

Trends in Own Illness- or Disability-Related Absenteeism and Overtime among Publicly-Employed Registered Nurses:

Quick Facts 2017

Prepared for the Canadian Federation of Nurses Unions by Jacobson Consulting Inc.

1. INTRODUCTION

This report is the fifth biennial update prepared for the Canadian Federation of Nurses Unions (CFNU) by Jacobson Consulting Inc. on absenteeism and overtime for public sector health care registered nurses and nurse supervisors. Jacobson Consulting has prepared these tables and the analysis based on special tabulations prepared by Statistics Canada in March 2017. Jacobson Consulting is responsible for the methodology and the calculations based on Statistics Canada's Labour Force Survey (LFS) data from 1997 to 2016.

CFNU's objective in preparing the Absenteeism and Overtime Reports is to illustrate the toll that excessive workloads are taking on Canada's nurses, contributing to a decline in patient care. Safe levels of nurse staffing would reduce the health system's reliance on both paid and unpaid overtime, leading to reduced absenteeism rates. We are all striving for an efficient, cost-effective and sustainable health care system that meets the needs of patients, their families and all people living in Canada.

There are a number of general caveats to consider when reviewing data. Statistics Canada has updated its occupational classification. The report now focuses on the category "professional occupations in nursing" (excludes nurse practitioners). Because of these revisions, comparisons between years should be made only using data in this report. Flow estimates are rounded to the nearest hundred and therefore details may not add to totals.

The following sections present tables and general results for public sector nurses and their absenteeism and overtime rates for 2016. In some instances, a comparison is made to results from 2014, and some tables include data from 1997 to 2016. The results presented are for different years in history and are based on a survey. Due to the sampling methodology of the survey, each year's responses are from different individuals. Thus, general trends over many years may be considered appropriate when reviewing the results, but the changes do not represent changes in the average behavior of a common group of people. Further, analysis of provincial details should be interpreted with care. Data for the smaller provinces, for categories such as overtime with small sample sizes, should be interpreted with special care because of their high variability.

2. PUBLIC SECTOR HEALTH CARE NURSES: A SNAPSHOT

- In 2016, there were 282,300 publicly employed nurse supervisors and registered nurses, as compared to 264,500 in 2014. This represents an increase of 6.7% between the two periods.
- The largest shares of nurses are employed in Ontario (30.9%) and Quebec (23.8%); this roughly corresponds to the relative share of the population that live in these provinces, relative to all provinces. The smallest provinces had the lowest shares of the total nurse employment. Prince Edward Island employed only 0.6% of the nurses. The share for Newfoundland and Labrador was only 1.7%.
- In 2016, the estimated unionization rate was 91%, an increase over 2014 (89%). Ontario (87%) and Alberta (89%) had the lowest rate of unionization for this sector. British Columbia (95%) had the highest rate, followed by Quebec (94%).
- In 2016, 79.6% of nurses worked at least 30 hours per week, the amount defined as full-time in the LFS, almost unchanged from 2014. The provincial rankings shift from year to year, but Alberta usually has the lowest rate of full-time nurses, and Newfoundland and Labrador typically has the highest.
- The share of females remains just above 90% in 2016; this figure has remained relatively constant over the years but with a modestly declining trend.

TABLE 1
Public Sector Health Care Nurses'
Absenteeism, Overtime, Unionization, Selected Years

	Public Sector Health Care Nurses		Absenteeism Rate		Overtime Rate		% Union member	
	2014	2016	2014	2016	2014	2016	2014	2016
Newfoundland and Labrador	5,900	4,800	-	12.5%	25.0%	20.0%	89%	92%
Prince Edward Island	1,600	1,600	-	-	28.6%	21.4%	91%	89%
Nova Scotia	8,600	10,300	7.0%	8.7%	27.6%	18.3%	92%	93%
New Brunswick	6,700	7,300	-	9.6%	25.9%	22.2%	94%	93%
Quebec	62,600	67,200	8.3%	10.9%	32.6%	35.3%	94%	94%
Ontario	87,700	87,100	7.3%	7.6%	22.7%	25.0%	84%	87%
Manitoba	12,800	12,500	8.6%	7.2%	30.6%	27.1%	92%	91%
Saskatchewan	10,100	11,700	6.9%	8.5%	23.3%	27.6%	90%	93%
Alberta	32,200	39,600	9.0%	6.3%	24.1%	22.7%	87%	89%
British Columbia	36,200	40,200	8.6%	10.0%	26.7%	26.9%	93%	95%
All provinces	264,500	282,300	7.9%	8.7%	26.5%	27.1%	89%	91%

