



WORKPLACE
RESEARCH CENTRE

**Working Conditions of Doctors and Nurses
in NSW Public Hospitals**
Survey for Submission to the Garling Inquiry

Submitted to Australian Medical Association (NSW)
Australian Salaried Medical Officers' Federation (NSW)
NSW Nurses' Association
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This study is the result of the cumulative efforts of many people.

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1. Background

A wide-ranging Commission of Inquiry (the *Garling Inquiry*) is being undertaken into the NSW public health system. The New South Wales Australian Medical Association (AMA) and the Australian Salaried Medical Officers' Federation (NSW) (ASMOF) and the NSW Nurses' Association, commissioned the Workplace Research Centre, University of Sydney to examine the views and experiences of doctors and nurses in the NSW public hospital system. In particular the study collected sample survey information on the adequacy, or as it revealed, the inadequacies, of current working conditions and arrangements within the public health system. This report summarises the findings from this survey.

The report is structured into four subsequent sections. The next section, Section 2, outlines the methodology used to conduct the study. Section 3 profiles the characteristics of the sample with regard to profession, facility, area health service and department or specialist area. Section 4 examines hours of work among the members surveyed. Section 5 reports on perceived working conditions of public hospital nurses and doctors.

2. Approach

This section outlines the methodology used to generate the original data underpinning this report.

Sampling Frame

The population studied in this project was

1. Doctors (including registrars) working for NSW public hospitals, across specialist areas and role categories who are members of AMA and/or ASMOF; and
2. Nurses working for NSW public hospitals who are members of the NSW Nurses' Association.

The majority of doctors and nurses belong to one of the associations listed above. The views presented in this report can, therefore, be regarded as being representative of these professions more generally. Random samples of members working in the public hospital sector were drawn from the AMA and the NSW Nurses' Association databases, whilst a full enumeration of members from ASMOF was included in the overall sampling frame. In total, a response rate of 31 per cent was achieved. Table 1 provides a breakdown of the sampling frame and the response rates by each sub-sample.

Table 1. Sample and Response Rates

	NSWNA	ASMOF	AMA	Total Doctors	Total Study
Total Sample Size*	668	1542	650	2192	2860
Usable responses	588	800	176	976	1564
Response rate	88%	52%	28%	45%	55%

*Total sample size for NSWNA includes total persons contacted by phone who refused. All other groups were contacted by email, and sample size includes all who did not complete the survey after receiving an email request.

Developing the Questionnaire

The primary question of interest in this study was *'What are working conditions like for doctors and nurses in NSW public hospitals'*. To help answer this question data were collected on the following subjects:

1. Role – job category, metro/regional/rural;
2. Working Hours – time spent, and unpaid hours worked, in public hospitals;
3. Resources – perceptions of staffing levels, equipment, beds, and working environment;
4. Morale –involvement in decisions, intentions to remain, and feeling valued; and
5. Problems and proposed solutions.

Three questions from the national Australia@Work survey were also included. These allowed us to benchmark NSW doctors' and nurses' attitudes and frustrations, as well as experiences of consultation and work intensification with those prevailing amongst the Australia-wide workforce.

A pilot study of the draft survey was conducted over the phone with 26 nurses and 26 doctors before the survey was finalised. During the pilot study respondents were asked about problems in the public hospital system. These responses were especially helpful for developing coding frames used in many of the questions. In addition, they helped refine a series of open-ended survey questions seeking ideas for possible solutions to these problems. Due to time constraints this report does not include an analysis of these open-ended questions, rather the responses were provided verbatim to the organisations involved for their consideration in the subsequent submission.

Survey administration

The survey was administered to AMA and ASMOF members between Monday 3rd March and 11th March 2008. Potential participants were emailed a web-link to an on-line survey and followed-up via email 2 days after the commencement of the survey to remind them of the importance of completing the survey. The NSW Nurses' Association members were surveyed by phone between Monday 3rd March and Tuesday 11th March. These phone survey interviews were conducted by the ACTU's "membership connect".

3. Profile of Respondents

This section provides an analysis of the key personal characteristics and workplace details of the doctors and nurses who responded to the survey. For the purpose of this analysis a group referred to in this report as 'Junior Doctors' was formed combining responses from interns, resident medical officers, senior resident medical officers and registrars into a single sub-group. Responses from staff specialists were combined with those of career medical officers (CMOs) because of the relatively small number of CMOs ($n = 42$, or 3%) and the similar responses provided by each of these groups. Just over 3 per cent of all doctors are employed in managerial or academic roles and almost 3 per cent of nurses are employed as either managers or Assistants in Nursing (AiNs). These groups were separated out from the main sub-groups and classified as either 'Other doctors' or 'Other nurses'. A total of 21 people did not provide a sufficient description of their role to be able to be classified so were therefore removed from any analysis that was dependent of a role description (see Table 2).

