

THE AVAILABILITY OF NURSES FOR MIXED PRACTICE

Demographic change is putting a heavy strain on Quebec's public health care system. In particular, this is reflected in a greater need for nursing staff. Meanwhile, many nurses are opting to practise their profession with employment agencies and in the private sector, causing fears of a weakening of the public sector. The Montreal Economic Institute conducted an investigation among nurses to see if the labour supply is really being used to full capacity and whether some nurses would be willing to work extra hours in private practice.



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In 2008, the public system will face a shortfall of 2,643 nurses required to meet its needs, according to estimates from the Quebec Department of Health and Social Services. This is 3.8% of the profession's total membership in Quebec.¹ The figure includes the nurses needed to offset retirements, job departures and increased demand for services caused by aging of the population. The shortfall is expected to rise gradually to 8,733 nurses in 2013 and 16,532 in 2018.² To meet this challenge, the Department of Health is relying mainly on hiring new nurses, retaining the existing workforce and adapting the public health care system.³

In the short term, the problem does not seem to be going away by itself. A survey conducted from April to June 2007 by the McGill University School of Nursing among members of its 2007 graduating class showed that up to 20% of respondents did not plan to work as a nurse in Quebec in the year following the survey, either to practise elsewhere or for other reasons.⁴ In a television news interview with Radio-Canada, the deputy director of nursing at the University of Montreal

Hospital Centre said their general retention rate was 60%.

The appeal of the private sector

Employment agencies seem to have a growing appeal for members of the nursing profession. The Ordre des infirmières et infirmiers du Québec (the nurses' professional corporation) noted recently that, from 2000 to 2007, the

number of nurses whose main employer is a private employment agency nearly doubled.⁵

On the other hand, the number working in the private sector in general (which includes many other types of employers such as clinics, care centres, etc.) did not vary greatly. In 2007, nearly 6,000

nurses practised in the private sector, about 9% of the profession's members in Quebec, compared to 5,322 (8% of the total) in 2005 and 6,232 (10% of the total) in 2003.⁶ Among them, 1,900 (3% of the profession's members) said their main employer is an employment agency.⁷



1. Ministère de la Santé, *Étude des crédits 2008-2009, Réponses aux questions particulières*, Vol. 1, p. 100.

2. *Ibid.*, p. 142.

3. *Ibid.*, p. 139.

4. Mélanie Lavoie-Tremblay and Nicole Desforges, *Sondage des diplômées en sciences infirmières 2007*, Centre de formation et expertise en recherche en administration des soins infirmiers, August 2007, p. 15.

5. Ordre des infirmières et infirmiers du Québec, *L'OIIQ, inquiet de l'exode des infirmières vers les agences privées, rend public un sondage CROP sur la question*, Press Release, March 12, 2008.

6. Ordre des infirmières et infirmiers du Québec, *Évolution des effectifs de la profession infirmière au Québec, 2003, 2005 and 2007*.

7. Ordre des infirmières et infirmiers du Québec, *Évolution de l'effectif de la profession infirmière au Québec (données au 31 mars 2007)*, November 2007.

TABLE 1
Proportion of nurses willing to offer additional service, according to the survey

	Weekdays	Week evenings	Weekends
1 week a month	14%	28%	70%
2 weeks a month	31%	19%	12%
3 weeks a month	5%	4%	4%
4 weeks a month	22%	14%	13%
Never	28%	36%	1%

With this having been observed, there is also a need to find out why private agencies enjoy such popularity. In an earlier Economic Note, people in the health care field attributed the shortage of human resources in operating blocks particularly to “a lack of flexibility in staff management.”⁸

In her response to three pilot projects launched by the Department of Health with the aim of slowing the departure of nurses from the public sector to private agencies, the president of the nurses’s professional corporation noted that agencies did better at adapting their working conditions to their employees’ personal projects. The public sector appears to be less flexible than the private sector in this regard.⁹ The Montreal Economic Institute set out to verify this perception among nurses by including questions on their priorities in its survey.

