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Matua Raki  
National Addiction Workforce Development

Te Pou  
o Te Whakaaro Nui

# Adult mental health and addiction nursing roles

2014 survey of Vote Health funded services



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# Introduction

Nurses are the largest registered health professional workforce group in New Zealand (National Nursing Organisations, 2014, p. 5). As at 1 March 2014 more than 51,000 nurses had a current practising certificate (Nursing Council of New Zealand, 2014b, p. 4).

Planning for the future of New Zealand's nursing workforce is challenging, particularly because there is a lack of quality workforce data. Access to reliable information for planning purposes is vital given that half of the present nursing workforce is expected to retire by 2035 (National Nursing Organisations, 2014, pp. 5-6).

This report aims to support future health workforce planning with robust information about the dedicated nurse positions in New Zealand's adult mental health and addiction services. It describes the size and distribution of this nursing workforce by provider, roles, and services delivered. It also provides information about the number of vacancies and perceived recruitment issues.

## Background

### Nurses in New Zealand

'Nurse' is a protected title that requires the person using it to be registered with the Nursing Council of New Zealand. The Council reports on three nursing scopes of practice.

- Nurse practitioners - considered the most advanced clinical practitioners in nursing, in an individually defined area of clinical practice. They also hold registered nurse registration (Nursing Council of New Zealand, 2014a, p. 24).
- Registered nurses - use nursing knowledge and judgement to assess health needs, provide care, and advise and support people to manage their health. Registered nurses practice independently and in collaboration with other health professionals using comprehensive assessment practices, scientific and professional knowledge, skills and clinical decision-making (Nursing Council of New Zealand, 2014a, p. 9).
- Enrolled nurses – deliver nursing care and health education to people in a variety of settings under the direction and supervision of registered nurses (Nursing Council of New Zealand, 2014a, p. 42).

DHBs may employ registered nurses in senior roles such as clinical nurse manager, nurse specialist or clinical nurse specialist, nurse educator, nurse coordinator and clinical nurse coordinator (New Zealand Nurses Organisation, 2012, pp. 72-74).

## Existing workforce information

The Nursing Council of New Zealand bi-annually reports demographic information about nurses who have registered for a current practising certificate (Nursing Council of New Zealand, 2014a).<sup>1</sup> As part of the registration process nurses self-report their main area of practice.<sup>2</sup> Registrations in mental health (community or inpatient) and addiction practice areas will include nurses working in child and youth, adult and older adult services across all sectors, including health, justice and social development.

As at 1 April 2013, nurse registrations in the mental health and addiction practice areas included:

- seven nurse practitioners
- 4,403 registered nurses
- 155 enrolled nurses (Nursing Council of New Zealand, 2014a, pp. 25, 35, 49).

As is the case for nurses generally, the median age group for nurses in mental health and addiction practice is high:

- 45 to 49 years for registered nurses
- 55 to 59 years for enrolled nurses.

There are more male registered nurses working in mental health practice than in other areas of nursing (26 to 29 per cent compared to 8 per cent for all nurses), and a higher proportion of Māori registered nurses than in other areas of nursing (13 per cent compared to 7 per cent, Nursing Council of New Zealand, 2014a, pp. 6, 36-38, 50-51).

Current nursing workforce development challenges identified by the National Nursing Organisations include the need to:

- improve the quality of workforce data
- increase the number of nursing graduates
- make the best use of the existing workforce
- improve workforce demographics to match those of the population
- employ more nurses in primary and community care
- free-up nurses from non-nursing work (National Nursing Organisations, 2014, pp. 6, 9-11).

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<sup>1</sup> There will be qualified nurses in the community who do not need to have a current practising certificate to perform their roles, particularly those employed by NGOs or in roles requiring other forms of registration, for example addiction practitioners. It should also be noted the Nursing Council identified that 44 per cent of all practicing registered nurses possessed an additional qualification beyond their registration qualification (Nursing Council of New Zealand, 2014a, p. 7).

<sup>2</sup> Nurses working in administration or management roles may be reported under the nursing administration and management practice area instead of a specialist area like mental health or addiction.

## The *More than numbers* organisation workforce survey

The *More than numbers* survey profiles the size, distribution and configuration of the Vote Health funded workforce in adult mental health and addiction services.