Staff Specialists were the largest single response group in the sample (48.4%) and combined with career medical officers (CMOs) formed 51 per cent of all respondents. Overall, 62.5 per cent of respondents were doctors and the remaining 37.5 per cent were enrolled or registered nurses, or midwives.

Table 2. Current role performed

Current Role	Count	Percent
Junior Doctors	57	3.7
Staff Specialists/CMOs	793	51.1
VMOs	69	4.4
Enrolled Nurses	115	7.4
Registered nurses/midwives - Yrs 1-7	100	6.4
Registered nurses/midwives - Yr 8	210	13.5
Senior Nurse roles	114	7.3
Other doctors	52	3.3
Other nurses	43	2.8
Total	1553	100.0
Missing	21	
Total	1574	

Population: All respondents

Just over half of all respondents (52%) worked in a major teaching hospital and a further fifth (21%) worked in either a regional or rural hospital (see Table 3).

Table 3. Type of Facility

Facility type	Count	Percent
Major teaching hospital	823	52.4
Metropolitan/ urban hospital	261	16.6
Regional hospital	194	12.4
Rural hospital	140	8.9
Community services	82	5.2
Ambulance Service	3	.2
Justice Health	21	1.3
Other	46	2.9
Total	1570	100.0

Population: All respondents

Table 4 provides the numbers and proportions of all respondents by the main department in which they work. Doctors and nurses working in medical units are the largest subgroup with regard to department of specialist area worked (33%; see Table 4).

Table 4. Main department of work

Department	Count	Percent
Medical	520	33.4
Surgical	128	8.2
Emergency department	159	10.2
Intensive care	57	3.7
Operating theatres/perioperative	105	6.7
Maternity	99	6.4
Paediatrics	82	5.3
Mental health	141	9.1
Community health	53	3.4
Diagnostics (Radiology, pathology, nuclear medicine, etc)	124	8.0
Other	64	4.1
Administration/Management	24	1.5
Total	1556	100.0

Population: All respondents

Table 5 shows that approximately one fifth of all respondents work in either the South Eastern Sydney/Illawarra or Sydney South West Area Health Services (22 per cent, respectively). Just over 1 in 10 work in either in the Northern Sydney/Central Coast, Sydney West, or Hunter/New England Area Health Services.

Table 5. Area Health Service

Area Health Service	Count	Percent
Northern Sydney/ Central Coast	208	13.6
South Eastern Sydney/ Illawarra	333	21.8
Sydney South West	343	22.4
Sydney West	195	12.7
Childrens Hospital at Westmead	54	3.5
North Coast	67	4.4
Hunter/ New England	182	11.9
Greater Western	81	5.3
Greater Southern	68	4.4
Total	1531	100.0

Population: All respondents

4. Hours of work

There has been significant public and media debate about the extended hours doctors work for some years now. A report released by the AMA in 1998 on extreme working hours of junior doctors defined 'long hours' as over 50 hours a week. This takes into consideration European Union, UK, and Australian federal and state industrial award definitions of hours. The impact of long working hours for doctors is serious. A 1998 study by Nocera and Khursandi has shown that long working hours can lead to fatigue which can impair decisions, judgment and competence. In turn, this may then impact on patient treatment and quality of care. While this report does not intend to elaborate on the extensive research that has been undertaken on the implications of long work hours, it should be noted that there are many studies that have this as its central tenant.

In this survey, doctors and nurses were asked how many hours they usually work a week in their main job, including paid and unpaid hours. On average full-time doctors work 53 hours per week, and part-time doctors work, on average, 33 hours per week¹. Full-time nurses work, on average, 43 hours a week, while part-time nurses work, on average, 29 hours a week. However describing the average hours worked hides a large part of the working hours story, and does not indicate the extreme hours worked by both doctors and nurses working full- and part-time.

Table 6, below, shows a categorised breakdown of the usual hours worked of both nurses and doctors. While the majority (60%) of full-time nurses work between 40 and 50 hours a week, a further 8 per cent work more than 50 hours a week. However, this is a small proportion compared to doctors, of which one quarter (26%) work between 40 and 50 hours a week, and nearly three quarters (72%) work more than 50 hours a week. To disaggregate this further, (though not demonstrated in the table below) 39 per cent of full-time doctors work between 50 and 59 hours, 24 per cent work between 60 and 69 hours and 9 per cent work more than 70 hours.

¹ This is based on 'usual' hours worked per week.

Part-time work does not appear to be a remedy for long working hours for either doctors or nurses. The widely accepted definition of part-time employment is working less than 35 hours a week, however 11 per cent of nurses contracted to work part-time are working more than 40 hours a week. Yet, once again, doctors are under even more working time pressure than nurses. Nearly one third (31%) of doctors contracted to work part-time are working more than 40 hours a week, and of these 11 per cent are working more than 50 hours per week.

