Workforce Brief No.4

Community-based Nursing

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.

Community-based nurses work in various nursing roles outside of a structured clinic environment. This includes nurses who are part of the Extended Care Team (ECT), an interdisciplinary approach of clinical and non-clinical employees working together with general practice to provide support and education based on an individual's circumstances and needs, and other community-based nurses working in care in the community, in child health and immunisation, in mobile services, and with patients with long-term conditions.

17 respondents identified themselves as working in a 'Community/outreach/extended care team' role.

OUR COMMUNITY-BASED NURSING WORKFORCE

Our community-based nurses are **predominantly female**

The average age of nurses is **46.9** years

Community-based nurses who **do not** identify as Māori or Pacific make up **82%** of our workforce

90% of community-based nurses are **NZ-trained**

30% of community-based nurse respondents are **nurse prescribers**

Nearly 19% of community-based nurses have symptoms of burnout

Averages:

- Time since first registration is **18.9 years**
- Time working in primary care is **12.3 years**
- Time in current workplace is **6 years**.

- 70% of community-based nurses are **authorised vaccinators**
- 35.3% of community-based nurses have completed B4 school checks and sexual health training

- 87.5% of community-based nurses have **access to a nurse lead**
- Nearly 50% of community-based nurses provide **supervision of clinical skills,** with supervision training mostly learned '**on the job**'

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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

- A seamless patient record accessible by all those who provide health services—to bring together authentic relationships between providers
- Community connectedness in sharing health messages and being involved and excited about health outcomes
- Pay parity and pay equity
- Funding to address staff shortages

WORK TYPES FOR COMMUNITY-BASED NURSING IS VARIABLE

Work types for community nursing are variable depending on their employment contracts. As expected, community nursing involves more work outside of a clinic setting than would be expected from a nurse in general practice.

On average, nurses spend more time home visiting than working from a work setting and this is supported by more hours spent on non-client/patient facing work, possibly to complete clinical records and any follow-ups or referrals that are required.

Virtual consults and phone triage are a smaller part of the community nursing workload.

Community nurses do some but much less non-client related work—up to 5 hrs/wk—than has been identified in a general practice setting (up to 10 hrs/wk).

Work type	0 hrs	>0-4 hrs/ wk	5-9 hrs/wk	10-14 hrs/ wk	15-19 hrs/ wk	20-24 hrs/ wk	25+ hrs/ wk	Grand Total
In-person in the work setting	1	1	3	6	2		1	**14**
In-person – home visit	0	3		6	2	3	1	**15**
In-person – other venue	0	6	4	0	0	1	0	**11**
Virtual consult	1	6	2	2	0	0	0	**17**
Phone triage	2	7	1	0	0	0	0	**10**
Non-client/patient-facing	0	6	6	3	1	0	0	**16**
Non-client related work	1	8	5	1	0	0	0	**16**

"Taking services to the people is one way to increase access to health services and reduce barriers caused by upstream effects."

POSTGRADUATE STUDY

Nearly 60% of community-based nurses have postgraduate qualifications at certificate and diploma level.

Three community-based nurses expressed interest in becoming nurse practitioners but are not yet on the pathway, while one community-based nurse indicated moving towards a leadership/management path.

PROFESSIONAL DEVELOPMENT

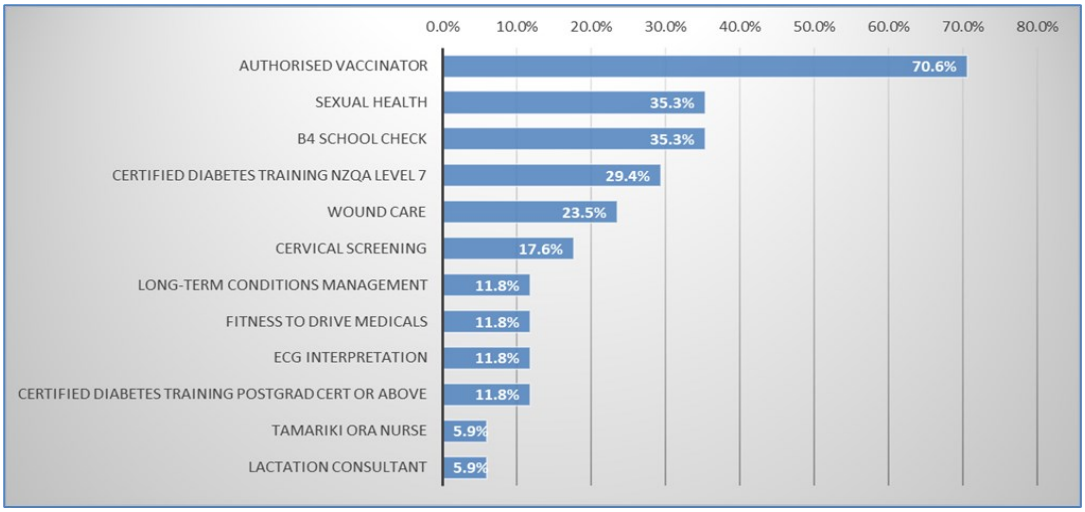
The most common barriers to professional development leave in the past 12 months were being too busy at work (3) and a lack of subsidised or supported CNE funding (1).

