Nursing workforce wellbeing and quality of life: predictions and recommendations

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Nurses and QoL

- Globally nurses & midwives (‘nurses’) are 40-55% health workforce
- Global nursing shortages & workforce ageing profiles threaten health service productivity
- Links demonstrated between QoL and job satisfaction, increased QoL & job satisfaction in nurses improve job performance, reduce turnover, directly influence quality of care delivered
- In turn, reduce costs to healthcare providers
Work life and QoL

- Work life makes a sizable contribution to QoL, esp full time
- Recognised influences on work life QoL: eg workplace violence, bullying, harassment, stress/ burnout, psychosocial work factors such as job strain, job demand, decision latitude/ authority, job control
  Occupational pressures – stress/ distress, compassion fatigue, burnout, absenteeism → staff turnover
- Job satisfaction linked to working conditions, environment & culture; job stress, role clarity & content, organizational & professional commitment
Health and QoL

- Nurses experience high rates of chronic disease, at least equal / greater to general population.
- Chronic, non-cancer & musculoskeletal pain & chronic diseases such as diabetes linked to ↓ QoL.
- Increased weight ➔ poorer health but not necessarily ↓ QoL.
- Health a significant influence on intention to leave.
We asked:

- How does nurses’ QoL compare to that of the Australian general population?
- To what extent do health and workforce characteristics influence nurses’ QoL?
- What recommendations can be drawn for future interventions to promote QoL and job satisfaction for nurses?
Constructed & delivered electronic survey

- **Demographic characteristics**
  Age, gender, highest educational qualification, ethnicity, carer commitments

- **Workforce characteristics**
  Work role, work setting, workplace location, work contract, hours worked per week, shifts worked, workplace injuries and abuse, job satisfaction, intention to leave

- **General health and well-being**
  Perceived general health, presence of disease and symptoms: continence, pain, sleep, medications, hospital admissions/sick days

- **Health behaviours**
  Diet, exercise, weight/BMI, smoking, alcohol, health & cancer screening
Established questionnaires where available

- Australian Longitudinal Study on Women’s Health
- Nurses and Midwives e-Cohort Study
- Australian Health Survey / Australian Census
- SF 12
- Insomnia Severity Index … and others

Piloted in 2 Sydney hospitals

Recruited NSW nurses 2014-15 through NSWNMA & snowballed through networks
Respondents

- Usable sample **5,041 respondents**
- Approx representative of NSW workforce
- Mean age 48 (11.5), range 18-78; 65.8% >45 years
- Female 87.7%
- Metropolitan 65.7%
- Education: 64% >Bachelor degree, 39% postgrad qual
Work

- Hospital-based 59.6%
- Current work contract:
  - Full time 53.6%
  - Av hours worked/week 34.3 (+/-9.8)
  - Work 40 hrs/wk or more 39.2%
- Shift worker (not days only) 53.1%
- Foundational roles 70.6%
- Av years in RN/RM/EN role 21.5 (+/-12.8)
“Overall, I am satisfied with my current job”
'In general, would you say your health is –'
QoL Mental Component Scores

- Overall scores
- Male
- Female
- Ages: 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

- NSW nurses & midwives
- S Australian population
Predicting Physical QoL scores

**BETTER IF:**
- Older age (p<0.001)
- Work role (v floor): Advanced practice (p<0.04), domain specific (p<0.001)
- No admission to hospital (p<0.001)
- Meet physical activity guideline (p<0.001)

**WORSE IF:**
- Overweight/ obesity (p<0.001)
- Daily smoker (p<0.001)
- Sick days - at least 1 day (p<0.001)
- Sleep disorder Mild / Moderate/Severe/ Very severe (all p<0.001)
- Current diseases 1 / 2 / 3 or more (all p<0.001)
- Any prescribed medication use (p<0.001)
Predicting Mental QoL scores

**BETTER IF:**
- Increasing age \( (p<0.001) \)
- Job satisfaction Agree/ strong agree \( (p<0.001) \)

**WORSE IF:**
- Care assistance to family \( (p<0.001) \)
- Any work injury/abuse \( (p<0.001) \)
- Daily smoker \( (p=0.002) \)
- Pain frequency sometimes/ more often \( (p<0.001) \)
- Night shift x very severe sleep disorder \( (p=0.004) \)
QoL and intention to leave

Odds of intention to leave:
- Decreased by 2% with each one score increase in MCS (p=0.005)
- No statistically significant effect for PCS
Policy & practice recommendations

- Focus on foundational staff and mental wellbeing
- Occupational health services to complement primary care for earliest detection/treatment for chronic disease: pain management, mental health disorders
- Workplace injury rates
- Initiatives on sleep hygiene, healthy eating, menopause management, smoking cessation
- Provide & promote healthy food choices in cafeterias facilities to store, heat and eat home-cooked food
- Promote QoL, quality of care & longevity in workplace.
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