Table 6. Hours worked, nurse and doctors by employment status, per cent

Hours Worked	Nurses		Doctors	
	Part-time	Full-time	Part-time	Full-time
Less than 30	50.4	0	35.8	1.5
30 to 40	38.6	32.2	33.7	0.7
40 to 50	10.1	59.8	19.3	25.9
More than 50	0.9	8.0	11.2	71.9

Population: All respondents

When establishing the significance of long hours worked in the public hospital system, it is important to situate extreme hours in the context of the departments in which they are worked. Table 7, below, displays usual hours worked by doctors and the department in which they work. The table includes two categories for long hours, 50-59 hours, and 60 or more hours. The purpose of this breakdown is to look at both 'long hours' (50-59) and what will, from here on, be classified as 'extreme hours' (60+).

While the majority of doctors are working long hours, regardless of their department, particular departments are more likely to be working extreme hours. More than 40 per cent of doctors in medical, surgical/operating, and maternity/paediatrics departments are working extreme hours. Nearly one in five doctors working in emergency department/intensive care and mental health/diagnostics work extreme hours. Of particular concern is that 90 per cent of doctors in maternity/paediatrics are working over 50 hours a week.

Table 7. Hours of work by department*, per cent

Department	Hours of work: Doctors				
	Full time				Part time
	<40	40 - 49	50 - 59	60+	40+
Medical	1.9	16.8	34.1	47.1	14.9
Surgical/Operating	0	23.1	34.6	42.3	9.7
Emergency department/Intensive care	2.8	36.1	41.7	19.4	17.6
Maternity/Paediatrics	1.5	9.0	49.3	40.3	31.4
Mental health/Diagnostics**	2.3	40.5	39.7	17.6	29.4

Population: All full-time doctors regardless of hours worked, and all part-time doctors working over 40 hours

*Administrative and management have been removed as the sample size was too small to disaggregate

**Diagnostics includes radiology, pathology, nuclear medicine etc

When discussing long working hours, it is important to dedicate a section to junior doctors. It is widely accepted in the medical profession that junior doctors will work long

and extreme hours. Some more senior doctors see this as a 'toughening up' process (Holmes, 1998). However, this explanation ignores or excuses the long-established systemic and structural factors that contribute to a continued acceptance of unhealthy and dangerous hours of work within the public hospital system. These include understaffing and reliance on teaching positions for care service delivery. Nevertheless, this survey confirms that junior doctors are working longer hours than other groups of doctors.

The average total hours full-time doctors work each week equates to around 53 hours, which holds true for staff specialists, CMOs, and other doctors. Yet full-time junior doctors are working an average of nearly 57 hours a week. Further, 16 per cent of junior doctors usually worked more than 70 hours a week, a higher proportion than any other sub-group of doctors, and in line with previous research (AMA, 1998). However, the fact that this figure confirms research conducted 10 years ago is particularly worrying, as it indicates that despite the calls and campaigns for safer working hours of junior doctors (Holmes, 1998) in the past ten years, little has been achieved in NSW public hospitals.

A further concern with the long hours worked by junior doctors is that both this study, and earlier (AMA, 1998) research, has shown that these extra hours consist of direct patient care. As discussed earlier, research has established the relationship between long working hours, fatigue, and poor patient care. Therefore it is important to not only reconsider the working hours expected of junior doctors, but actually implement change. It appears that long working hours are firmly entrenched in the current system and it would take more than mere agreement that there is a problem to change. Not only must policy be directed towards change, the attitudes of those currently practising long working hours, and the attitudes of those encouraging, or not actively discouraging, long hours must be altered. Most importantly staffing levels and proper workplace training arrangements need to be established to make desired policy in this area a reality.

Unpaid Work

Two thirds (64%) of nurses undertake unpaid work. Of these, two thirds work on average 3.4 extra unpaid hours a week. While it was outside the scope of this study to collect data on the amount of unpaid hours of work done by doctors it is evident from the long hours that are worked, that they are doing extra hours outside of contractual or salaried arrangements.

Whilst we didn't collect actual unpaid hours, doctors were asked about activities undertaken that are outside of contracted working hours. Table 8, outlines the activities that make up the majority of unpaid work for different groups of doctors. As discussed earlier, junior doctors spend the majority (61%) of their unpaid work undertaking direct clinical work. For all other groups of doctors the activity which takes up the majority of their time (approximately 40% for all) is clinical-related administration.

Table 8. Position by Unpaid work activities, per cent

	Direct clinical work*	Clinical-related administration	Teaching and related activities	Research and related activities	Activities related to your profession	Does not work extra hours	Total
Junior Doctors	61.4	15.8	5.3	1.8	10.5	5.3	100
Staff Specialists/CMOs	31.8	41.6	7.3	8.6	5.0	5.7	100
VMOs	13.0	40.6	11.6	2.9	11.6	20.3	100
Other doctors	27.5	41.2	3.9	13.7	7.8	5.9	100

Population: All doctors

*Not including teaching or administration

An exhausted public hospital system

With such high average working hours, it is not surprising that levels of reported exhaustion are extremely high in the survey population. Indeed only 6 per cent of public hospital doctors and nurses reported that they are 'rarely' or 'never' exhausted at work whilst over half (52%) are 'always' or 'usually' exhausted. Perhaps even more alarming is that junior doctors are never *NOT* exhausted (Table 9).

