

# National Survey of the Work and Health of Nurses

A Partnered Approach to Building a Baseline  
for Monitoring the Health and Working  
Conditions of Nurses in Canada

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# Outline

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- Context and background
- Results
- Policy implications and next steps
- Questions and answers



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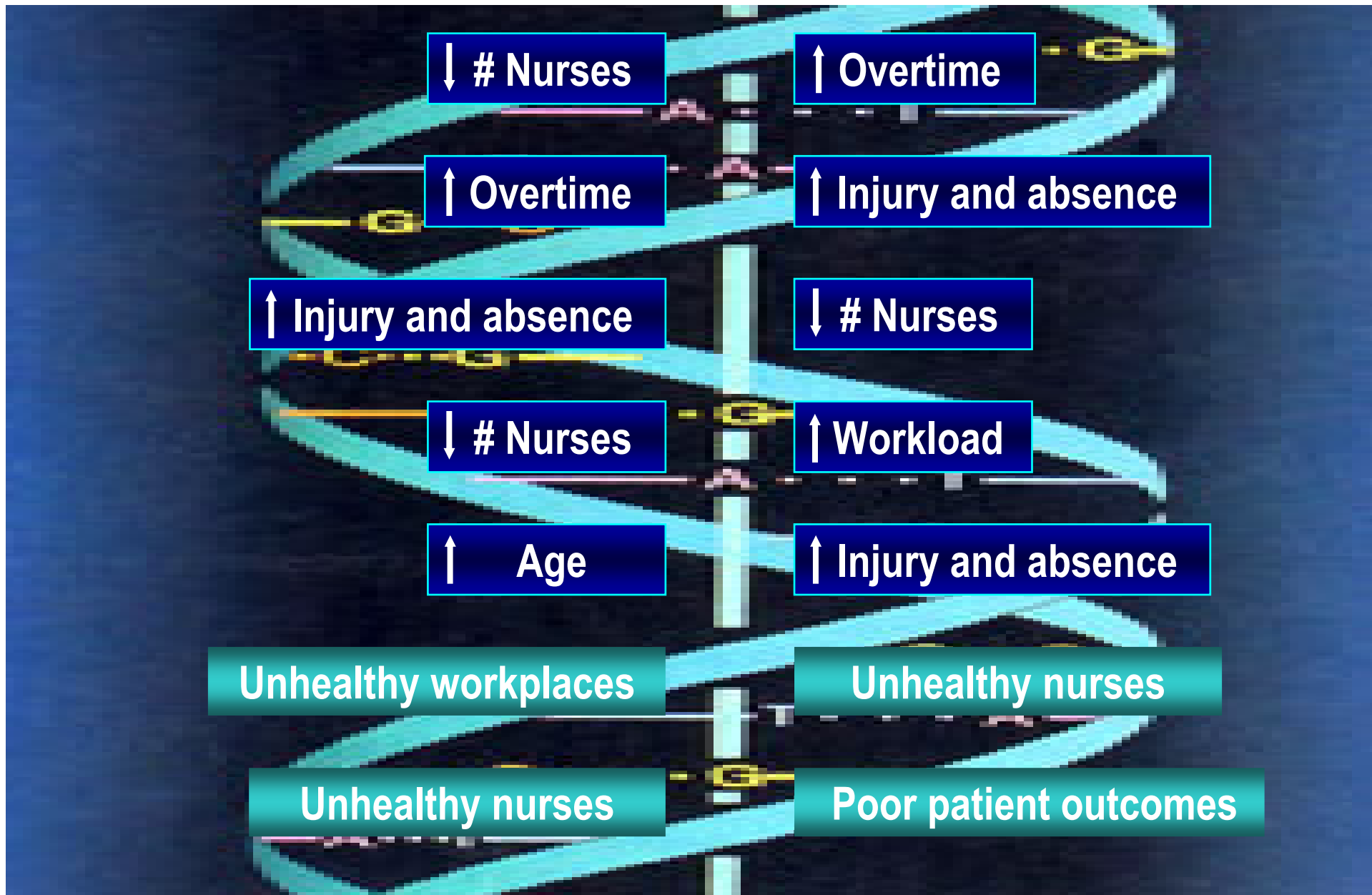


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# National Survey of the Work and Health of Nurses



The National Survey of the Work and Health of Nurses (NSWHN) project was undertaken by the Canadian Institute for Health Information (CIHI) in collaboration with Statistics Canada and Health Canada.

The survey was intended to:

- Identify relationships between selected health outcomes, the work environment and work–life experiences.
- Produce valuable information on the health and conditions of nurses for provinces and territories, as well as across Canada.