SPECIALIST QUALIFICATIONS AND OTHER COURSES

30% of community-based nurses identified that they were nurse prescribers, with the majority in the NZNC registered nurse prescribing in community health (RNPCH) category. A further two community nurses were working towards their nurse prescriber registration.

80% of nurse prescribers used their nurse prescriber skills often although the opportunity was greatest in seeing people with acute conditions rather than long-term conditions.

Community nurses hold a variety of qualifications which may or may not be relevant for their current job.



Over 70% of community nurses have authorised vaccinator status.

Sexual health and B4 school checks are held by one-third of respondents.

Some qualifications may have been gained from previous employment.

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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	%
Greetings using te reo Māori	94.1%
Working with knowledge gained from Te Tiriti o Waitangi and/or cultural competency training	82.4%
Enquiring about whānau and their health needs	82.4%
Reaching consensus with Māori clients/patients about their management/treatment plans (goals, options, length)	76.5%
Karakia in meetings/consultations	76.5%
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	76.5%
Checking back (teach-back technique)	70.6%
Recalls focussed on increasing Māori engagement/participation in screening or health initiatives	58.8%
Working to a Māori Health Plan developed within the workplace that sets out broad direction to address inequity	47.1%

Greetings using te reo Māori are common, at 94%. In comparison, PNs reported 59% use.

Over 80% of community nurses enquire about whānau and their health needs as part of their day-to-day practices.

Over 80% of community nurses 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 community nurses can make a difference.

Just over three-quarters of community nurses identified reaching consensus with Māori clients/patients about their management/treatment plans, using karakia in meetings/consultations, and partnering with Māori organisations and groups to improve outcomes for client/patient.

NURSE LEADERSHIP AND SUPERVISION

Community nurses often work in an autonomous manner. Nurse leadership is available to support nurses in their mahi.

87.5% of community nurses had access to a nurse lead, with 62.5% solely for their workplace and 25% shared across two or more places. A further 12.5% did not have access to a nurse lead.

A small percentage of respondents identified their role as nurse leads, suggesting many more community nurses who did not complete the survey may fulfil this role. For nurse leads, a good amount of time was spent in the nurse leadership role for which they were remunerated. While leadership training has been ad hoc it was clear that any training or recommendations given would be gratefully received.

The nurse leads felt part of the workplace management decision-making processes.

For our purposes, supervision of clinical skills was similar to 'bedside teaching' which occurred on the job and was often opportunistic in the course of business as usual.

Nearly 50% of community nurses identified themselves as being involved in the supervision of clinical skills. One respondent identified formal training for teaching adults, but most learned through 'on the job' training.

Supervision of clinical skills	%
Student nurse	87.5%
Practice centre assistant	50.0%
Registered nurse completing specialty training	50.0%
Kaiāwhina	12.5%

EXTENDED CARE TEAMS & THE HEALTH REFORMS

The way the health system is structured, and health services are delivered is changing. The public health and disability system has significant and ongoing issues in delivering equity and consistency for everyone. Demand for health services will keep growing, due to an ageing population, advances in care and many more people having chronic health conditions. Changes are being made to meet these future challenges and to make sure everyone gets the health services they need. The work of the ECT across the rohe aligns well with key health sector direction—including the key target areas of supporting people with diabetes and cardiovascular disease as well as a focus on cancer prevention.