Table 9. Feelings of exhaustion by job role, per cent

	How often do you feel exhausted at work?					Total
	Always	Usually	Sometimes	Rarely	Never	
Junior Doctors	12.3	56.1	31.6			100.0
Staff Specialists/CMOs	9.4	36.8	48.8	4.9	.1	100.0
VMOs	8.7	24.6	47.8	15.9	2.9	100.0
Enrolled Nurses	36.0	32.4	23.4	6.3	1.8	100.0
Registered nurses/midwives - Yrs 1-7	29.6	34.7	28.6	6.1	1.0	100.0
Registered nurses/midwives - Yr 8	21.0	39.0	37.0	3.0		100.0
Senior Nurse roles	23.2	35.7	36.6	3.6	.9	100.0
Other doctors	13.5	32.7	46.2	5.8	1.9	100.0
Other nurses	25.6	20.9	41.9	9.3	2.3	100.0
Total	15.8	36.1	42.3	5.2	.6	100.0

Population: All respondents

5. Work Environment

This section explores the NSW public hospital doctors and nurses views about their experiences at work. The data reveals serious impending issues of possibly the worst combination; staff intentions to quit the public hospital system are high, there are multiple and substantial resource shortages across the system, and the workforce is exhausted.

Staff retention crisis

Almost two-thirds (62.4%) of all public hospital medical staff and nurses have seriously considered leaving the public system in the last 12 months (see Table 10). Whilst there is some variation by different staffing groups concerning the extent to which leaving has

been considered, the severity of this problem cannot be understated. Even amongst those least likely to state that they had seriously considered leaving – junior doctors – half have contemplated leaving the public system in the last 12 months. This is of particular concern given that these doctors are reliant on the public health system and any consideration of leaving is tantamount to reconsidering their careers. Most troubling of all is the category with the weakest association to their workplace and the best reported working conditions – VMOs - are the group that has considered leaving more often than any other sub-group.

Table 10: Has seriously considered leaving the NSW public health system in the last 12 months, per cent

	Have you seriously considered leaving the NSW public health system in the last 12 months?	
	Yes	No
Junior Doctors	50.9	49.1
Staff Specialists/CMOs	64.6	35.4
VMOs	69.6	30.4
Enrolled Nurses	56.8	43.2
Registered nurses/midwives - Yrs 1-7	64.3	35.7
Registered nurses/midwives - Yr 8	59.7	40.3
Senior Nurse roles	63.4	36.6
Other doctors	53.8	46.2
Other nurses	55.8	44.2
Total	62.4	37.6

Population: All respondents

Retaining staff

In order to combat the desire for medical staff to leave the public hospital system, a detailed understanding of the factors that may cause them to reconsider leaving is required. Doctors and nurses were both given a list from which they could choose up to three factors that would encourage them to remain in the public hospital system. The number one motivation for nurses is improved pay (61%), followed by greater recognition or respect for their work by management, Table 11.

Table 11. Nurses: Factors that would encourage you to remain in the public hospital System, per cent

	Percent
Improved Pay	60.9
Greater recognition/respect for the work I do from management	52.1
Reduced workload	41.7
Improved penalty rates/compensation for unsocial hours	34.3
More access/time for professional development	26.3
Improved work/life balance	26.3
More clinical support from senior/specialist nurses	18.3
More clinical support from other health professionals	16.0

Population: All nurses

Unlike nurses, who share similar motivations regardless of job roles, doctors views are dependent on their position. While staff specialists/CMOs, VMOs and other doctors share similar motivations to remain in the public hospital system, junior doctors have quite different views. This is indicative of the different work experiences of junior doctors, who, as we saw in the section on hours, work excessive hours and spend most of their unpaid work time on patient care. Other doctors are more likely to spend their unpaid work time on clinical-related administration.

Unsurprisingly, junior doctors are more likely than other doctors to rate a better work/life balance (62%), improved pay (52%), improved professional development (31%), and more clinical support from other health professionals (28%), as motivations to remain in the public hospital system, Table 12. Staff specialists/CMOs, VMOs and other doctors are most likely to rate receiving greater recognition by management (45%, 47% and 50%, respectively) and improved administrative support (44%, 43% and 46%, respectively) as encouragements to remain.