Organisations invited to participate in the survey included the 20 DHBs and 231 non-government organisations (NGOs) contracted by DHBs or the Ministry of Health to provide adult mental health and addiction services during the year ended 30 June 2013. All 20 DHBs and 169 NGOs (73 per cent) completed the survey, giving an overall response rate of 75 per cent.<sup>3</sup>

The survey requested information that organisation team leaders and managers could reasonably obtain, as at 1 March 2014. Respondents were asked to report their total Vote Health funded workforce for each role using a pre-set list with the option to add other roles. Most of the information provided here is based upon full-time equivalent (FTE) positions including both employed and vacant positions.

### Overview of the reported total adult mental health and addiction services workforce

The total workforce reported to the survey by adult mental health and addiction services for all Vote Health funded roles was 8,929 FTE positions (employed plus vacant).

- Mental health services reported 7,097 FTEs (79 per cent of the total workforce).
- Addiction services reported 1,316 FTEs (15 per cent).<sup>4</sup>
- Combined mental health and addiction services reported 516 FTEs (6 per cent).<sup>5</sup>

In terms of the organisations reporting to the survey:

- DHBs reported a total workforce of 5,657 FTEs (63 per cent of the total workforce)
- NGOs reported 3,273 FTEs (37 per cent).

Respondents reported their workforce by role. This method captured dedicated positions in the workforce but did not describe the skills or qualifications of current employees. Figure 1 shows the distribution of the total workforce with roles segmented into occupation groups. The workforce in the nursing occupation group was 30 per cent of the total workforce reported to the survey.

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<sup>3</sup> The survey method and limitations are described in the national and regional reports at [www.tepou.co.nz/morethannumbers](http://www.tepou.co.nz/morethannumbers). The survey did not collect information from services whose primary focus was Whānau Ora, primary health, youth, disability support, health promotion, policy, quality improvement, research activities and workforce development, or that did not employ any mental health or addiction staff.

<sup>4</sup> For this report addiction services includes surveys from alcohol and other drug services and problem gambling services.

<sup>5</sup> For this report combined services included those surveys that self-identified as providing both mental health and addiction services and were received from organisations funded to deliver both types of services.

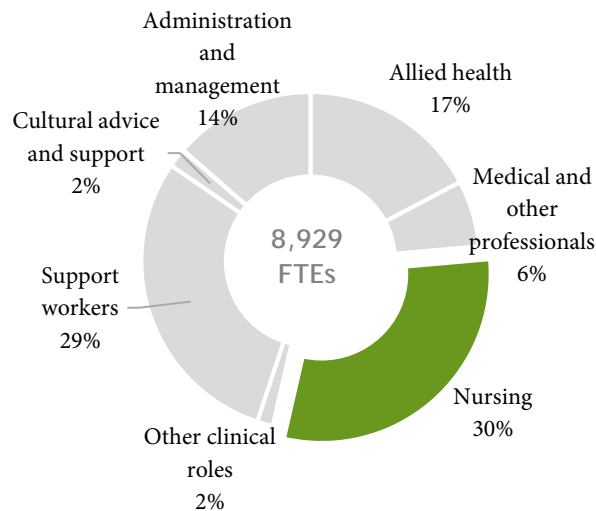


Figure 1. Workforce reported to the survey in occupation groups as a proportion of the total workforce

## What can the survey tell us about dedicated nurse positions?

*More than numbers* is the first survey to capture information about most of the Vote Health funded dedicated nurse positions in the adult mental health and addiction services workforce. The results improve our understanding of the nursing workforce in the context of services delivered and in relation to the size and composition of the total workforce surveyed.

The survey identified the following dedicated nurse positions (roles):

- registered nurse
- nurse practitioner, nurse specialist and nurse educator<sup>6</sup>
- enrolled nurse
- nurse manager and other nursing roles as specified by respondents.<sup>7</sup>

Most nursing roles were included in the nursing occupation group (2,677 FTEs), which made up 30 per cent of the total reported workforce.<sup>8</sup> There were an additional 29 FTEs for nurse manager roles reported in the administration and management group. It is likely that nurse manager roles are under-reported here, as many would have been identified as team or service leaders or senior managers instead.

The number of nurses working in the sector will be more than that reported to the survey for the following reasons.