Methodological details

As part of the MEI’s investigation, an electronic questionnaire was posted on the Internet from October 29, 2007, to February 3, 2008. The investigation was publicized in an insert in the November/December 2007 issue of *Perspectives infirmières*, the magazine of the nurses’ professional corporation.

All nurses belonging to this corporation were invited to respond on a voluntary basis. The final sample consisted of 1,420 persons surveyed, representing 2% of the corporation’s members practising in Quebec as of March 31, 2007.¹⁰ Of this number,

10.5% were male and 89.5% female, similar to the proportion in the profession as a whole (9% male and 91% female). Those surveyed worked an average of 34 hours a week and some 60% worked at least 35 hours a week, comparable to the proportion of nurses working full time in 2006 (55%).

The sample contained a higher proportion of nurses under 35 than among Quebec nurses as a whole (42% compared to 25%). This overrepresentation of younger nurses may also explain the higher proportion of nurses in the sample with bachelor’s degrees (46% compared to 38%).¹¹ The workplaces of 74% of those surveyed were in urban or suburban areas. Two-thirds normally worked on day shift, whereas 18% worked on evening shift and 15% on night shift.

Nurses’ priorities

The survey’s results tend to indicate that working conditions and rigid schedules are what explain the public sector’s difficulties in recruiting and retaining nursing staff.

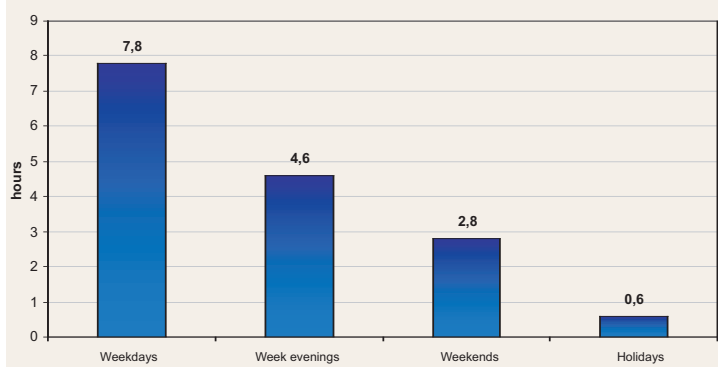
The three top reasons motivating nurses to work for the private sector are: “having the time needed to look after my patients,” “having the time needed to do follow-ups on my patients” and “having access to adequate resources for performing my work.” Some 93% of those surveyed said each of these reasons was “important” or “very important” for them.¹² Among the other reasons mentioned, “benefiting from a fast decision-making process for non-medical issues” and work-family balance were considered “important” or “very important” by 87% of these surveyed. Workplace, team and salary ranked 6th, 7th and 21st respectively among 23 factors.

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8. Julie Frappier and Mathieu Laberge, *An overview of operating room use in Quebec hospitals*, Montreal Economic Institute, December 2007.
 9. Louise-Maude Rioux-Souci, “Pénurie d’infirmières – Comment sortir de la crise?”, *Le Devoir*, March 13, 2008, p. A3.
 10. Calculated based on figures in the 2006-2007 annual report of the OIIQ, p. 13.
 11. Comparisons based on: Canadian Institute for Health Information, *Nursing workforce – Quebec*, 2006.
 12. Multiple responses were allowed in this part of the questionnaire. Respondents were asked to evaluate the importance of each reason on a scale from 1 to 5.

FIGURE 1

Average number of additional hours per month that nurses would be willing to work, according to the survey



These data round out findings from earlier surveys that reach similar conclusions on nurses' motivations for working in the private sector. Among nurses questioned in January 2008 by the polling firm CROP to learn about their interest in working for an employment agency, the choice of work schedule ranked first and was considered "important" or "very important" by 97% of them. Working conditions (94%) and work-family balance (87%) were in the top five responses on ten.¹³

The availability of nurses for mixed practice

The results reveal that more than half of those surveyed (54%) were open to working on weekdays in the private sector in addition to their regular duties in the public sector. This proportion fell to 50% for week evenings and 34% for weekends. Although a majority of nurses would agree to work in the private sector, the frequency of this extra labour supply is limited and varies by shift (see Table 1).

