

TOWARD 2020
Strengthening Canada's Health Human Resources

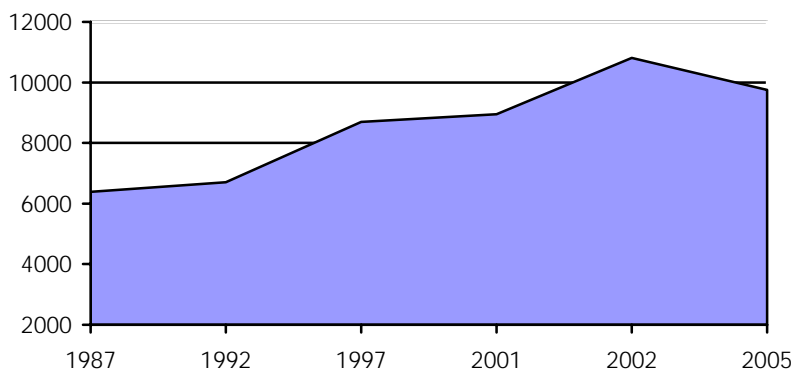
Trends in RN Absenteeism and Overtime, 1987-2005

Using data from the 1987, 1992, 1997, 2001, 2002 and 2005 Statistics Canada labour force surveys,¹ the authors examine trends in illness- and injury-related absenteeism and overtime among nurse supervisors and registered nurses (RNs). Nurse supervisors and RNs are treated as a single occupational category in this survey. Data for licensed practical nurses and registered psychiatric nurses, as discrete occupational categories, are not yet available; therefore their absenteeism and overtime are not reported in this study.

Absenteeism

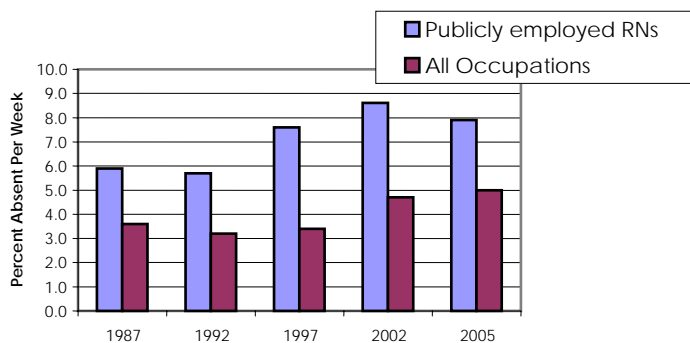
During 2005, an average of 16,500 publicly employed nurse supervisors and RNs were absent each week due to illness and injury. Each of these nurses was, on average, absent for 20 hours, resulting in a total loss of 340,000 working hours per week. On an annual basis, hours lost totaled 17.7 million – the equivalent of 9,754 full-time, full-year nursing jobs (Figure 1). This number of full-time equivalents assumes 49 weeks of employment per year with a 37-hour workweek.

Figure 1 - Aggregate Full-Time Equivalents Lost Per Year Due to Absenteeism



The aggregate annual hours lost to illness- and injury-related absenteeism appear to have increased steadily between 1987 and 2002, followed by a 10% decline from 2002 to 2005. At the same time, hours lost per nurse declined 19% between 1987 and 2005. Therefore, while the average hours that *each* nurse was absent declined, *more nurses* actually reported being absent from work. In all the years surveyed, the rate of absenteeism among full-time nurses was roughly 50% higher than that of part-time nurses.

Figure 2 - Rate of illness and Injury-Related Absenteeism, Full-Time Workers, Canada



A comparison of 47 broad categories of occupation shows that nurse supervisors and RNs have one of the highest rates of illness- and injury-related absenteeism – second only to those in the Standard Occupational Classification “assisting occupations in support of health services” (Infometrica Limited, 2006). Nurses’ rate of absence is higher than the rates among manufacturing labourers, construction trades workers and secretaries (Figure 2).