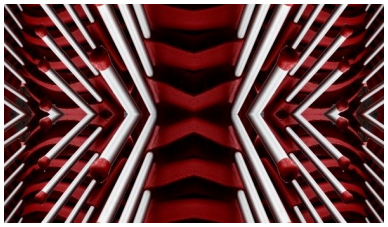
INCREASING ROLES THAT WORK WITH GENERAL PRACTICE AND OTHER REFERRERS

Patients often prefer, for a variety of reasons, to receive their care in the community.

Pinnacle has built a well-functioning ECT that can go to a patient's home or another more neutral setting. This can overcome barriers to access that can be overwhelming.

This team provides interprofessional care, taking referrals from GPs, nurses and social service providers and ensures a more wrap around service for the patient and their family. This way of working may also appeal to health professionals, helping with workforce retention.

Given what we know about the current health reforms this will be an area where support grows, and Pinnacle is well placed to implement this further as well as support other providers based on our in-house knowledge.



RETIREMENT INTENTIONS

The community-based nursing workforce appears stable with the majority not planning to retire for the next 10+ years.

5% indicated retirement in the next couple of years and a further 5% identified 3-5 years from now.

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.

81.2% of community-based nurses either have no symptoms of burnout or feel under stress with less energy but not feeling burned out.

18.8% of community-based nurses have one or more symptoms of burnout such as physical or emotional exhaustion.

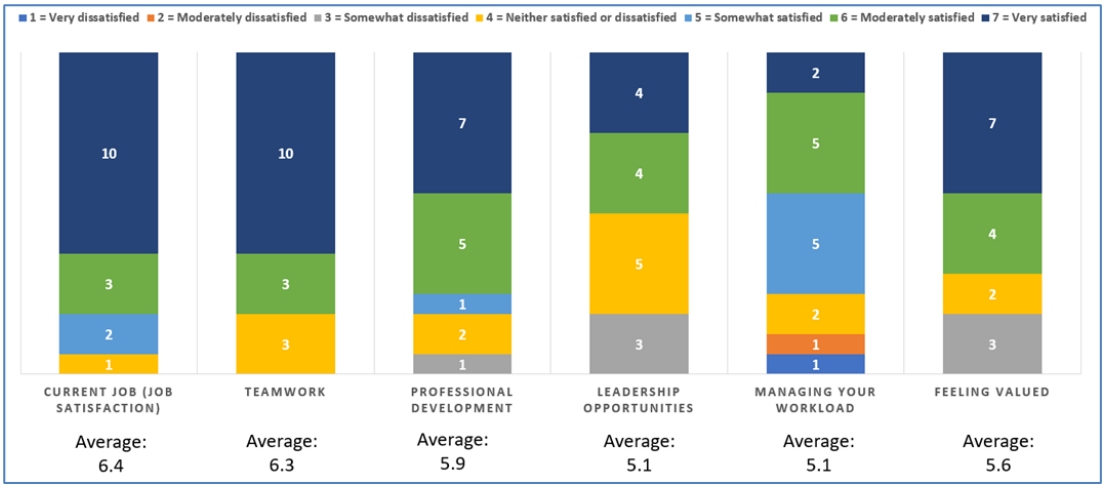
INCREASING THE MĀORI EXTENDED CARE WORKFORCE

For those professionals in extended care roles that responded to the survey, one-sixth identified as Māori. Given that the service has an equity focus increasing numbers of nurses to reflect the population is an ongoing ambition in helping communities to meet their health and wellbeing aspirations.

The April 2023 survey of Pinnacle stakeholders (general practice and external social service agencies) noted that more capacity would be welcomed in this service to meet the needs that can be identified in the community.

JOB SATISFACTION AND OTHER TOPICS

A final matrix was provided for community-based nurses 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.



Job satisfaction and **teamwork** are high with community nurses.

As with practice nursing, **leadership opportunities** and **managing your workload** scored lower than other categories. There was dissatisfaction expressed with both of these but was stronger when it comes to managing workload. Being overloaded can lead to burnout.

Community-based nursing averaged 5.6 for **feeling valued**, which sat between NPs (6.4) and PNs (4.7).

"We need to help people's social circumstances to make the most impact to their health. Finance, housing, access to nutrition, isolation within whānau and communities remain barriers. There is no time in primary care to get to know people anymore, so it is hard for people to develop trusting relationships with their health providers."

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

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