

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.

In order to be registered as a mātanga tapuhi nurse practitioner (NP) in New Zealand applicants must meet the following criteria prescribed by the Nursing Council of New Zealand:

- Registration with the Nursing Council of New Zealand in the registered nurse scope of practice; and
- A minimum of four years of experience in a specific area of practice; and
- Successful completion of a clinically focused master’s degree programme approved by the Nursing Council of New Zealand, or equivalent qualification; and
- A pass in a Nursing Council assessment of nurse practitioner competencies and criteria.

9 nurses identified themselves as mātanga tapuhi nurse practitioners (NPs) out of the 246 responses received.

OUR NURSE PRACTITIONER WORKFORCE



Our NP workforce is **predominantly female**

The average age of NPs was 51.3 years



NPs who **do not identify as Māori or Pacific** make up nearly **80%** of our workforce

90% of NPs are **NZ-trained**



The average NP burnout score was **1.9** compared with PNs at 2.4



Averages:

- Time since first registration is **27.7 years**
- Time working in primary care is **16+ years**
- Time in current workplace is **8.9 years**



- The majority of NPs’ work is **face-to-face** in a work setting
- Virtual consults are continuing but **at less than 5 hours per week**
- **Non-client hours were few**, compared to the amount of non-client work (including administration) that PNs do

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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

- Pay parity with Te Whatu Ora senior nurse pay scale
- Attraction and retention
- More funding for education, salaries and support
- Development and implementation of social policy
- Professional development as a necessity



NP CONTRIBUTION TO LEADERSHIP AND MANAGEMENT

The questions relating to the content of work NPs perform in their professional practice was informed from an online survey of the NZ NP workforce conducted in mid-2019 and our results have been compared with this paper. The questions reflected NP contribution to leadership and management, policy development, locum work and research.

NPs are engaged in a range of work in addition to their clinical practice. Due to the small number of respondents, it does not reflect the contribution that network NPs make to leadership and management and to policy development.

None of our network NPs identified locum work or research as being a part of their workload, unlike the Adams paper, which identified 13% and 15% of NPs, respectively.

Leadership of clinical/practice development at regional or national level was not identified in the network NPs, whereas this is high, as in 36% of the Adams paper.

Adams et al (2020) A survey of the NP workforce in primary healthcare settings in NZ. NZMJ, 133: 1523, p29-40

FACTORS CONTRIBUTING TO JOB SATISFACTION

NPs identified that their job satisfaction comes from working in their particular specialty/interest area. This affirms the ability of NPs to safely and appropriately meet changing health needs within their area of influence.

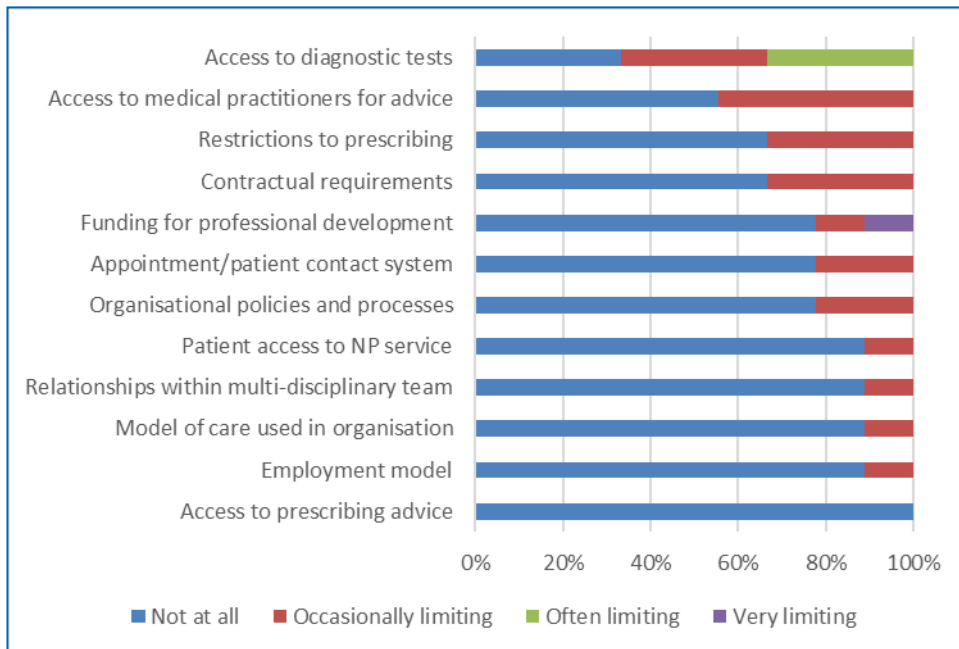
To a lesser degree interprofessional relationships and belonging to a professional group were key factors in job satisfaction.