Table 12. Doctors: Factors that would encourage you to remain in the public hospital system by job role, percent

	Junior Doctors	Staff Specialists/ CMOs	VMOs	Other doctors
Improved pay	51.7	33.9	40.4	42.9
Time for research	6.9	16.7	2.1	21.4
Improved secretarial/administrative support	24.1	43.4	42.6	46.4
Improved accommodation (incl car parking)	6.9	11.8	10.6	10.7
Reduced bed occupancy rate	10.3	19.3	29.8	10.7
Time to supervise/teach other clinical staff	3.4	21.1	23.4	10.7
More clinical support from other health professionals	27.6	12.0	14.9	17.9
Improved professional development	31.0	19.1	17.0	14.3
Improved work life balance	62.1	29.3	27.7	25.0
Reduced workload	44.8	30.9	23.4	35.7
Greater recognition/respect for the work I do from management	17.2	45.4	46.8	50.0

Population: All doctors

Feeling Valued

The extent to which medical staff and nurses are considering leaving the public hospital system may be due to a number of factors. It is not possible to determine causal relationships through an attitudinal survey. Nevertheless, the perceptions respondents have about the extent to which they are valued, or not, by the people who they work for, and with, may go a long way to explaining their obvious dissatisfaction with the public hospital system. Table 13 presents the average responses from various respondent groups to questions asking them to rate from 1 (not at all) through to 10 (highly) the extent to which they feel valued by the different people, groups and departments with whom they come in contact through work. Public hospital staff clearly feel much more valued by patients, co-workers and other health professionals than they do by hospital or service management, area management or the Department of Health.

Table 13: Mean perception of respondents in different roles of feeling valued by different current people/groups with whom they interact*

Role	Patients	Co-workers	Other health prof	Hospital / service mgmt	Area mgmt	Dept Health
Junior Doctors	7.46	7.09	6.32	4.23	3.21	3.11
Staff Specialists/CMOs	7.90	7.97	6.95	4.64	3.59	2.96
VMOs	7.77	7.78	6.93	4.40	3.26	2.61
Enrolled Nurses	7.65	7.72	6.45	5.28	4.05	4.05
Registered nurses/midwives - Yrs 1-7	7.93	7.48	6.58	5.23	4.18	3.91
Registered nurses/midwives - Yr 8	7.75	7.63	6.54	5.17	4.06	3.67
Senior Nurse roles	8.10	7.90	6.81	5.70	4.23	3.64
Other doctors	7.93	8.02	7.48	4.94	4.04	3.61
Other nurses	7.29	7.81	7.02	6.90	5.68	5.03
Total	7.84	7.83	6.83	4.91	3.79	3.27

Population: All respondents

*10 = Feel very valued, 1 = Does not feel valued at all

Consultation and Work Intensification

A number of key workplace issues relating to level of consultation, trust and work intensification were able to be tested against a national benchmark survey of over 8,000 workers². These measures provide an indication of the experiences at work of public hospital staff relative to the experiences of an 'average' Australian employee. Compared to the perceptions of non-managerial Australian workers, public hospital employees perceive that:

- managers within their hospital or service (workplace) are far less trustworthy;
- far less consultation is taking place on matters affecting staff; and,
- much more is expected of them for the same amount of pay.

Table 14 provides a breakdown of these measures for an average employee and for doctors and nurses within the public hospital system.

² The Australia@Work survey is a national longitudinal survey. The first wave of data was collected between March and July 2006.

Table 14: Occupation by various attitudinal questions, per cent

	Australian employees	Doctors	Nurses
Managers at my workplace consult employees about issues affecting staff			
Strongly agree	19.6	2.6	6.5
Agree	51.4	24.3	36.1
Neither agree nor disagree	6.5	11.2	7.2
Disagree	15.6	34.2	30.8
Strongly disagree	5.5	27.7	19.4
Managers at my workplace can be trusted to tell things the way they are			
Strongly agree	18.0	2.1	3.9
Agree	52.7	15.0	29.4
Neither agree nor disagree	7.9	14.3	10.3
Disagree	14.8	32.6	36.0
Strongly disagree	5.6	36.0	20.6
More and more is expected of me for the same amount of pay			
Strongly agree	15.8	53.5	65.6
Agree	35.9	27.4	29.1
Neither agree nor disagree	9.8	11.1	1.8
Disagree	33.2	4.9	2.7
Strongly disagree	4.9	3.2	0.9

Population: All respondents and all non-managerial employees from the Australia@Work survey

Inadequacy of Resources

Respondents were asked to comment on the adequacy of the resources available in their work area to provide quality health care. This section reports on doctors and nurses views about the adequacy of these in general. The problem of resources, is, however, not spread evenly throughout the system. We also report on the severity of the problem in regards to locations and particular functional areas in the system.

All Public Hospitals

Table 15 summarises the key issues rated by respondents as matters of particular concern regarding the level and quality of resources. With the exception of the ratio of 'permanent medical staff to locums' (of which a third think this is 'poor' or 'inadequate') between 5 and 8 out of 10 doctors feel that public hospitals are inadequately resourced in key functional areas. The vast majority of doctors (80%) report that the 'number of beds or services to meet patient demand' is either 'poor' or 'inadequate' whilst three quarters of all doctors (75%) feel that the 'provision of clinical support staff (eg. ward clerks, IT, admin, stores)' is substandard and more than two thirds (69%) agree there is 'not enough medical staff available to provide quality teaching and supervision of junior clinical staff and clinical students'.