[1] Own illness- or disability-related

[2] Only includes those who were at work during the reference week

Source: Special tabulation of Statistics Canada's LFS

"—" Sample Size Exclusion: Statistics Canada recommends data not be released because the estimates are too small to be reliable.

3. ABSENTEEISM

- On average, in 2016 there were 24,600 public sector health care nurses absent due to own illness or disability on a weekly basis. This represents an absenteeism rate of 8.7%, up from 7.9% in 2014.
- The rate of absenteeism for public sector health care nurses working full time is substantially higher (at 9.0%) than the average of all other occupations (5.7%).
- Hours lost due to own illness or disability is equivalent to the annual workload of almost 15,900 nurses. In other words, 28.8 million work hours must be found to replace those workers who are absent.
- The annual cost of absenteeism due to own illness or disability to the health care system is conservatively estimated at \$989 million a year in 2016, assuming 49 working weeks in one year, compared to \$841 million in 2014.
- The rate of absenteeism for all provinces was similar or slightly higher in 2016 than in 2014.
- The absenteeism rate for the lowest age group (<35) is generally lower than for the age groups over age 35.

TABLE 2
Absenteeism Rate Due to Own Illness or Disability
by Age Group, All Provinces, Selected Years

Age Group	1997	2008	2010	2012	2014	2016
<35	6.7%	7.2%	6.2%	6.6%	6.3%	7.3%
35-44	6.2%	9.2%	8.1%	7.5%	8.1%	7.6%
45-49	6.4%	8.8%	9.4%	7.5%	8.8%	10.9%
50-54	9.1%	9.2%	10.1%	9.1%	8.6%	11.6%
55+	-	11.9%	8.2%	8.0%	9.6%	10.0%
All provinces	6.9%	9.1%	8.1%	7.5%	7.9%	8.7%

Note: Pre-1996 data use 2001 Census weights; data for 1996-2000 use 2006 Census weights, and 2001 forward use 2011 Census weights.

Source: Special tabulation of Statistics Canada's LFS

“-”Sample Size Exclusion. Statistics Canada recommends data not be released because the estimates are too small to be reliable

4. OVERTIME

- In 2016, the average weekly share of public sector nurses who worked overtime was 27.1%, compared to 26.5% in 2014. Nurses averaged 6.1 hours per week of paid and unpaid overtime in 2016. In 2014, the reported number was the same.
- In 2016, the average incidence of paid overtime by nurses was 17.5%, compared to 16.2% in 2014. For those with unpaid overtime hours, the figures were 12.2%, compared to 12.6% in 2014.
- Public sector health care nurses with paid overtime reported an average of 7.1 hours per week in 2016, unchanged from 2014. Public sector health care nurses with unpaid overtime reported an average of 3.3 hours per week in 2016 and 3.6 hours in 2014.
- In 2016, public sector health care nurses worked an estimated 15.2 million hours of paid overtime per year, compared to 13.7 million hours in 2014. Unpaid overtime estimates were 4.9 million hours per year in 2016 and 5.4 million hours in 2014.
- Aggregating both paid and unpaid overtime in 2016, public sector health care nurses worked an estimated 20.1 million hours annually, compared to 19.1 million hours worked in 2014. This number is equivalent to 11,100 full-time positions.
- For public sector health care nurses paid and unpaid overtime was estimated to cost \$968 million in 2016 annually, compared to \$860 million in 2014. Of this figure, \$788 million is attributable to paid overtime. The equivalent calculation of \$180 million for unpaid overtime is borne by nurses.
- In 2016, Quebec (35.3 %) and Saskatchewan (27.6%) had the highest overtime rates. Nova Scotia (18.3%) and Newfoundland and Labrador (20%) had the lowest rates. The provincial rankings are variable over time, but Quebec generally has had the highest overtime rates.