The greatest supply of extra services is for weekday shifts. Thus, 31% of those surveyed said they would offer their services to the private sector two weeks a month on weekdays, 22% said every

week, and 28% said never. On the other hand, 36% of those surveyed said they would never work week evenings, compared to 14% who would offer their services every week on week evenings.

Seven nurses out of 10 would offer their services at least one weekend a month. However, the supply of extra services would be more limited on holidays. More than two-thirds (68%) of those surveyed said they would "rarely" or "never" offer their services to the private sector on holidays.

For shifts on weekdays, a majority of nurses responded that they would be inclined to work from four to eight extra hours (41.7% on day shifts and 38.1% on evening shifts) or from nine to sixteen extra hours (19.3% on day shifts and 13.3% on evening shifts) a month in the private sector in addition to their usual duties. As regards weekends, nearly 60% of those surveyed said they would be willing to put in only short periods, less than four additional hours a month. In every case studied, the proportion of nurses who said they were willing to work more than 16 extra hours was marginal and did not exceed 4%.

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To take account of nurses' reactions to the possibility of offering extra hours, certain hypotheses were applied in processing the data. Varied weightings were given to responses on the interest shown by nurses in working in private practice.¹⁴

The average number of hours of additional service varies according to the shift being considered (see Figure 1). The largest supply of extra services is found on weekdays. For these shifts, nurses were willing to offer to work in the private sector for an additional 7.8 hours a month on average. This figure is lower for week evenings and weekends. Those surveyed would consider offering 4.6 and 2.8 extra hours respectively on these shifts. The supply of extra services on holidays is almost non-existent (less than one hour a month).

13. CROP (for the OIIQ), *Sondage auprès des infirmières d'agences*, February 2008, p. 29.

14. For details on the modelling methodology, see the full report of the study at www.iedm.org.

Those surveyed would thus have considered working an average of up to 15 hours a month in the private sector, in addition to their usual duties in the public sector. This is the equivalent of two extra days a month per nurse, on average. As an example, the additional availability of nurses for the private sector would amount to hiring the full-time equivalent of more than 3,730 nurses on weekdays, 2,210 on week evenings, 1,350 on weekends and 290 on holidays.¹⁵ If we use the calculation unit chosen by the Department of Health to determine its shortage of staff, which is the number of regular hours worked on average by a nurse, we get the equivalent of 5,410 nurses on weekdays, 3,200 on week evenings, 1,960 on weekends and 420 on holidays.

Conclusion

The results of the investigation suggest that there exists a reserve work supply with respect to nurses. It is modest but far from negligible: it could total up to two more days of work per month. Thus, there might generally be an overestimation of the shortage of nurses. Private sector practice would involve more than just shifting human resources since it could lead to a greater supply of service both through more hours worked and through a decreased tendency to abandon the profession.

One may ask why this reserve supply of labour has not already been used, with nurses under fewer constraints than doctors in terms of mixed public and private practice. The hypothesis could be made that there currently are too few private health care establishments to absorb this supply and that this approach is not encouraged by the system, since doctors do not have the flexibility to increase their work hours through complementary practice in the private sector. Moreover, even though equipment in public hospitals is greatly underused, the private sector is still not allowed to rent it.

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Considering the survey's findings, the popularity of employment agencies seems to be more a symptom than a cause of the public sector's problems of flexibility and work organization. If the public sector, where most of the nurses work, fails to provide them with an efficient and satisfying work environment, an increasing proportion will look for an employer who can offer them such an environment or will quit the profession. Under these circumstances, allowing a greater openness to mixed practice could relieve some pressure on Quebec's health care system.



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15. Based on the average annual number of hours that would be provided by the entire membership of the Quebec order of nurses practising in Quebec (69,404) at 1,740 hours a year for full-time work.