<sup>6</sup> These different roles were reported to the survey in one group.

<sup>7</sup> Roles specified included nurse coordinator, nurse consultant and nurses in the new entry to specialist practice programme.

<sup>8</sup> Following calculations to estimate the workforce in those NGOs that did not respond to the survey, the proportion of the total workforce in the nursing occupation group was reduced to 29 per cent. See the *Adult mental health and addiction workforce: 2014 survey of Vote Health funded services* available on the Te Pou website.



- Approximately one quarter (27 per cent) of the NGOs invited to participate did not complete surveys.<sup>9</sup>
- Some participating DHBs and NGOs may have under-reported their workforce.
- There will be qualified nurses employed in non-nursing roles, for example as senior managers or team leaders, professional or clinical leads, in consult liaison roles, as case managers, mental health professionals, addiction practitioners or dual diagnosis practitioners.<sup>10</sup>

## Workforce in dedicated nurse positions

The Vote Health funded workforce in dedicated nurse positions in adult mental health and addiction services totalled 2,706 FTEs (employed plus vacant), making up 30 per cent of the total workforce reported to the survey.

The nursing workforce was comprised of:

- 2,677 FTEs in roles in the nursing occupation group
- 29 FTEs reported as nurse managers in the administration and management occupation group.<sup>11</sup>

Within the nursing workforce there were:

- 2,534 FTEs employed
- 172 FTEs vacant.

Figure 2 shows the distribution of the nursing workforce across mental health, addiction and combined services, and the relative proportion of the nursing workforce and its size (FTE positions employed plus vacant) in each service group.

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<sup>9</sup> The *Adult mental health and addiction workforce: 2014 survey of Vote Health funded services* report estimates that the NGO workforce has been under-reported by approximately 15 per cent. This report is available on the Te Pou website.

<sup>10</sup> Some of these nurses may not be required to hold a current practising certificate to perform their duties.

<sup>11</sup> It is likely that this group is under-reported and that many more nurse managers have been reported as team or service leaders or senior managers.

### Workforce in dedicated nurse positions

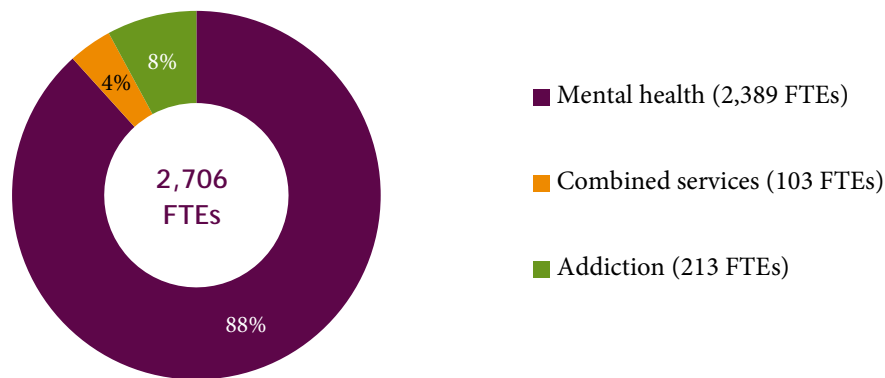


Figure 2. Distribution of the workforce in nursing roles across service groups (relative proportions and number of FTE positions)

In addition to having different sized nursing workforces, the three service groups also differed in terms of service types<sup>12</sup> that have dedicated nurse positions. As shown in Figure 3 nurses in the mental health and addiction groups work across a number of different service types, including community, residential and inpatient services. Mental health forensic, administration and management, and other services also reported dedicated nurse positions.

In contrast combined services reported most of their nursing workforce in community services (92 per cent, 95 FTEs) with the remainder of this group’s nursing workforce in administration and management services (8 per cent, 8 FTEs).