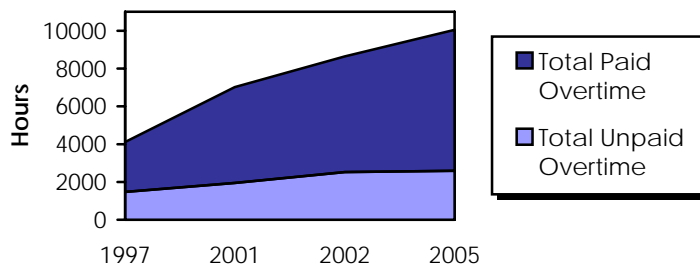
¹ More information on Statistics Canada’s labour force surveys is available from *Guide to the Labour Force Survey*.

Overtime

Nursing supervisors and RNs are more likely to work overtime. In 2005, the incidence of overtime among publicly employed RNs was 26% compared to 19.5% for the rest of the employed labour force. Nursing supervisors and RNs are also more likely to work paid than unpaid overtime – opposite to the pattern found among the rest of the employed labour force. Although a significant number of overtime hours were unpaid (26%), the majority, (76%) were remunerated in pay or time in lieu. That outcome may reflect the high rate of unionization among staff nurses.

While the estimated number of nurses working overtime increased by 58% between 1997 and 2005, the average number of overtime hours remained the same at 6.4. In other words, the amount of overtime worked by each nurse was about the same, but a lot more nurses worked overtime hours. In 2005, the total overtime (paid and unpaid) was an estimated 349,800 hours a week, or 18.2 million hours a year. These hours equate to 10,054 full-time, full-year positions (Figure 3). Since 1987, the number of full-time equivalents gained through overtime has increased 144% – from 4,125 to 10,054.

Figure 3 - Aggregate Annual Overtime Hours as Full-Time, Full-Year Equivalents



Summary

Overtime is climbing, which is consistent with widely reported service shortages and rising workloads, pace and intensity. The high rate of overtime also is consistent with its companion problem – high absenteeism. Particularly in a situation where resources are already scarce, the system can barely respond to the added burden of absenteeism. One strategy is to expect nurses on the job to work more hours and work harder, but as research has shown, this can result in increased absenteeism from overwork (O'Brien-Pallas et al., 2004).

Overtime has been such a longstanding problem in nursing life that in some settings it is considered the norm. On the other hand, for some nurses that pattern is an economic benefit they have come to rely on. So the story of overtime is a mixed one – but whether we can sustain the workforce or system that way is doubtful to say the least.

It is encouraging to see a decline in absenteeism for the first time. Why this change has occurred and whether it signals the onset of a trend is unknown. Is new attention to the issue paying off in improved working conditions? Or is the effect we are observing the result of punitive programs in workplaces, as some nurses have suggested? The Canadian Institute for Health Information study of nurses' health underway across the country may shed light on those questions.

For the system to respond appropriately and rapidly to sudden changes in demand (e.g., a plane crash, natural disaster, outbreak of meningitis in a school), and to build in surge capacity to handle crises of a more protracted nature (e.g., SARS, flu pandemic), the longstanding problems of high rates of absenteeism and overtime in nursing must be tackled with purpose across the system and brought under control.

April 20, 2006

For further information about the Trends in Illness and Injury-Related Absenteeism and Overtime Among Publicly Employed Nurses study contact the Canadian Nurses Association at 2020@cna-aiic.ca.

References

Infometrica Limited. (2006). *Trends in Illness and Injury-Related Absenteeism and Overtime Among Publicly Employed Nurses*. Manuscript submitted for publication.

O'Brien-Pallas, L., Shamian, J., Thomson, D., Alksnis, C., Koehoorn, M., Kerr, M., & Bruce, S. (2004). Work-related disability in Canadian Nurses. *Journal of Nursing Scholarship*, 36(4), 352-357.

Statistics Canada. (2006). *Guide to the Labour Force Survey*. Available from: <http://www.statcan.ca/english/freepub/71-543-GIE/71-543-GIE2006001.pdf>