

WORKFORCE SURVEY 2023

The 2023 workforce survey was sent to all nurses to be completed over a two-week period, between 17-31 May, who work for general practices, that are members of the Midlands Health Network (MHN) PHO (the “network”), as well as nurses employed by Midlands Health Network who are in clinical (client/patient-facing) roles. For the practice nurses section, data were filtered by those who identified as a ‘Registered Nurse’ (one of three choices from the NZ Nursing Council register) and whose workplace was described as ‘General Practice’. Due to small numbers, Urgent Care practices and Iwi Māori providers are included in this section.

197 nurses met our criteria for ‘practice nurse’ (PN) out of the 246 responses received.

OUR PRACTICE NURSE WORKFORCE



Our PN workforce is **predominantly female**
 There is an **increase in the proportion of PNs aged less than 35 years**



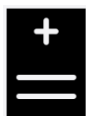
One in three PNs work in a rural practice



PNs who do not identify as Māori or Pacific make up 83.6% of our workforce

Numbers of PNs identifying as Māori and Pacific has tripled since the last workforce survey in 2009

93.9% of PNs are NZ-trained



22.2% of PN respondents are **nurse prescribers** equating to **8.5% of network** (compared with 4% of NZNC ‘Practice Nurses’)



Nearly 40% of PNs have symptoms of burnout with 13.4% recognising that their symptoms are not going away



Averages:

- Time since first registration is **21 years**
- Time working in primary care is **12 years**
- Time in current workplace is **7.5 years**



- 97% of PNs are **authorised vaccinators**
- 84% of PNs are **cervical screeners**
- 51% have completed **certified diabetes training**



- 76% of PNs have **access to a nurse lead**
- 61.4% of PNs provide **supervision of clinical skills**
- 38% of PNs have had **formal training of supervision**

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ABOUT THE SURVEY

The last full Pinnacle Workforce Survey was completed in 2009. The landscape of nursing in NZ has changed considerably in this time. This survey was an opportunity to better understand the complexities that are faced in primary care today, and how our services can best meet the people we serve into the future.

SUGGESTIONS FOR PRIMARY CARE TO THRIVE

- Being valued:
- through pay parity
 - for knowledge and specialism
 - by being properly resourced
 - by having access to training
 - by doing less administrative work



OUR PRACTICE NURSE WORKFORCE IS GETTING YOUNGER

The average age of PNs across the network is closer to 47 years than 48 years found in the 2009 survey.

The age profile of the PN workforce is getting younger, with nearly 22% of PNs aged less than 35 years compared to 10% of PNs in 2009. At the other end, the proportion of PNs in the 55+ age brackets has increased from nearly 26% in 2009 to

36% in 2023 – a percentage change of 38%.

The age distribution of the Network PNs has changed since 2009 (thick bars in figure below). In 2023 (thin line), there has been an increase in the proportion of PNs aged less than 35 years of age, but this is significantly offset by large decreases in the proportion of PNs from 35-54 years of age.

“Baby boomers, retiring over the last decade, are being replaced with younger, successively smaller cohorts; creating a vacuum [in the 40-55 year groups] in an already tight labour market”.