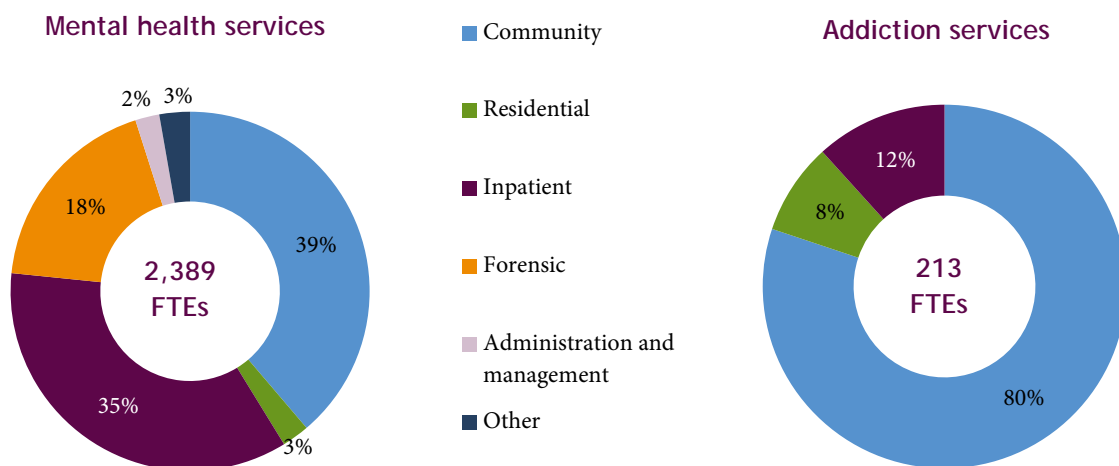


Figure 3. Distribution of the nursing workforce by service type, comparing mental health and addiction services.

<sup>12</sup> The types of services reported to the survey have been grouped into community services, inpatient services, residential services, forensic services (community and inpatient), administration and management and all others. More information about service type categories and grouping is available from the national and regional reports on the Te Pou website at [www.tepou.co.nz/morethannumbers](http://www.tepou.co.nz/morethannumbers)

## Composition of the nursing workforce

The workforce in dedicated nurse positions included:

- 2,605 people in registered nurse roles totalling 2,462 FTEs (employed plus vacant), 91 per cent of the adult mental health and addiction nursing workforce
- 75 people in enrolled nurse roles (72 FTEs, 3 per cent)
- 119 people in nurse practitioner, nurse specialist and nurse educator roles (99 FTEs, 4 per cent)<sup>13</sup>
- 48 people in other nursing roles including nurse coordinator and nurse consultant (44 FTEs, 1 per cent)
- 29 nurse managers (29 FTEs, 1 per cent).

Figure 4 shows the proportion of the nursing workforce in dedicated nurse positions.

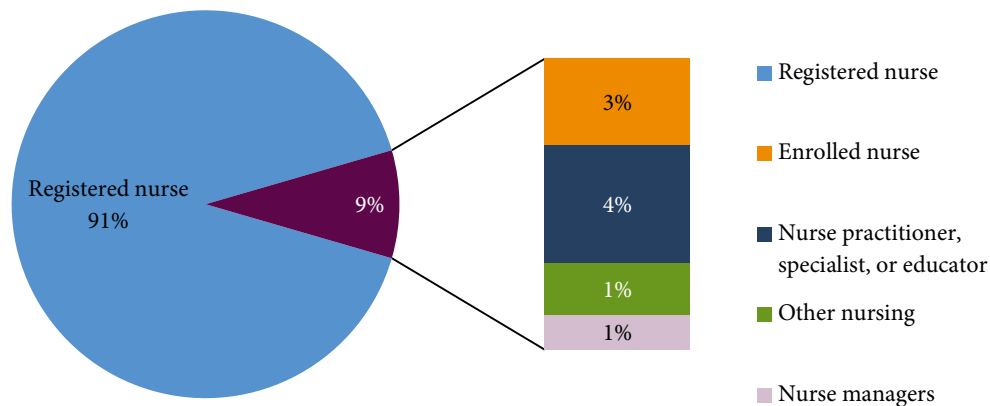


Figure 4. Proportion of the workforce in dedicated nurse positions by role reported to the survey (FTE positions employed plus vacant)

<sup>13</sup> The majority of these positions are likely to be nurse specialists and nurse educators. The Nursing Council reports there were seven nurse practitioners registered in mental health and addiction practice in 2013, out of a total of 107 across all practice areas.

## Nursing roles in DHB and NGO services

All 20 DHBs and 52 out of 169 NGOs (31 per cent) reported having nursing roles in their services. Figure 5 shows the number of DHBs and NGOs that reported having the different roles in their services.