TABLE 3
Aggregate Overtime Hours, Public Sector Health Care Nurses

	2012	2014	2016
Incidence of overtime			
All overtime	29.3%	26.5%	27.1%
Paid overtime	19.1%	16.2%	17.5%
Unpaid overtime	13.1%	12.6%	12.2%
Overtime hours per week			
All overtime	416,100	367,100	387,500
Paid overtime	300,900	263,200	292,500
Unpaid overtime	115,200	103,900	95,000
Overtime hours per year			
All overtime	21,637,200	19,089,200	20,150,000
Paid overtime	15,646,800	13,686,400	15,210,000
Unpaid overtime	5,990,400	5,402,800	4,940,000
Aggregate annual overtime hours as full-time, full-year equivalents (FTEs)			
All overtime	11,900	10,500	11,100
Paid overtime	8,600	7,500	8,400
Unpaid overtime	3,300	3,000	2,700

[1] Aggregate hours of overtime per week is an annual average of 12 LFS survey reference weeks in each year.

[2] Scaled by 52 weeks per year

[3] Aggregate overtime hours per month are the average of the 12 survey month estimates. Assuming one FTE is equal to 1,813 hours per year.

Source: Special tabulation of Statistics Canada's LFS

In Table 4, we can see that overtime rates have remained relatively stable. In general, the incidence of overtime is slightly higher for the older age groups than for the younger age groups. As discussed, overtime seems to be a more significant factor in recent years than it was during the 1990s.

TABLE 4
Rate of Overtime for Public Sector Health Care Nurses by Age
All Provinces, Selected Years*

Age group	1997	2008	2010	2012	2014	2016
<35	15.7%	29.7%	27.7%	30.0%	24.9%	26.9%
35-44	15.3%	31.5%	25.4%	25.9%	26.1%	25.0%
45-49	15.3%	28.0%	29.9%	31.4%	29.0%	31.5%
50-54	18.9%	33.4%	35.0%	30.6%	27.4%	29.0%
55+	-	33.4%	29.8%	29.7%	27.6%	26.4%
All provinces	15.6%	31.2%	28.9%	29.3%	26.5%	27.1%

* Only includes those who were at work during the reference week

Pre-1996 data use 2001 Census weights; data for 1996-2000 use 2006 Census weights, and 2001 forward use 2011 Census weights.

Source: Special tabulation of Statistics Canada's LFS

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5. COST

Table 5 summarizes the own illness and disability costs along with that of paid and unpaid overtime by province. Cost estimates are built up from estimates of hours lost to own illness absence and hours of paid or unpaid overtime in the reference week, and adjusted to a full-time equivalence basis.

TABLE 5
Costs of Absenteeism and Overtime by Province, 2016

	Own illness absenteeism		Paid overtime		Unpaid overtime	
	Hours per week	Annual cost (\$M)	Hours per week	Annual cost (\$M)	Hours per week	Annual cost (\$M)
Newfoundland and Labrador	16,100	30.2	5,300	15.1	-	-
Prince Edward Island	-	-	900	2.5	700	1.4
Nova Scotia	19,900	32.0	8,200	20.6	2,400	4.1
New Brunswick	16,500	27.8	6,300	16.7	1,800	3.3
Quebec	171,000	281.8	93,200	222.9	25,500	46.3
Ontario	152,800	278.0	70,600	196.7	34,000	61.7
Manitoba	17,500	31.2	15,000	40.0	4,500	8.7
Saskatchewan	24,700	49.1	14,900	46.4	3,300	7.2
Alberta	54,100	108.0	35,500	108.5	10,600	24.1
British Columbia	79,400	145.6	42,600	121.1	11,300	21.3
All Provinces	554,500	989.3	292,500	788.4	95,000	180.1

[1] Assuming overtime premium rate of 1.5

[2] Wage rate is usual hourly wages, including bonuses, before taxes. Wage rate is weighted by fraction of nurses reporting a given wage rate; assuming 49 working weeks in one work year.

Source: Special tabulation of Statistics Canada's LFS

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