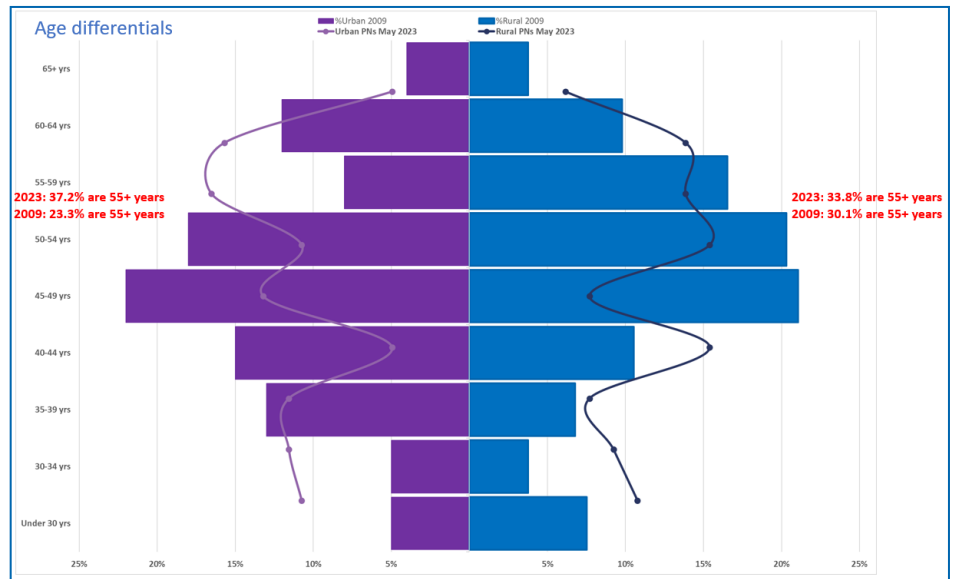
BECOMING A NURSE PRESCRIBER

Nurses seeking to become registered nurse prescribers require qualifications, training, assessment, and continuing competence assessments to be registered with Te Kaunihera Tapuhi o Aotearoa/NZ Nursing Council (NZNC) as registered nurses with prescribing rights. They are entered onto the register in one of three nurse prescriber categories. This is the first time we have reported on nurse prescribers in the Network.

Registered nurses who prescribe in community health (RNPCH) have completed an approved education programme. They can prescribe pharmacy-only and general sale items, and a limited number of medicines for minor ailments and illnesses. These medicines may only be prescribed for ‘normally healthy’ people who do not have significant health problems.

Registered nurses who prescribe in primary health and specialty teams are experienced nurses that have completed a postgraduate prescribing qualification, and work in collaborative teams. They can prescribe pharmacy-only and general sale items, and from a list of medicines for common and long-term conditions.

Registered nurses who prescribe in diabetes health can prescribe pharmacy-only and general sale items, and a limited set of diabetes-specific medicines. The pathway to this type of prescribing was closed in 2017, as it has been superseded by other types of prescribing.



“The percentage change of PNs who will reach retirement age in the next 10 years, or who are already at retirement age, has increased by 38% since 2009.”

NURSE PRESCRIBING IN OUR NETWORK

A total of 43 PNs identified that they had nurse prescriber qualifications of 194 respondents (22.2%). 40 nurses provided which category they were registered under with NZNC. Three PNs did not provide their category or answer other questions related to nurse prescribing and were excluded from the analysis in this section. The data are compared to the NZNC numbers for all registered nurses with an annual practicing certificate (APC) at the end of the last quarter (January to March 2023)

NZNC categories	Prescribers by category	Percentage	NZ Nursing Council
Registered nurse prescribing in community health (RNPCH)	23	57.5%	53.5%
Registered nurse prescribing in primary health and specialty teams	16	40%	45.9%
Registered nurse prescribing in diabetes health	1	2.5%	0.6%
TOTAL	40	8.5% of PNs*	4% of PNs**

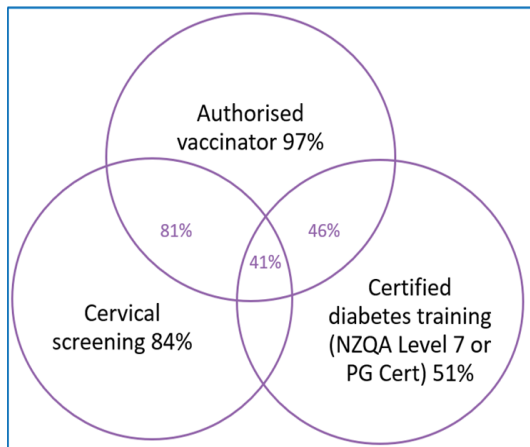
* Approx 470 PNs in Pinnacle MHN. Result based on respondents who identified as nurse prescribers.

** These data are gathered when a nurse applies to renew their Annual Practising Certificate and is based on the annual ‘snapshot’ of the Register of Practising Nurses as of the 31st March 2023. Nurses can select two ‘main’ practice areas. The figure used is representative of nurses that selected ‘Practice Nursing’ as at least one of their ‘main’ practice areas. It is not compulsory for nurses to provide NZNC with this information, and some nurses may choose not to provide a response. (Total =157/3,875)

“Māori responsiveness: Nearly 90% of PNs use teach-back technique - a way of checking understanding by asking clients/patients to state in their own words what they need to know or do about their health or follow-up. This is a clear health literacy tool that benefits all patients and their whānau.”

SPECIALTY AND OTHER TRAINING

PNs acquire an array of skills relevant to their practice. Nurses were asked if they had any specialist qualifications in nursing. The additional skills which come with a formal qualification—vaccinator training and cervical screening and diabetes — showed a high proportion of PNs had completed these.



The proportion of authorised vaccinators has increased to 97% from 94% in 2009.

PNs with cervical screening qualifications have increased to 84% from 63% in 2009.