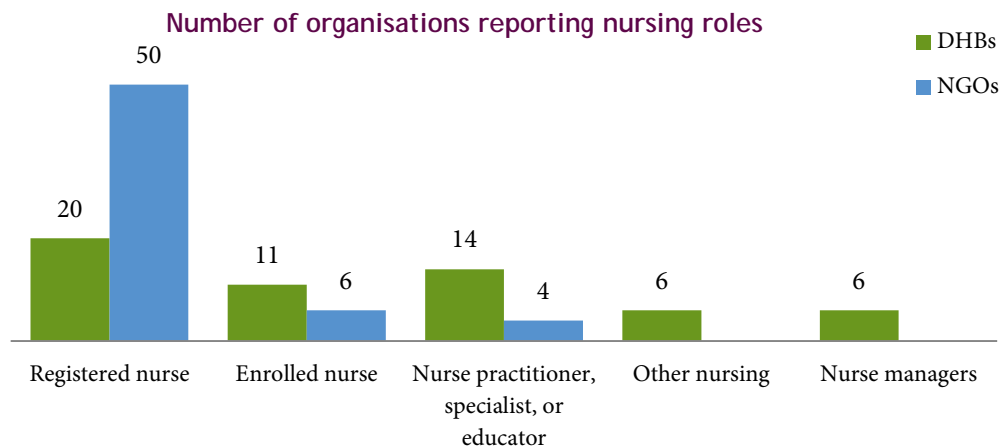


Figure 5. Number of DHBs and NGOs reporting nursing workforce by role

The nursing workforce made up 45 per cent of the total DHB workforce reported to the survey. In contrast, the nursing workforce comprised five per cent of the total reported NGO workforce.

DHB respondents reported a total nursing workforce of 2,555 FTEs (employed plus vacant) including:

- 2,322 FTEs in registered nurse roles
- 66 FTEs in enrolled nurse roles
- 95 FTEs in nurse practitioner, nurse specialist and nurse educator roles
- 44 FTEs in other nursing roles including nurse coordinator and nurse consultant
- 29 FTEs in nurse manager roles.

NGO respondents reported a total nursing workforce of 150 FTEs (employed plus vacant), including:

- 140 FTEs in registered nurse roles
- 6 FTEs in enrolled nurse roles
- 4 FTEs in nurse practitioner, nurse specialist and nurse educator roles.

While NGOs reported relatively few dedicated nurse positions compared to DHBs, the number of qualified nurses working in NGOs may be higher because nurses may have been reported as being employed in other roles, such as mental health professional or addiction practitioner.

Figure 6 compares the role composition of the nursing workforce in DHBs with that in NGOs.

### Nursing workforce in DHBs and NGOs by roles

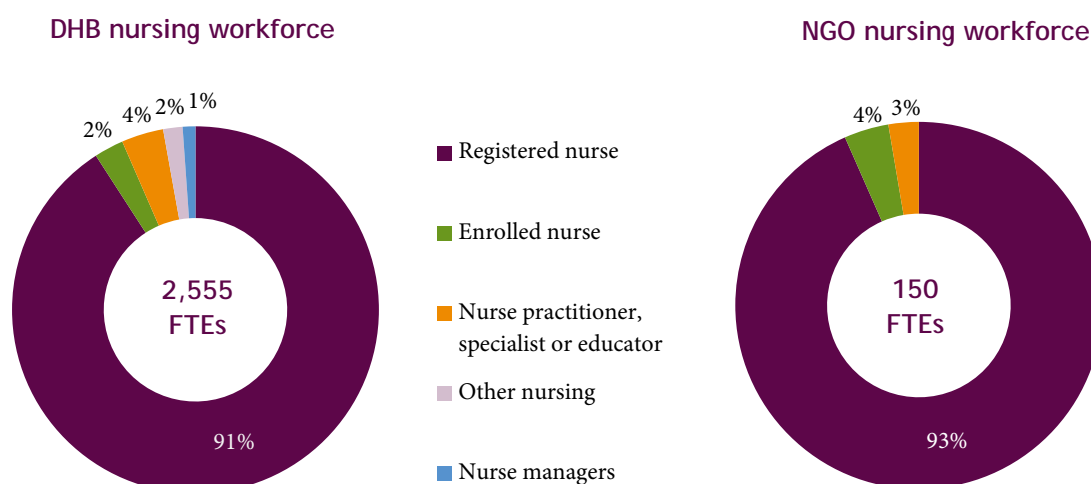


Figure 6. Comparison of the nursing workforce by role in DHBs and NGOs (FTE positions employed plus vacant)

