

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

Quick Facts 2015

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

1. INTRODUCTION

This report is the fourth biennial update prepared for the Canadian Federation of Nurses Unions (CFNU) on absenteeism and overtime for public sector registered nurses and nurse supervisors.

CFNU's objective in preparing the Absenteeism and Overtime Reports is to illustrate the toll that excessive workloads are taking on Canada's nurses, which contributes 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 Canadians.

There are a number of general caveats to consider when reviewing the data. This report is based on Statistics Canada's Labour Force Survey (LFS) data from 1997 to 2015. In this release, LFS estimates have been revised back to 2001, using population weights from the 2011 Census of Population. Because of these revisions, comparisons between years should be made using only data in this report. Jacobson Consulting has prepared these tables and the analysis based on cross-tabulations from micro data released by Statistics Canada on January 28, 2015.

The following sections present tables and general results for public sector health care nurses and their absenteeism and overtime rates for 2014. A comparison is made to results from 2012 for some results. Tables include data for selected years from 1997 through 2014. 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.

Analysis of provincial detail 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. In some jurisdictions, Statistics Canada deemed the sample size to be too small to be releasable and, as such, we have followed their guidelines.

2. PUBLIC SECTOR HEALTH CARE NURSES: A SNAPSHOT

- In 2014, there were 268,600 publicly-employed nurse supervisors and registered nurses as compared to 254,300 in 2012. This represents an increase of 5.6% between the two periods. There were larger changes in both directions by province (for example, British Columbia -3.8%; Ontario +13.3%).
- The largest shares of nurses are employed in Ontario (33.2%) and Québec (23.5%); 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 2.2%.
- In 2014, the estimated unionization rate was 90%, an increase over 2012. Ontario (84%) and Alberta (88%) had the lowest rate of unionization for this sector. Quebec had the highest rate of unionization (95%) followed by New Brunswick (94%) and British Columbia (93%).
- In 2014, 80.3% of nurses worked at least 30 hours per week, the amount defined as full-time in the LFS, almost unchanged from 2012. The provincial rankings shift from year to year, but Alberta usually has the lowest rate of full-time nurses, and Newfoundland and Labrador is typically the highest.
- The share of females remains above 91% in 2014; this figure has remained relatively constant over the years.

Table 1: Public Sector Health Care Nurses, Absenteeism, Overtime, Unionization, Selected Years

	Public sector health care nurses		Absenteeism rate [1]		Overtime rate [2]		% Union member	
	2012	2014	2012	2014	2012	2014	2012	2014
Newfoundland and Labrador	6,900	6,000	8.1%	-	22.8%	26.0%	93%	90%
Prince Edward Island	1,400	1,600	-	-	27.9%	27.1%	90%	91%
Nova Scotia	9,100	8,900	8.2%	7.2%	26.4%	27.3%	89%	92%
New Brunswick	7,200	6,800	10.2%	-	21.8%	25.9%	92%	94%
Québec	58,800	63,200	6.8%	8.4%	35.2%	32.5%	92%	95%
Ontario	78,700	89,100	7.0%	7.2%	26.9%	22.6%	80%	84%
Manitoba	11,900	13,100	9.4%	8.5%	28.2%	30.5%	94%	92%
Saskatchewan	10,300	10,400	-	6.9%	29.8%	22.9%	93%	90%
Alberta	32,200	33,000	6.9%	8.8%	32.7%	24.3%	87%	88%
British Columbia	37,900	36,500	9.4%	8.4%	25.8%	26.6%	93%	93%
All provinces	254,300	268,600	7.5%	7.9%	29.3%	26.3%	88%	90%

[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 Labour Force Survey public use microdata files, selected years, by Jacobson Consulting.

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

3. ABSENTEEISM

- On average, in 2014 there were 21,000 public sector health care nurses absent due to own illness or disability on a weekly basis. This represents an absenteeism rate of 7.9%, up from 7.5% in 2012. This rate has remained relatively stable in recent years.
- The rate of absenteeism for full-time nurses is substantially higher at 8% than the average of all other occupations (4.7%).
- Hours lost due to own illness or disability are equivalent to the annual workload of almost 14,000 nurses. In other words, almost 25 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 in 2014 is conservatively estimated at \$846.1 million a year¹ compared to \$726.9 million in 2012.
- The rate of absenteeism for all provinces was very similar, falling close to 7 or 8%.
- In recent years, the absenteeism rate for the lowest age group (<35) was markedly lower at 6.2% than for the age groups over age 35. In 2014, the 55+ grouping had the highest rate of absenteeism at 9.6%.

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

Age group	1997	2002	2005	2008	2010	2012	2014
<35	6.5%	8.2%	7.3%	7.3%	6.2%	6.6%	6.2%
35-44	6.0%	8.2%	6.6%	9.5%	8.2%	7.4%	8.0%
45-49	6.4%	6.7%	7.5%	8.5%	9.2%	7.5%	8.9%
50-54	9.8%	8.8%	8.9%	9.0%	10.0%	9.1%	8.6%
55+	8.1%	7.9%	8.9%	12.3%	8.1%	7.9%	9.6%
All provinces	6.8%	8.0%	7.6%	9.2%	8.0%	7.5%	7.9%

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 Labour Force Survey public use microdata files, selected years, by Jacobson Consulting.

