

# Fishing for facts on the nursing shortage?

## Hiring freeze: cutting the health care staff Albertans depend on

Alberta Health Services has cancelled many, likely hundreds, of nursing job postings in the last few weeks. This is a huge cut in services for Albertans and the impact will be noticed by many patients who have to wait longer to be seen or wait longer when they call their nurse.

AHS CEO Stephen Duckett says every nurse he doesn't hire today is one he doesn't have to lay off tomorrow. He's saying health care staffing is being cut back dramatically.

## Losing a graduating class

Alberta has invested millions in educating more Registered nurses, but the class of 2009 is graduating to find no jobs available. Many will be leaving the province, attracted by real offers like Saskatchewan's signing bonus of thousands of dollars. But these are nurses Alberta needs and will need in years to come.

## What happened to the shortage? Why so much overtime?

The nursing shortage is still causing costly overtime hours in Alberta's health care. In fact, with the hiring freeze, overtime is growing. The facts on nursing and overtime are straightforward: overtime is caused by the shortage, NOT by nurses!



Don't get distracted by a red herring!!

# Some improvements, but the nursing shortage continues

Bringing in hundreds of internationally educated nurses has helped somewhat, as has recruiting Alberta nurses, but the province still is short thousands of nurses. In December of 2008, Alberta Health and Wellness reported that "Alberta currently has a shortage of more than 1,500 nurses. By 2020, if care patterns do not change and training is not expanded, the province may be short by more than 6,000 nurses."

In addition, tightened health budgets, and the lack of planning and leadership during the move to a single health region has resulted in a de facto hiring "freeze" leaving many nursing positions vacant.

## Health Minister charges nurses' overtime responsible for budget problems

Alberta's Health and Wellness Minister Ron Liepert has recently tried to blame nurses' overtime for health budget deficits in media interviews.

"One of the largest cost factors is paying overtime, double time, and triple time to nurses," Liepert told the Calgary Sun.

He said the government has a "horrible" contract with nurses and the province needs "a contract that better serves the members of the nursing profession and better serves the taxpayers."

Nurses are dismayed to hear Mr. Liepert describe their collective agreement with health employers as "horrible".

It is the nursing shortage, not nurses, that cause overtime costs. In Alberta the shortage was exacerbated because the government laid off 5,000 nurses 15 years ago, and cut the number of students in nursing programs in half during the 1990s.

## Nursing overtime is NOT excessive

There is no doubt that the shortage of nurses has resulted in increasing use of overtime in recent years. Nurses report that managers, desperate to find nurses to work, sometimes offer overtime rates, and certainly approve overtime shifts frequently. However, a recent UNA telephone survey of 1,500 nurses show that overtime has dropped slightly in the past year. Alberta Health Services most recent numbers show that nurses' overtime is only about 5% of total paid hours.

Comparisons with other provinces (Table A) show that Alberta is middle of the range for overtime by nurses.

## Percent of Nurses working overtime, with average weekly overtime hours

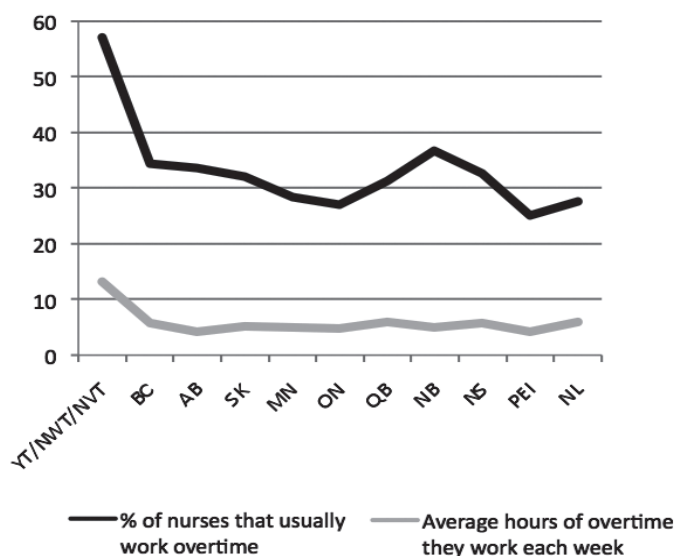


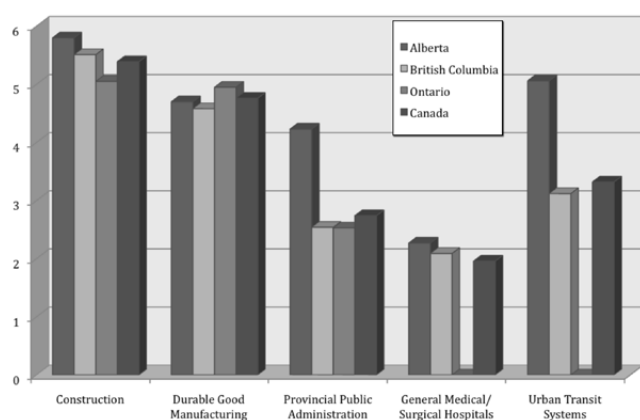
TABLE A. Alberta is about average in Canadian provinces, both in the number of nurses who usually work overtime (33.5%) and in the average number of overtime hours they work each week (4.6 hours).\*

\*Canadian Institute for Health Information, Findings from the 2005 National Survey of the Work and Health of Nurses, 2006

Compared to other industries, Alberta's health care overtime is on the lower end of the range. Statistics Canada numbers show that, compared to Urban Transit and Provincial Administration in Alberta, health care overtime is well in control.