Nurses are less scathing of the adequacy of resources in public hospitals than doctors; nevertheless, between 5 and 7 out of ten nurses feel resources aren't sufficient. For nurses, the issues of most concern is 'the supervision of junior nursing staff and students' with over two-thirds (68%) reporting that this is either 'poor' or 'inadequate'. Three out of five nurses (62%) also feel that the 'number of beds or services to meet patient demand' is not adequate and over half (56%) report that there is 'poor' or 'inadequate' 'provision of clinical support staff (Table 15).

Table 15: Proportion of doctors and nurses who think resources are 'poor' or 'inadequate'

Resource	Doctors	Nurses
Ratio of permanent medical staff to locum/casual/agency staff	33.8	25.2
Provision of necessary clinical equipment	55.9	47.4
Number of staff available for quality supervision	68.8	67.9
Number of FTE medical staff	64.7	51.6
Number of beds/services to meet patient demand	79.6	61.8
Provision of clinical support staff	75.4	55.8
Skill mix of nursing staff	Not asked	39.7

Population: All respondents

Facility and Area Health Service

Despite the apparent insufficiencies in resources across all public hospitals there are, alarmingly, some that fare even worse than others with regard to staffing levels and supervisory capacity. In particular, doctors in regional hospitals are far more likely to report that the 'number of FTE medical staff', the 'number of medical staff available' for 'teaching and supervision' and the 'ratio of permanent medical staff to locum medical staff' are 'poor' or 'inadequate' compared to their counterparts in major teaching hospitals, metropolitan or urban hospitals or other facilities³ (see Table 16).

Table 16: Proportion of regional doctors who think resources are 'poor' or 'inadequate' compared to doctors in other facilities.

Resource	Regional Doctors	All Doctors
Number of FTE medical staff	80.7	64.8
Number of staff available for quality supervision	84.7	68.9
Ratio of permanent medical staff to locum/casual/agency staff	60.2	33.8

Population: All doctors

Considering different area health services, doctors in the Northern Sydney and Central Coast area health service report that the 'ratio of permanent staff to locums' is more dire than amongst their counterparts (48.3% reporting that it's either 'poor' or 'inadequate' compared to 33.8% of doctors elsewhere). Similarly, doctors in Sydney West area health service report poorer 'numbers of beds or services to meet patient demand' compared to doctors elsewhere (86.6% versus 79.8%).

Nurses feel they have poorer access to appropriate equipment in regional hospitals compared to other facilities (57% report 'poor' or 'inadequate' equipment in regional hospitals compared to 47% of nurses in other facilities). On the other hand, nurses in major teaching hospitals are far more likely to report that skill mix is a problem (50%) compared to nurses from other facilities (40%). Nurses generally reported similar perceptions of area health services. The exceptions to these are slightly better (relatively) access to or provision of:

- clinical support in Northern Sydney and Central area (45% of nurses in this AHS felt this was 'poor' or 'inadequate' compared to 56% of all nurses);
- equipment in Northern Sydney and Central area (41% of nurses in this AHS felt this was 'poor' or 'inadequate' compared to 48% of all nurses); and,

³ Due to relatively small number of respondent doctors from rural hospitals, community services, ambulance services and justice health these findings cannot be reliably reported individually.

- full-time effective nursing numbers (40% of nurses in this AHS felt this was 'poor' or 'inadequate' compared to 52% of all nurses).

Department or Unit

Both doctors and nurses working in public hospital emergency departments are straining under serious inadequacies in resources. These doctors and nurses are far more likely than the average to report that the number of beds available (92% of doctors and 79% of nurses) and the number of senior staff available to appropriately supervise junior staff (89% of doctors and 83% of nurses) are 'poor' or 'inadequate'. In addition, doctors in emergency departments are also far more likely to report that the 'ratio of permanent staff to locums and casual' (57% of emergency doctor staff compared to 34% of doctors in other departments) and the 'number of FTE medical staff' (78% compared to 65%) are serious problems.

Nurses in surgical wards and operating theatres or peri-operative wards are faced with more significant resource shortages with regard to an 'appropriate skill mix' (58% and 51% respectively compared to an average of 40%) and 'the provision of equipment to undertake the necessary clinical work' (58% and 70% respectively compared to 48% on average). In addition, more than 7 out of 10 nurses working in operating theatres or peri-operative wards report 'poor' or 'inadequate' 'clinical administrative support' compared to 56 per cent of nurses in all departments. (Due to the size and number of these tables, they are presented in Appendix A, rather than in the report.)

Perceptions of immediate problems

While this report has detailed staff perceptions of problems within the public health service in general, a series of direct questions were asked at the end of the survey to gauge definitive views on what were held to be immediate problems for respondents themselves and/or their departments. The responses are presented in Table 17, below. Both doctors and nurses appear to have strong perceptions that recruiting and retaining staff, high bed occupancy rates, and fostering a culture of excellence in the NSW health system are direct and immediate problems, with around two thirds of nurses and three quarters of doctors agreeing.