4. OVERTIME

- In 2014, the average weekly share of nurses who worked overtime was 26%, down slightly from 29% in 2012. Nurses averaged 6.1 hours of paid and unpaid overtime in 2014. In 2012, the reported number was 6.6 hours.
- In 2014, the average incidence of paid overtime by nurses was 16% compared to 19% in 2012. For those with unpaid overtime hours, the figures were 12.5% compared to 13% in 2012.

- Public sector health care nurses with paid overtime reported an average of 7.2 hours in 2014 and 7.3 hours in 2012. Public sector health care nurses with unpaid overtime reported an average of 3.6 hours in 2014 and 4.1 hours in 2012.
- In 2014, public sector health care nurses worked an estimated 13,963,400 hours of paid overtime in 2014, compared to 15,980,900 hours in 2012. Unpaid overtime estimates were 5,420,500 hours in 2014 and 6,107,600 hours in 2012.
- Aggregating both paid and unpaid overtime in 2014, nurses worked an estimated 19,383,900 hours annually in 2014, down somewhat from the 22 million hours worked in 2012. This number is equivalent to 10,700 full-time positions².
- Paid and unpaid overtime was estimated to cost \$871.8 million³ in 2014 annually, compared to almost 1 billion (\$979.4) in 2012. Of this figure, \$679.4 million is attributable to paid overtime. The equivalent calculation of \$192.5 million for unpaid overtime is borne by nurses.
- In 2014, Quebec (32.5%) and Manitoba (30.5%) had the highest overtime rates. Ontario (22.6%) and Saskatchewan (22.9%) 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

	2010	2012	2014
Incidence of overtime			
All overtime	28.8%	29.3%	26.3%
Paid overtime	17.2%	19.1%	16.2%
Unpaid overtime	14.5%	13.1%	12.5%
Overtime hours per week [1]			
All overtime	393,700	422,600	371,900
Paid overtime	263,400	305,800	267,500
Unpaid overtime	130,300	116,800	104,400
Overtime hours per year [2]			
All overtime	20,544,500	22,088,600	19,383,900
Paid overtime	13,751,200	15,980,900	13,963,400
Unpaid overtime	6,793,300	6,107,600	5,420,500
Aggregate annual overtime hours as full-time, full-year equivalents (FTEs) [3]			
All overtime	11,300	12,200	10,700
Paid overtime	7,600	8,800	7,700
Unpaid overtime	3,700	3,400	3,000

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

[2] Aggregate hours of overtime each month of each survey year were calculated as follows:
Aggregate survey month hours = (survey reference week aggregate hours / 7) * number of days in the survey month.

[3] Aggregate overtime hours per month are the average of the 12 survey month estimates.

Assuming one FTE is equal to 1,813 hours. Source: Special tabulation of Statistics Canada LFS PUMF, selected years, by Jacobson Consulting.

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	2002	2005	2008	2010	2012	2014
<35	15.7%	24.3%	26.4%	30.3%	27.7%	29.6%	24.6%
35-44	15.1%	27.2%	31.0%	31.4%	25.2%	26.3%	26.1%
45-49	15.4%	25.0%	33.3%	27.8%	30.2%	31.8%	28.9%
50-54	18.4%	30.8%	30.7%	33.3%	35.1%	30.5%	27.7%
55+	13.1%	26.1%	25.9%	33.2%	29.6%	29.3%	27.4%
All provinces	15.6%	26.6%	29.4%	31.2%	28.8%	29.3%	26.3%

* 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

Source: Special tabulation of Statistics Canada's Labour Force Survey public use microdata files, selected years, by Jacobson Consulting.

5. COST

Table 5 summarizes the own illness 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, 2014

	Own illness		Paid overtime		Unpaid overtime	
	Hours per week	Annual cost (\$MN)	Hours per week	Annual cost (\$MN)	Hours per week	Annual cost (\$MN)
Newfoundland and Labrador	11,300	19.0	9,600	24.8	1,800	3.0
Prince Edward Island	3,200	5.1	1,600	4.0	500	0.9
Nova Scotia	14,200	24.0	11,600	28.4	4,200	7.0
New Brunswick	9,600	15.7	6,000	15.2	2,300	4.1
Québec	126,000	195.3	91,100	206.7	18,700	29.8
Ontario	153,300	273.3	64,500	176.5	39,300	73.7
Manitoba	21,400	38.0	17,500	43.5	7,100	12.8
Saskatchewan	14,800	29.8	10,200	28.1	2,800	5.6
Alberta	60,900	130.9	25,600	73.3	15,600	32.0
British Columbia	61,100	110.9	29,800	81.6	12,100	23.2
All provinces	476,000	846.1	267,500	679.4	104,400	192.5

[1] Wage rate is usual hourly wages, including bonuses, before taxes. Wage rate is weighted by fraction of nurses reporting a given wage rate.

[2] Assuming 49 working weeks in one work year

[3] Assuming overtime premium rate of 1.5

Source: Special tabulation of Statistics Canada's Labour Force Survey public use microdata files, selected years, by Jacobson Consulting

¹ This is based on the same assumption of 49 working weeks per worker, used in the full-time-equivalent estimates and corresponding wage rates. Using the annual hours lost estimate, this figure would be \$775.1 million for 2012 and \$901.2 million for 2014.

² One FTE worker is defined as 1,813 hours (49 weeks x 37 hours)

³ This is based on an assumption of 49 weeks per nurse per year in keeping with the FTE assumption. Using the annual hours of overtime, this figure would be \$1.044 billion for 2012 and \$927.7 million for 2014.

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