Flexible working arrangements were low on the list (as was scheduling appointments) and this could be due to the majority of NPs working more than 35 hours per week (in which flexibility is not an issue).

| Factors that contribute to job satisfaction | Count |
|---|-------|
| Working in my particular specialty/interest area | 9 |
| Interprofessional relationships | 6 |
| Belonging to a mātanga tapuhi nurse practitioner professional group | 4 |
| Scheduling appointments | 3 |
| Flexibility of hours | 3 |

“I have an amazing role where I feel incredibly valued, supported and encouraged to work at the top of my scope. However, I realise that this is not the case for all.”

FACTORS THAT LIMIT NPs FULL SCOPE OF PRACTICE



Access to prescribing advice is identified as the least limiting of factors to attain full scope of practice, however, diagnostic tests were identified as the most limiting aspect of practice along with access to medical practitioners for advice.

Restrictions to prescribing was cited by one-third of respondents and a comment in relation to Section 29 was made.

Funding for professional development was not a limitation for most NPs but for one it was very limiting and another, occasionally limiting. Adams et al identified 45% of their respondents indicated a lack of funding with over half of this group identifying that no funding was available to them for professional development.

Another comment related to a lack of understanding of the scope of their roles. NP training and legislative changes have enabled NPs access to funding, which provides another means of service provision for patients/clients to receive expert care. NPs can also independently generate a viable income in general practice.

POSTGRADUATE STUDY AND PROFESSIONAL DEVELOPMENT

The NP qualification is a mandatory master's-level postgraduate programme and there are ongoing re-certification processes with NZNC. NPs are required to undertake 40 hours per year of professional development and ongoing peer review of their prescribing practice to maintain registration.

Over half of NP respondents received 5 or more days of professional development, which meets one part of their NZNC requirements. For two-thirds of NPs (6/9), access to professional development in the past 12 months was adequate.

Reasons given for not accessing more professional development were identified as: too busy at work x 2, cost not covered by employer x 1 and lack of subsidised or supported CNE funding for NPs x 1.

RESPONSIVENESS TO MĀORI

The workforce survey was an opportunity to establish a baseline for how health professionals were working with clients/patients in a manner that sought to uplift the mana of all patients with a particular focus on responsiveness that supports Māori aspirations.

| Day-to-day practices | % |
|---|--------------|
| Reaching consensus with Māori clients/patients about their management/treatment plans (goals, options, length) | 100% |
| Checking back (teach-back technique) | 88.9% |
| Working with knowledge gained from Te Tiriti o Waitangi and/or cultural competency training | 88.9% |
| Enquiring about whānau and their health needs | 88.9% |
| Greetings using te reo Māori | 88.9% |
| Karakia in meetings/consultations | 55.6% |
| Recalls focussed on increasing Māori engagement/participation in screening or health initiatives | 44.4% |
| Partnership with Māori organisations/groups in service provision or community initiatives, i.e. working alongside to improve outcomes for client/patient where specific skills are needed | 33.3% |
| Working to a Māori Health Plan developed within the workplace that sets out broad direction to address inequity | 22.2% |

NP LEADERSHIP AND SUPERVISION

Leaders within nursing have a positive effect that can improve the quality of services. Therefore, to grasp these opportunities, it is important to invest in the development of leaders. Nursing leads are available to the NP workforce either at an individual practice level or shared across several practices.

Two-thirds of NPs had access to a nurse lead with 55% identifying a nurse lead solely for their workplace.

It is recommended that nursing services should be led by nurses working within a professional practice model of leadership (i.e. line accountability for nursing).

Manatū Hauora (2018) Primary Health Care Nursing Leadership <https://www.health.govt.nz/our-work/nursing/nursing-leadership/primary-health-care-nursing-leadership>

Supervision of clinical skills was a feature of 8/9 NPs and covered a number of roles within the practice team.

| Supervision of clinical skills | % |
|--|--------------|
| Student nurse | 25.0% |
| Practice centre assistant | 25.0% |
| Registered nurse completing specialty training | 75.0% |
| Enrolled nurse | 0% |
| Nurse practitioner | 25.0% |
| Nurse practitioner on NP Pathway | 12.5% |

The majority of supervision is provided to registered nurses completing speciality training.

In comparison to RNs, NPs provide more supervision to other NPs and NPs in training.

RNs completing specialty training are supported by 75% of NPs, compared with 29% of RNs, however the small number of NP respondents may account for this difference, as well as size of practice (staff composition).

The NP role is less likely to support supervision of student nurses and practice centre assistants, who are most often under the delegation of RNs. These groups are supported by over 40% of PNs in the survey, who provide supervision of clinical and non-clinical skills.

Supervision training of clinical skills was identified by 6/8 NPs with half learning on the job and half completing an education programme.

WORKING ALONGSIDE MĀORI PATIENTS, WHĀNAU AND SUPPORT NETWORKS

100% of NPs identified reaching consensus with Māori clients/patients about their management/treatment plans. This is a testament to the way in which NPs work with clients.

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.