Despite the difference in the size of the nursing workforce, DHBs and NGOs reported a similar proportion of the workforce in registered nurse roles (91 per cent of the DHB nursing workforce compared to 93 per cent for NGOs). However, NGOs did not report any nurse managers or other nursing roles. In addition, enrolled nurses made up 4 per cent of the NGO nursing workforce, which is twice that reported by DHBs (2 per cent), although the actual number of people employed by NGOs was much smaller.

Figure 7 shows the distribution of the nursing workforce across different service types in DHBs and NGOs.

### Nursing workforce in DHBs and NGOs by service types:

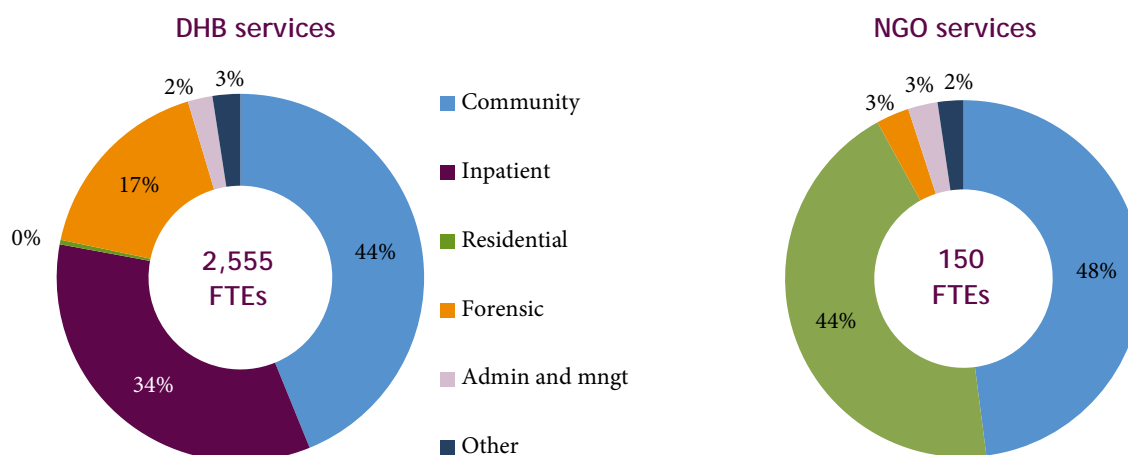


Figure 7. The distribution of the nursing workforce by service type, comparing the DHB and NGO workforce

DHBs and NGOs had similar proportions of the nursing workforce in community services (44 and 48 per cent respectively). However, nearly half of the DHB nursing workforce was in inpatient and forensic services (34 and 17 per cent respectively). In comparison, 44 per cent of the NGO nursing workforce was in residential services. These results reflect differences in the services delivered by DHBs and NGOs.

## Registered nurse roles

Dedicated registered nurse positions comprised 2,605 people in 2,462 FTEs (employed plus vacant).

- Addiction services reported 238 people in 205 FTEs (employed plus vacant).
- Mental health services reported 2,272 people in 2,165 FTEs.
- Combined services reported 95 people in 93 FTEs.

The majority of nursing positions in DHBs were registered nurse roles (94 per cent, 2,322 FTEs). This was also consistent across DHB service groups (mental health, addiction and combined), with 86 to 95 per cent of the nursing workforce in registered nurse roles.

Figure 8 illustrates the distribution of the workforce across DHBs and NGOs, and across the three service groups.