# National Survey of the Work and Health of Nurses



- Key stakeholders:
  - CIHI
  - Statistics Canada
  - Health Canada
  - Advisory group
  - Regulatory authorities for the professional groups

The project was guided by a national advisory group.



# National Survey of the Work and Health of Nurses



- Data collection:
  - 30-minute telephone interview
  - Target population: nurses currently employed in Canada across the three regulated professional groups (RNs, LPNs, RPNs)
  - Approximately 19,000 respondents
- Analytical requirements:
  - National estimates
  - Provincial estimates and combined territorial estimates
  - Three regulated nursing groups
  - According to age groups, employment status and place of work



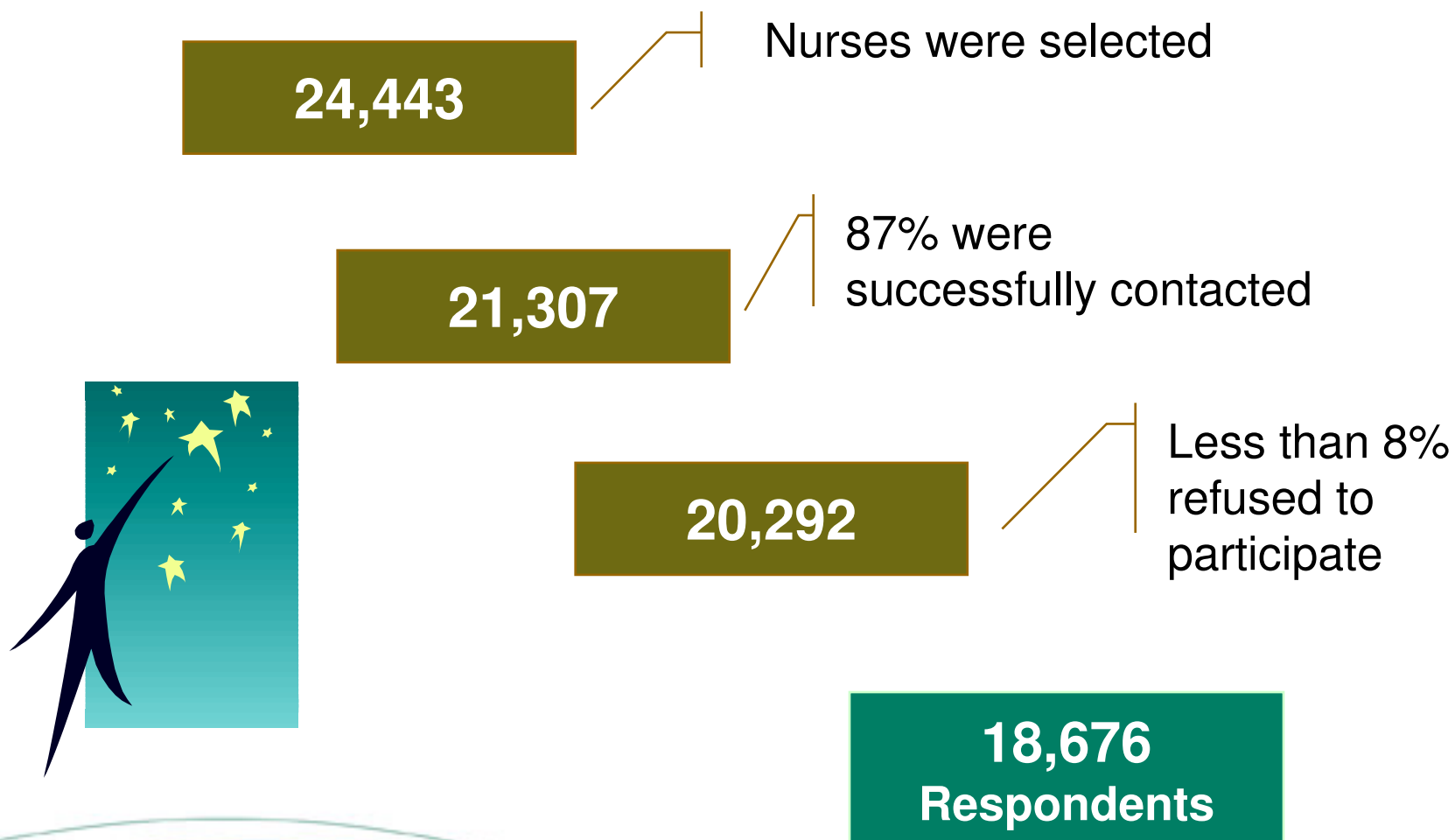
# National Survey of the Work and Health of Nurses

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- Work patterns and demands
- Retention
- Supportive work environments
- Physical work environment
- Injuries and absences from work
- Quality of care
- Job satisfaction
- Health