Table 17. Perceptions of problems in the public health system that relate directly to respondents

Problem	Nurses			Doctors		
	Yes	No	Don't know	Yes	No	Don't know
Supervision of junior clinical staff	59.7	37.1	3.3	49.4	48.0	2.7
Communication between health professionals	46.0	52.2	1.8	43.5	55.1	1.4
Clinical note-taking and record keeping	45.2	52.6	2.2	46.6	51.4	1.9
Recruiting and retaining staff	66.0	30.2	3.8	77.3	19.8	2.9
Involvement of clinical staff in management decisions	52.8	40.1	7.1	63.1	31.1	5.9
High bed occupancy rates/patient through-put	64.8	28.1	7.1	74.7	20.7	4.6
Constraints in fostering a culture of excellence within the NSW public health system	64.1	28.1	7.8	76.2	17.0	6.8

Population: All respondents

It should be noted, that while the table above does not display disaggregations by any particular group, there are particular trends in perceptions of problems dependent on the role, position, department and even length of time a respondent has been employed. For example, junior doctors are far less likely to agree that clinical note taking is a problem, compared to more senior doctors (approximately one quarter of junior doctors agree, compared to slightly less than half of senior doctors). There is a similar trend with enrolled nurses compared to registered nurses, midwives and senior nurses.

While around two thirds of all nurses are likely to envisage a problem with recruiting and retaining staff, regardless of their role, only 40 per cent of junior doctors compared with 81 per cent of staff specialist doctors and 70 per cent of VMOs, agree. This is also true for the involvement of clinical staff in management decisions. While only 41 per cent of junior doctors agree there is a problem, 64 per cent of staff specialists and 80 per cent of VMOs agree that there is.

6. Conclusions

Considered in isolation, each challenge currently faced by the NSW public health system is alarming. However, and unfortunately, these challenges do not occur in isolation. Rather they combine to reveal a system that must be at breaking point. Recent media publicity surrounding tragic events that have occurred within the system seem to confirm that this is exactly the case. NSW public hospital doctors and nurses are working in appalling conditions; they are understaffed – whether through a sheer shortage of professionals on the wards, or through insufficiently skilled professionals, they are feeling under-valued, over-worked and exhausted. It is no wonder that such a large proportion of these workers are seriously considering leaving the public system. The multiple challenges suffered by staff within the system are not sustainable. Devising and implementing both short-term and long-term solutions is imperative. Our results show that benchmarked against some key measures of workplace relations, the public hospital system in NSW is lagging much further behind other workplaces with regard to work intensity and employee consultation and trust between managers and employees. These challenges appear to be logical places to start. The vision of the NSW Department of Health is to “achieve healthy people – now

and in the future'⁴. The public hospital workforce is a good place to start with health and well-being improvements.

7. References

AMA (1998) 'AMA Safe Hours Project' Australian Medical Association, Kingston.

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⁴ Source: <http://www.health.nsw.gov.au/aboutus/index.asp>

8. Appendix A

The level of clinical support staff (e.g. ward clerks, IT, admin, stores)

		Poor / Inadequate	Satisfactory / Good	Total
Doctors	Major teaching hospital	75.1%	24.9%	100.0%
	Metropolitan/ urban hospital	70.5%	29.5%	100.0%
	Regional hospital	83.3%	16.7%	100.0%
	Rural hospital	77.8%	22.2%	100.0%
	Community services	72.7%	27.3%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	83.3%	16.7%	100.0%
	Other	72.2%	27.8%	100.0%
	Total	75.4%	24.6%	100.0%
Nurses	Major teaching hospital	51.2%	48.8%	100.0%
	Metropolitan/ urban hospital	52.9%	47.1%	100.0%
	Regional hospital	57.1%	42.9%	100.0%
	Rural hospital	61.9%	38.1%	100.0%
	Community services	58.6%	41.4%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	50.0%	50.0%	100.0%
	Other	57.9%	42.1%	100.0%
	Total	55.8%	44.2%	100.0%

The ratio of permanent medical staff to locum/casual medical staff

		Poor / Inadequate	Satisfactory / Good	Total
Doctors	Major teaching hospital	29.7%	70.3%	100.0%
	Metropolitan/ urban hospital	38.5%	61.5%	100.0%
	Regional hospital	60.2%	39.8%	100.0%
	Rural hospital	50.0%	50.0%	100.0%
	Community services	30.0%	70.0%	100.0%
	Ambulance Service		100.0%	100.0%
	Justice Health'	25.0%	75.0%	100.0%
	Other	22.2%	77.8%	100.0%
	Total	33.8%	66.2%	100.0%
Nurses	Major teaching hospital	27.5%	72.5%	100.0%
	Metropolitan/ urban hospital	21.4%	78.6%	100.0%
	Regional hospital	23.7%	76.3%	100.0%
	Rural hospital	28.4%	71.6%	100.0%
	Community services	15.7%	84.3%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	25.0%	75.0%	100.0%
	Other	50.0%	50.0%	100.0%
	Total	25.2%	74.8%	100.0%

