THE SHIFT FROM ACUTE CARE TO COMMUNITY

ARE THE RIGHT COMMUNITY HEALTH NURSE SUPPORTS IN PLACE?

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BC NURSES' UNION
Standing up for health care

THE BCNU WORKLOAD IMPACT STUDY

Heavy nurse workloads = negative outcomes
- Nurses: injuries, absenteeism, turnover
- Patients: falls, infections, dissatisfaction

The BCNU Workload Impact Study:
- Survey questions the same as a global survey, RN4CAST
  - RN4CAST has been done in US, UK, Europe, China
- 4,000 BC nurses across sectors: acute, LTC, community
  - First of its kind for community nurses

SURVEY DEMOGRAPHICS

311 community nurse respondents
- **Age**: Most ≥ 45 years*
- **Gender**: 95% female
- **Classification**: 92% RNs
- **Education**: 61% with BSN
- **Location**: Home care (40%), Public Health (30%) Mental health (11%), Other (19%)

* No one under 25 years answered the community survey. What could that mean?!

NURSING EXPERIENCE

Significant difference between years of nursing experience and community nursing experience

For example:

- 54% of respondents had 25+ years of nursing experience

- Only 8% of respondents had 25+ years of community nursing experience

WHAT DO YOU THINK?

- Demographics = older, more educated nurses

- Work Experience = more experienced nurses gravitate to community towards end of career

Questions to Consider:

- What does this mean for the workforce as we shift from acute to community care?

- How will we fill community care needs?
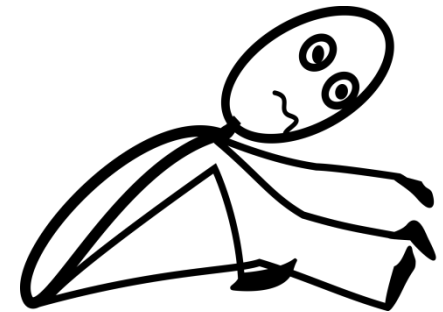
- New graduates?!!

EMPLOYMENT STATUS

Of our community nurse respondents:

59% work full-time

30% work part-time

11% work casual

PART-TIME AND CASUAL WORK

Of those working part-time and casual, only 14% interested in
full-time work

Main reasons for working part-time/casual:

- Preference for fewer hours

- Caring for children

- **Flexible** hours/work

- Full-time jobs too demanding

WORK HARD

STAFFING ADEQUACY

- Staffing and workload are closely connected

- Our community nurse survey respondents said:

   > There are not enough RNs (72%)

   > There are not enough allied health professionals (72%)

   > There is not enough home support (67%)

NURSING TASKS LEFT UNDONE

Tasks Left Undone on last visit	% Respondents
Responding to client phone calls	46%
Developing/updating care plans and pathways	46%
Adequately documenting care	43%
Educating clients	40%
Comforting/talking to clients	38%
Scheduling future visits	35%
Adequate client surveillance	21%
Pain management	2%
Medication administration	2%

NON-NURSING TASKS

Non-nursing tasks performed on last visit	% Respondents
Clerical duties	90%
Obtaining supplies	52%
Housekeeping	41%
Transporting patients and/or specimens	18%
Going to pharmacy	13%

PERCEPTIONS OF WORKLOAD

A few times a month or more:

- I arrive early or stay late (78%)

- I work through breaks (85%)

- I feel there is too much work to do (81%)

- I compromise my professional standards (41%)

CLIENT ACUITY AND DEPENDENCY

Client acuity = complex clients with many co-morbidities, fragile, vulnerable, unstable

39% of respondents rated their clients as <u>moderately to very acute</u>

Client dependency = needing assistance with activities of daily living, making decisions

12% of respondents rated their clients as <u>very dependent</u>

NURSE OUTCOMES

- Heavy workload→ burnout, PTSD, insomnia, anxiety

- In this survey, respondents reported:

  > Medium to high levels of burnout (70%)

  > Sleep disturbances/insomnia (59%)

  > Anxiety (26%)

  > 36% had PTSD measure scores indicating a need for further professional evaluation and care
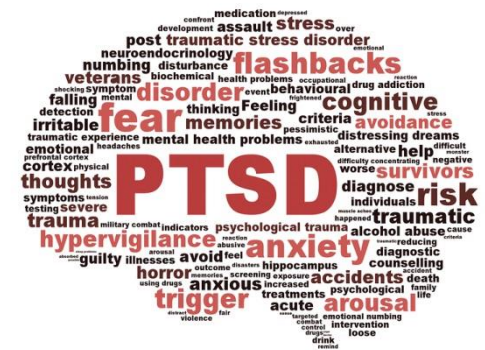
INTENT TO LEAVE

A good indication of actual turnover

- 25% *"somewhat likely"* to leave

- 25% *"very likely"* to leave

The main reasons

> Workload

> Management practices

> Burnout

> Lack of respect

> Inability to provide safe, competent care

> Retirement

QUALITY/SAFETY CULTURE

Respondents were asked to assign an overall "client safety grade" to their workplace

13% = excellent

37% = very good

35% = acceptable

10% = poor

4% = failing

CAUTION!

QUALITY/SAFETY CULTURE

Respondents were asked to indicate changes in quality of care over the last year

8% = improvement

45% = no change in quality of care

47% = deterioration in care over the last year

QUOTES

"I work in a community mental health and substance use setting that employs many unregulated care aides. Over half the residents have purple dots for histories of violence and aggression. Management and many staff do not grasp the danger of working with these residents and the care needed to protect every person on site …

We do our best with the resources, but we fall of short—

of what I consider safe living and care standards."

QUOTES

"There is no support for relevant education. There is no vacation or sick relief so we have to drop what we're doing and pitch in. We have had cuts to clerical staff and do more non-nursing things. The role of the public health nurse is being annihilated."

"I worked in the community-then went away for 14 years and am back now. The acuity of clients now living at home has doubled. 14 years ago it was completely unheard of to be completely bed bound and require 2 community health workers to go in and manage care."

MORE QUOTES…

"I cannot imagine working full time. When I come home after work I can't stop thinking about the clients I have seen that day, and wondering if I did all I was supposed to do, and if there was something more I could have done. Many a night I have laid awake thinking about work. I have suffered stomach pain and diarrhea during stressful work times. Not only is it hard on me, but it is hard on my family who have to endure my moods and anxiety."

"I sincerely love my work in public health as I have the opportunity to truly support and promote health and to prevent illness in my clients. My biggest beef is the increasingly poor decisions made by management, and the profound lack of respect for our team."

BEING A NURSE

- Despite workload and staffing issues within their current jobs, 80% of community nurses were satisfied with being a nurse

- **Nurses love what they do**

- Employers need to do more to support the work nurses love to do