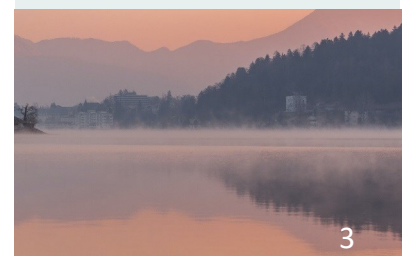
Nearly 90% of NPs have used knowledge gained from Te Tiriti o Waitangi and/or cultural competency training; providing a solid platform for understanding the challenges faced and how collectively NPs can make a difference.

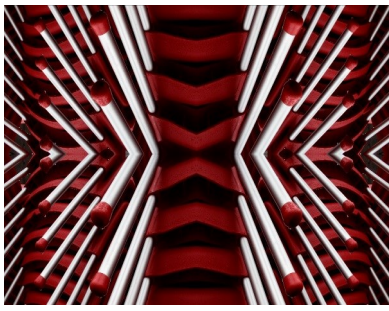
Nearly 90% of NPs enquire about whānau and their health needs as part of their day-to-day practices.

It is excellent to see that greetings using te reo Māori are also at 90%. In comparison, PNs reported 59% use.

Partnership with Māori organisations/groups in service provision was uncommon with 3/9 NPs identifying a relationship. This statement establishes the premise that general practice works alongside community providers and those in extended health roles to support our population. How NPs work with external support services, particularly for Māori clients, is not established.

Working to a Māori Health Plan, which are part of the Foundation Standards, was less common for NPs with 2/9 identifying that they do. This is comparison to 39% of PNs identifying working to one.





JOB SATISFACTION AND OTHER TOPICS

A final matrix was provided for NPs 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.

RETIREMENT INTENTIONS

8/9 respondents are intending to work for at least a further 6-10 years (with the majority indicating over 10 years) suggestive of a stable workforce for this group of NPs. One NP was unsure of her retirement intentions.

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.

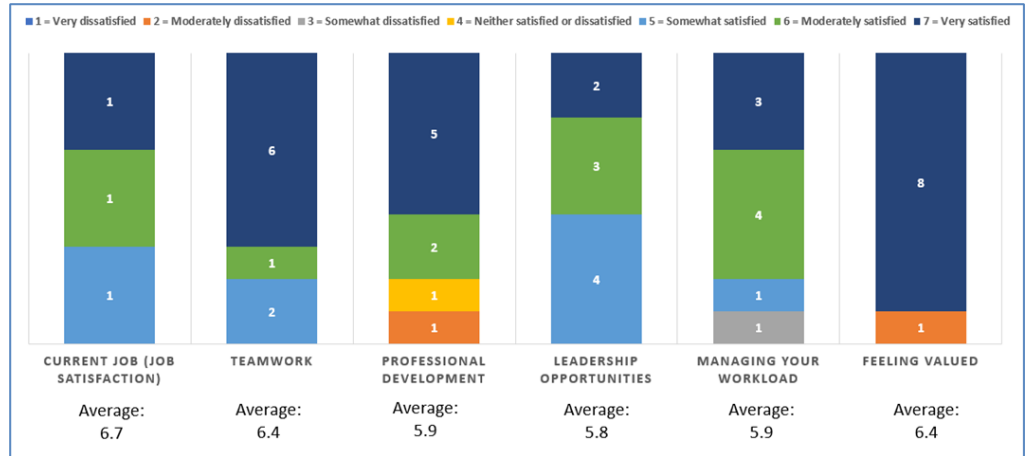
87.5% of NPs either had no symptoms of burnout or were feeling under stress with less energy but not feeling burned out.

12.5% of NPs have symptoms of burnout with 13.4% recognising that their symptoms are not going away.

FINAL COMMENTS

Nurse leadership in practice is poorly paid, poorly carried out and poorly supported but indicated clinically NPs were well supported.

There was a plea for organisational support of general practice staff; to campaign for better wages, education and support. In particular was the comparison to pay parity with hospital nurses, the tireless work during COVID and the current nursing workforce crisis. Many of these comments mirror those of nurses working in general practice and urgent care.



NPs show a **high degree of job satisfaction** with none identifying being dissatisfied with their current job.

NPs were mostly very satisfied with **teamwork** (6/9), compared with moderately satisfied (1) and somewhat satisfied (2).

Professional development opportunities were less strongly conveyed (average 5.9), with some NPs indicating that they were moderately dissatisfied (1) or neither dissatisfied nor satisfied (1) although the majority were moderately satisfied (2) or very satisfied (5).

Leadership opportunities were less strongly conveyed (average 5.8), with some NPs indicating that they were somewhat satisfied (4) versus moderately satisfied (3) and very satisfied (2).

Managing your workload was less strongly conveyed (average 5.9), with some NPs indicating that they were somewhat dissatisfied (1) and somewhat satisfied (1) although most were moderately satisfied (4) or very satisfied (3).

NPs **felt valued** (8/9), although one NP felt moderately dissatisfied with feeling valued.

On further analysis of the dissatisfied choices made, all came from one NP who had also indicated higher than average levels of burnout. It shows how burnout can become all-consuming and affect other aspects of work enjoyment, collegiality and satisfaction. Opportunities for receiving support were identified within the survey.

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