# Reaching for the stars . . .







# Findings from the Survey



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# Negative health indicators

- Fair/poor general health (self-reported)
- Fair/poor mental health (self-reported)
- 20+ days absent from work in past year



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# Work organizational factors

- Health outcomes examined in relation to:
  - Shift work
  - Number of shift changes
  - Holding multiple jobs
  - Long working hours (40+)
  - Union coverage
  - Work setting



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# Work psychosocial factors

- Work stress
  - High job strain
  - Low supervisor support
  - Low co-worker support
  - High job insecurity
  - High physical demands
- Nursing Work Index
  - Autonomy
  - Control over practice
  - Nurse/physician working relations
- Respect
  - From superiors
  - From co-workers
- Role overload



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# Control variables

- Type of nurse (RN, LPN, RPN)
- Demographics
  - Sex
  - Age
  - Province/territory of main employer
  - Household income quintile
- Smoking
- Obesity



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# Fair/poor general health, by type of nurse

	%	Odds Ratio
RN <sup>†</sup>	6.3	1.0
LPN	7.6	0.9
RPN	9.0	1.3

<sup>†</sup> Reference category



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# Fair/poor general health, by household income quintile

	%	Odds Ratio
Quintile 1 (lowest)	9.7	1.4
Quintiles 2, 3, 4 <sup>†</sup>	7.0	1.0
Quintile 5 (highest)	5.0	0.7

<sup>†</sup> Reference category



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## Fair/poor general health, by daily smoker

	%	Odds Ratio
Yes	9.9	1.7
No <sup>†</sup>	6.2	1.0

## Fair/poor general health, by obesity

	%	Odds Ratio
Yes	11.4	1.9
No <sup>†</sup>	5.9	1.0

<sup>†</sup> Reference category



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# Fair/poor general health, by usual shift

	%	Odds Ratio
Days <sup>†</sup>	5.9	1.0
Evenings	8.6	1.5
Nights	7.4	1.2
Mixed	6.8	1.1

<sup>†</sup> Reference category



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# Fair/poor general health, by usually works more than 40 hours/week

	%	Odds Ratio
Yes	6.9	1.1
No†	6.5	1.0

† Reference category



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## Fair/poor general health, by union coverage

	%	Odds Ratio
Yes, covered	6.9	1.3
No, not covered‡	5.6	1.0

## Absent 20 or more days, by union coverage

	%	Odds Ratio
Yes, covered	14.9	1.7
No, not covered‡	8.3	1.0

‡ Reference category



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# Fair/poor general health, by work setting

	%	Odds Ratio
Hospital†	6.4	1.0
Long-term care facility	8.5	1.3
Community health setting	5.8	1.0
Other	5.8	1.1

† Reference category



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## Fair/poor general health, by work stress—low supervisor support

	%	Odds Ratio
Yes	9.3	1.3
No‡	5.6	1.0

## Fair/poor general health, by work stress—low co-worker support

	%	Odds Ratio
Yes	7.8	1.2
No‡	5.4	1.0

‡ Reference category



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## Fair/poor general health, by work stress—high job insecurity

	%	Odds Ratio
Yes	9.9	1.4
No‡	6.1	1.0

## Fair/poor general health, by work stress—high physical demands

	%	Odds Ratio
Yes	7.2	1.3
No‡	5.2	1.0

‡ Reference category



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## Fair/poor general health, by low respect from superiors

	%	Odds Ratio
Yes	10.8	1.7
No‡	5.8	1.0

## Fair/poor general health, by low respect from co-workers

	%	Odds Ratio
Yes	12.6	1.5
No‡	6.4	1.0

‡ Reference category



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# Summary of multivariate modelling relating fair/poor general or mental health to working conditions

- Few associations emerged between ill health and variables such as shift work or long hours. The factors most consistently related to fair or poor nurses' health were:
  - Low autonomy
  - Low control over practice
  - Poor nurse–physician working relations
  - Low respect from superiors
  - Role overload



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# ONP strategic actions related to workplace health (2000 to 2007)

- Participate in research, commission research, lead research
- Continuous awareness building (publications and presentations)
- Healthy Workplace Guidelines
- National Survey of the Work and Health of Nurses
- Pan-Canadian HHR Strategy: HWI



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# Thank you! Merci!

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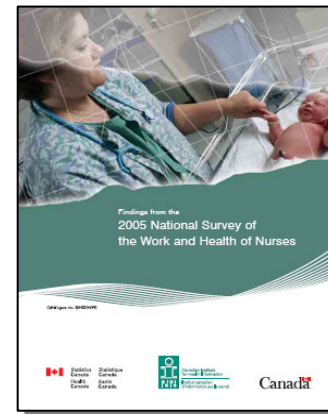
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