Overtime Percentage of Hours Worked



Data: Statistics Canada, CANSIM 281-033, 2009.

TABLE B Alberta overtime runs high in Provincial Public Administration and in Urban Transit, but NOT in the health sector.

\*Ontario data was not available for General Medical and Urban Transit.

## Full-time versus part-time nursing

Minister Liepert also points out that most nurses work part-time and says this is a direct cause of the nursing shortage.

It must be pointed out that health employers directly control what type of nursing positions they create and in recent years the large majority have been part-time. For example, some employers have opened entire new units with new positions, NONE of which were full-time.

Most nurses who work part-time are working close to full-time. Nearly half of the province's part-time nurses work at 70% of full-time (0.7 Full-time Equivalent FTE) or more and only a little over 10% work 40% (0.4 FTE) or less. There are few nurses who are working small part-time positions.

## Employers have control of overtime, Employees don't

Like any other workplace, it is managers and supervisors who control overtime hours, not nurses. When looking for a nurse to fill in on a shift, nurse managers can ask part-time nurses to work, and most likely it would NOT be overtime. If they ask a full-time nurse to work an extra shift, that would obviously be over-time.

Most nursing work goes on seven days a week, including every weekend. Nurses do not get regular weekends off. Part-time nurses are guaranteed two

consecutive days off each week, as their "weekend". If a part-time nurse is called in those designated "week-end" days, then it is overtime. But a part-time nurse who works three eight-hour shifts can be called to work on two other days that are not the "weekend" and do not attract overtime.

Many of our health facilities are constantly scrambling to find the nurses they need. Hundreds of nurses are called in to work extra nearly every day in Alberta because of ill or injured colleagues and because of the shortage of nurses. Very much of this extra work is NOT overtime. Over-worked and often tired, many nurses do not want to work these extra shifts, but hundreds of them agree to everyday, to help out colleagues and to make sure their patients are safely cared for.

## The highest unpaid overtime was in Alberta

Unpaid overtime was even more common among nurses than paid overtime, according to research released by the Canadian Institute for Health Information. The highest unpaid overtime was in Alberta, Manitoba and Ontario, where over half of nurses reported usually working an average of four hours a week unpaid overtime at their main job. (CIHI xii, Findings from the 2005 National Survey of the Work and Health of Nurses, 2006)

## UNA polling research shows better conditions can attract some nurses to increase their hours

Nurses choose to work part-time for many reasons. UNA's polling research shows caring for family and children is a main one, but many nurses also choose to only work part-time because of workload; it is all that they and their body can handle. Over 10% of nurses who work part-time say being near retirement, their age and their health are major reasons for choosing less work. And somewhere between 7 to 8% of nurses who are working part-time would choose full-time, if jobs were available!

Like previous polls of nurses, this year's research shows the great majority of nurses do not want to work more hours. However, they also report that improved conditions are what it would take to attract them to full-time work. The number willing to go from part-time to full-time rises to as high as 20% given certain improvements. Better shifts or scheduling flexibility and better childcare are some of the most important factors. Nearly 10% also say lower workloads and stress levels would be critical to deciding to move to full-time.

Given the right incentives – carrots rather than sticks – some nurses would be willing to increase their hours, helping to reduce the shortage.

# The nursing shortage continues to impact patients in Alberta

Albertans continue to wait longer for surgeries, get placed in crowded hospital rooms and get less care in home and long-term care settings because of the ongoing shortage of all nurses, Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs) and Licensed Practical Nurses (LPNs).

Early in May 2009 operating rooms were partially closed at the Royal Alexandra Hospital in Edmonton because there were not enough nurses.

At the Rockyview Hospital in Calgary, and in many other facilities around the province, patients are in “over-

complement” beds, sometimes three to a room, sometimes in a corridor or a “lounge” or treatment room with no windows. But it is not always a shortage of rooms and beds, that forces hospitals to resort to over-crowding. Many hospitals have closed units, even closed wings that could be used, if nurses were available.

Our health care system and professionals provide great care and comfort to every Alberta family. With good management, enough staff and consistent, adequate support, we can have one of the best health systems in the world.

**Join the province-wide campaign.**

Call the Premier!  
Call the Health Minister!  
Call your MLA!

Tell them our public health  
care system is a priority.

Tell them NOT to cut the health  
services Albertans depend on.

Tell them Albertans MUST have  
a say in how our health care is run.

Call TOLL FREE 310-0000



**Friends of  
Medicare**

[www.friendsofmedicare.org](http://www.friendsofmedicare.org)

## More health cuts?