The number of medical staff available to provide quality teaching and supervision of junior clinical staff and clinical students

		Poor / Inadequate	Satisfactory / Good	Total
Doctors	Major teaching hospital	66.0%	34.0%	100.0%
	Metropolitan/ urban hospital	71.2%	28.8%	100.0%
	Regional hospital	84.7%	15.3%	100.0%
	Rural hospital	78.6%	21.4%	100.0%
	Community services	59.1%	40.9%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	75.0%	25.0%	100.0%
	Other	76.5%	23.5%	100.0%
	Total	68.9%	31.1%	100.0%
Nurses	Major teaching hospital	67.2%	32.8%	100.0%
	Metropolitan/ urban hospital	69.2%	30.8%	100.0%
	Regional hospital	67.4%	32.6%	100.0%
	Rural hospital	73.5%	26.5%	100.0%
	Community services	61.5%	38.5%	100.0%
	Ambulance Service		100.0%	100.0%
	Justice Health'	62.5%	37.5%	100.0%
	Other	56.3%	43.8%	100.0%
	Total	67.9%	32.1%	100.0%

The number (FTE) of medical staff

		Poor / Inadequate	Satisfactory / Good	Total
Doctors	Major teaching hospital	61.8%	38.2%	100.0%
	Metropolitan/ urban hospital	65.5%	34.5%	100.0%
	Regional hospital	80.7%	19.3%	100.0%
	Rural hospital	81.5%	18.5%	100.0%
	Community services	65.2%	34.8%	100.0%
	Ambulance Service		100.0%	100.0%
	Justice Health'	75.0%	25.0%	100.0%
	Other	66.7%	33.3%	100.0%
	Total	64.8%	35.2%	100.0%
Nurses	Major teaching hospital	44.1%	55.9%	100.0%
	Metropolitan/ urban hospital	44.8%	55.2%	100.0%
	Regional hospital	51.0%	49.0%	100.0%
	Rural hospital	62.9%	37.1%	100.0%
	Community services	61.4%	38.6%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	62.5%	37.5%	100.0%
	Other	60.0%	40.0%	100.0%
	Total	51.8%	48.2%	100.0%

Provision of equipment to undertake the necessary clinical work

		Poor / Inadequate	Satisfactory / Good	Total
Doctors	Major teaching hospital	57.6%	42.4%	100.0%
	Metropolitan/ urban hospital	48.6%	51.4%	100.0%
	Regional hospital	56.1%	43.9%	100.0%
	Rural hospital	48.1%	51.9%	100.0%
	Community services	61.9%	38.1%	100.0%
	Ambulance Service		100.0%	100.0%
	Justice Health'	66.7%	33.3%	100.0%
	Other	38.9%	61.1%	100.0%
	Total	55.9%	44.1%	100.0%
Nurses	Major teaching hospital	48.8%	51.2%	100.0%
	Metropolitan/ urban hospital	47.4%	52.6%	100.0%
	Regional hospital	56.7%	43.3%	100.0%
	Rural hospital	38.7%	61.3%	100.0%
	Community services	46.6%	53.4%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	25.0%	75.0%	100.0%
	Other	50.0%	50.0%	100.0%
	Total	47.4%	52.6%	100.0%

The number of beds/services to meet patient demand

		Poor / Inadequate	Satisfactory / Good	Total
Doctors	Major teaching hospital	82.0%	18.0%	100.0%
	Metropolitan/ urban hospital	68.5%	31.5%	100.0%
	Regional hospital	84.3%	15.7%	100.0%
	Rural hospital	64.0%	36.0%	100.0%
	Community services	81.0%	19.0%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	66.7%	33.3%	100.0%
	Other	66.7%	33.3%	100.0%
	Total	79.6%	20.4%	100.0%
Nurses	Major teaching hospital	65.6%	34.4%	100.0%
	Metropolitan/ urban hospital	60.8%	39.2%	100.0%
	Regional hospital	64.5%	35.5%	100.0%
	Rural hospital	51.9%	48.1%	100.0%
	Community services	63.5%	36.5%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	62.5%	37.5%	100.0%
	Other	78.9%	21.1%	100.0%
	Total	61.8%	38.2%	100.0%

The skill mix of nursing staff in your unit (i.e. the proportion of RNs to other nurses) (Nurses only)

		Poor / Inadequate	Satisfactory / Good	Total
Nurses	Major teaching hospital	49.6%	50.4%	100.0%
	Metropolitan/ urban hospital	40.3%	59.7%	100.0%
	Regional hospital	44.2%	55.8%	100.0%
	Rural hospital	38.1%	61.9%	100.0%
	Community services	14.3%	85.7%	100.0%
	Ambulance Service	100.0%		100.0%
	Justice Health'	25.0%	75.0%	100.0%
	Other	45.0%	55.0%	100.0%
Total		40.1%	59.9%	100.0%