in 3 nurses (37%) had experienced pain serious enough to prevent them from carrying out their normal daily activities. More than 1 nurse in 10 reported “severe” or “unbearable” pain. Three-quarters of the nurses who had had activity-limiting pain in the previous year said that it had resulted from work-related factors.

Percentage of nurses and all employed people experiencing depression in past 12 months, by sex, Canada, 2005

* Significantly different from estimate for All employed females/males (p <0.05).

• Depression was more common in nurses than in the general population of employed people. Nine percent of female and male nurses had experienced depression in the previous year, compared with 7% of employed women and 4% of employed men generally.

• Medication use was more common in nurses, compared with employed people in general. Similar proportions of female and male nurses (17% and 16%, respectively) had used three or more medications in the past month. Proportions were lower in the total employed population, at 11% of women and 6% of men.

• Six-tenths of nurses had been away from work for health-related reasons in the year prior to the survey. Those who had been off missed an average of 23.9 days over the year. The average number of days absent for all nurses—even those who had not missed any time—was 14.5 days per nurse. About 1 in 7 of all nurses (14%) had been absent for 20 or more days during the previous year.

Links between work and health

• Few associations emerged between ill health and job organizational factors such as shift work or long hours. However, the data were collected at only one point in time, and so the analysis may not have captured outcomes that develop over time.

• One feature of job organization—working evening shifts—was related to general as well as mental health. Nurses who usually worked the evening shift had higher odds of fair or poor general and mental health, compared with nurses who usually worked the day shift. This relationship held even when controlling for type of nurse, household income, smoking behaviour, province of employment and work setting.

• Numerous interpersonal or psychosocial elements of the job were also related to fair or poor mental health, as well as to fair or poor general health. These included high job strain (meaning that demands on the employee are high but her or his freedom to make decisions and use skills is low), low supervisor support, low co-worker support, low autonomy, poor nurse-physician working relations, lack of respect from superiors, and high role overload.