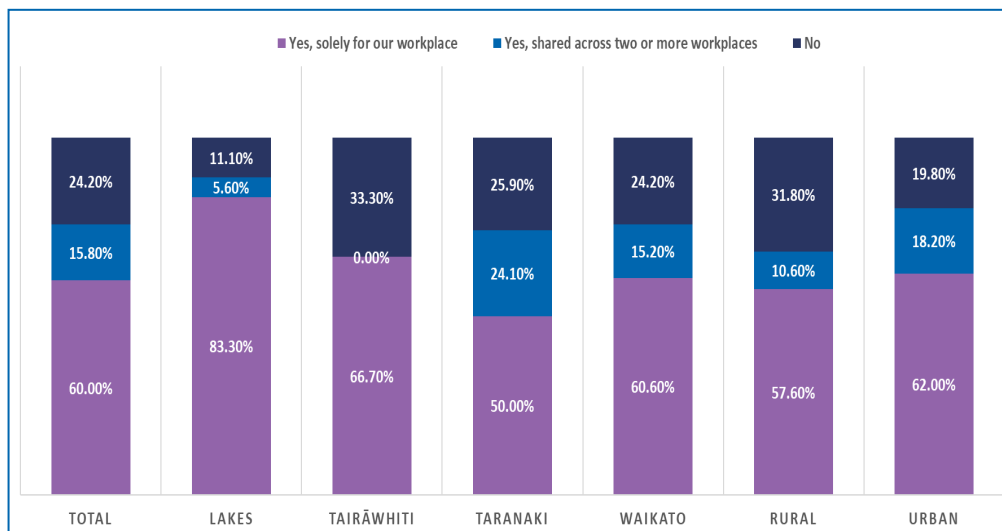
Diabetes training has reduced to 51% from 54% in 2009.

Other identified training included: wound care, B4 school checks, sexual health, ECG interpretation, Fitness to Drive medicals, long-term conditions management and Immigration medicals.

NURSE LEADERSHIP AND SUPERVISION

Leaders within nursing have a positive effect that can improve the quality of services and therefore, to grasp these opportunities it is important to invest in the development of leaders. Nursing leadership within the PN workforce is available to many practices, either at an individual practice level or shared across several practices, but this is not yet available to all.

76% of PNs had access to a nurse leader with 60% identifying a nurse lead solely for their workplace and nearly 16% shared across two or more workplaces.



Supervision of clinical skills is an added component of the workload for PNs, which may take on several forms – such as formal professional supervision (clinical supervision), mentorship, preceptorship, or less formal supervisory functions. 61.4% of PNs provide supervision of clinical skills to student nurses, colleagues and other visitors.

Supervision of clinical skills	%
Student nurse	47.6%
Practice centre assistant	43.4%
Registered nurse completing specialty training	29.1%
Enrolled nurse	6.3%
Nurse practitioner	0.5%

“Since 2009, non-client-related work across the network has reduced from 32% of average workload to 16.4%. Comments included praise for PCAs.”

SUPERVISION OF CLINICAL SKILLS

Supervision of clinical skills requires more than the interaction of two people observing a process.

Understanding the evidence-base of safe and effective patient care through: training; establishing and maintaining an environment for learning; teaching and facilitating the learning; supporting educational progress; guiding personal and professional development; and continuing professional development as an educator; are all important facets.

Supervision of clinical skills is most often provided to student nurses and practice centre assistants (PCAs). Support for registered nurses completing specialty training is also common. New graduate nurses (NeTP), registered nurses new to general practice and from the wider health care team, including GP registrars, house officers, dentists, dieticians and physio students, were also identified.

The type of training received by supervisors was varied and reported as follows:

45/116 PNs (38.8%) received formal training through an education programme to support supervision of clinical skills,

35/116 PNs (30.2%) identified ‘on the job’ training,

26/116 PNs (22.4%) received no training,

10/116 PNs (8.6%) identified having received training “a long time ago” x 2 and “would really love a refresher” x 1, through a hospital-based or previous workplace preceptor course x 4, undergoing a course at the moment x 1, having had a previous teaching qualification outside of nursing x 1 and one PN was just “unsure”.

Having an environment that supports education and training is vital in nurturing our future general practice health professionals, especially those who are there for a short while (plant the seed).

RETIREMENT INTENTIONS

185 PNs responded with their retirement intentions, although 59 PNs (31.9%) identified that they were not really sure, leaving 125 PNs (68.1%).

By 2028 (intentions in 5 years' time), over one-quarter of PNs from Tairāwhiti (26.7%) and Waikato (26.0%) are looking to be retired, with a massive 30.1% in Taranaki. There is no additional change identified in Lakes region.

A NZ study looking at retirement intentions of nurses aged 50+ identified access to flexible or decreased hours is required, along with less physically demanding work options and roles that recognise and utilise the knowledge, skills and experience of older nurses, are key factors in reducing attrition. It suggests these measures have the potential to enable older nurses to continue to contribute for longer to the workforce, albeit on a more part-time basis.

WORKFORCE PRESSURES

All nurses were asked to identify their level of burnout using their own definition based on a validated one-question scale. Where symptoms of burnout were identified, support structures such as EAP offered by Pinnacle to practice staff and available elsewhere (e.g. 1737 line) were provided as well as online tools.

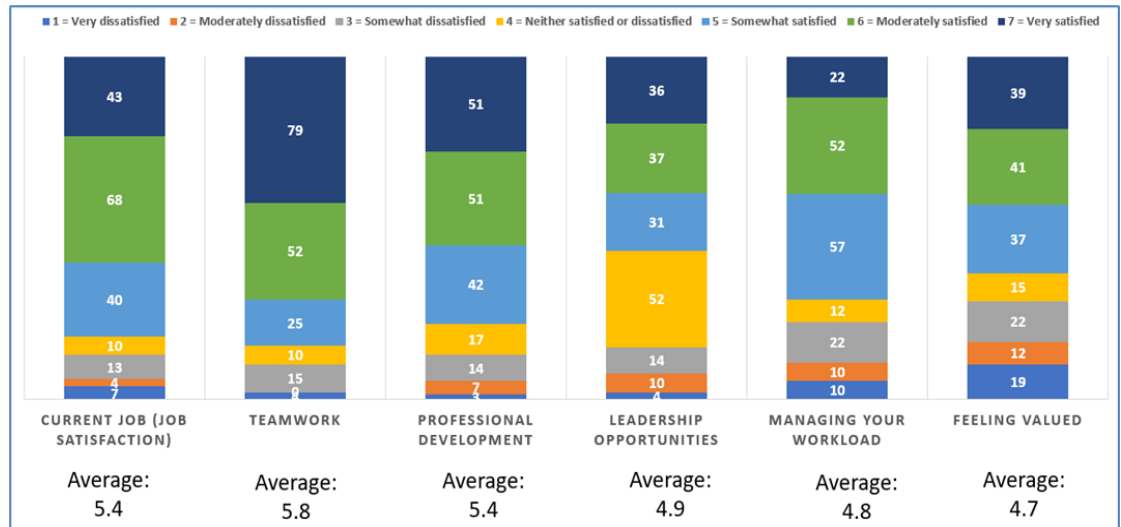
60.9% of PNs either have no symptoms of burnout or feel under stress with less energy but not feeling burned out.

Nearly 40% of PNs have symptoms of burnout with 13.4% recognising that their symptoms are not going away.



JOB SATISFACTION AND OTHER TOPICS

A final matrix was provided for PNs to rate topics from very dissatisfied to very satisfied based on their current job (job satisfaction), teamwork, professional development opportunities, leadership opportunities, managing your workload and feeling valued. Each result is introduced, displayed on a graph and has some key findings featured. Each response was scored with 1 = very dissatisfied to 7 = very satisfied. The average is reported without a standard unit. The number towards 7 indicates greater satisfaction and vice-versa, the lower the average, indicates greater dissatisfaction.



PNs showed a high degree of **job satisfaction** although there are pockets of nurses who are dissatisfied with their current job. They were on average moderately satisfied with **teamwork** and this was rated highest of the topics.

Professional development opportunities appeared satisfactory with equal numbers across the moderately satisfied and very satisfied categories and an average 5.4. Some PNs indicated dissatisfaction in this area.

Leadership opportunities were less strongly conveyed (average 4.9), with a large proportion being neither dissatisfied nor satisfied.

PNs identified being predominantly satisfied with **managing their workload** although a large number were dissatisfied in this area.

While many nurses felt satisfied with how **valued** they felt, this category had the highest number of dissatisfied PNs, particularly those identifying as very dissatisfied.

WORKFORCE RECOMMENDATIONS



PLAN

- A population health approach
- Workforce sustainability measures
- Strengthen engagement on workforce issues
- Build understanding of the nuances of workforce issues in the network
- A coordinated workforce leadership strategy
- Research and evaluation network



RECRUIT

- Growing the Māori and Pasifika workforce in general practice and primary care
- Promotion of general practice and primary care, including rural practice as a career pathway (for New Zealand and internationally qualified)
- Build skill-mix development



RETAIN

- Support wellbeing and reduce burnout
- Strengthen induction and early career support
- Workforce flexibility options for early career, mid-career and staff approaching retirement
- Gather feedback on how we can make primary care a place staff want to stay
- Expanding professional practice
- Growing existing staff
- Organisationally led representation