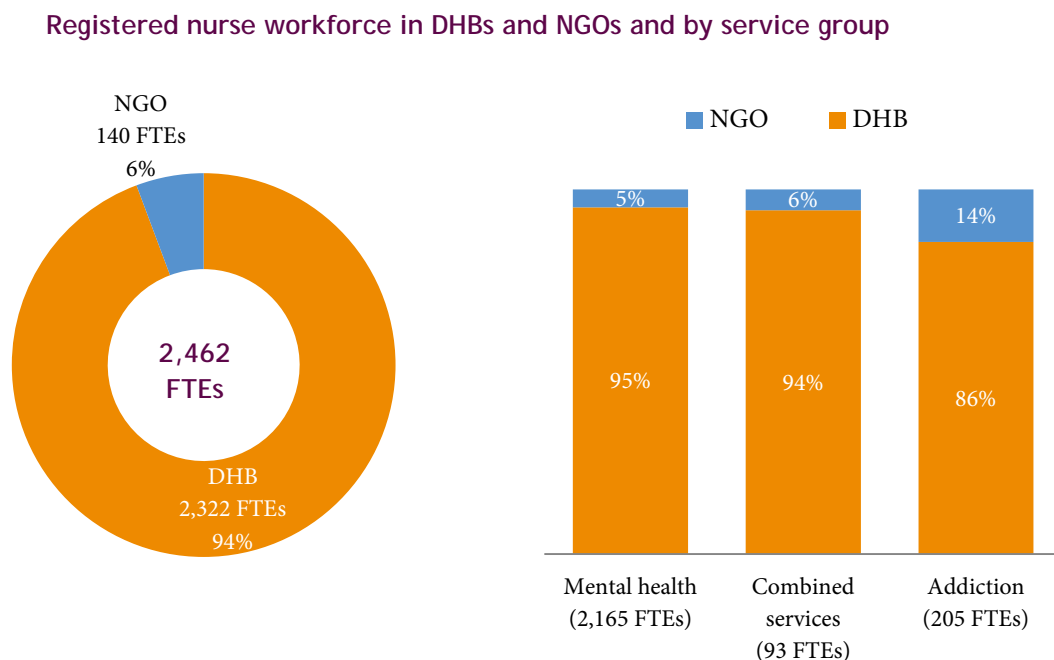


Figure 8. Distribution of registered nurse workforce across DHBs and NGOs, and across the three service groups

Nationally, there were nearly 100 registered nurse FTE positions per 100,000 adults in the New Zealand population. Most were in DHB services (94 FTEs per 100,000 adults), see Figure 9. It is important to remember these calculations relate to the number of dedicated registered nurse full-time equivalent positions in the adult mental health and addiction workforce, not the number of registered nurses working in these services.

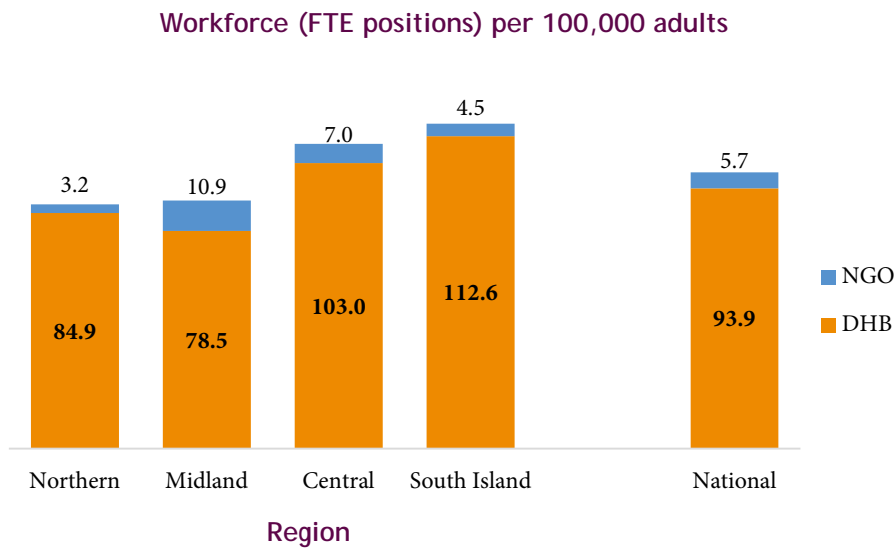


Figure 9. DHB and NGO registered nurse workforce per 100,000 adults, by region and national average

Regional variations in the ratio of nursing workforce to population shown in Figure 9 may be partially influenced by differences in the proportion of the regional workforce reported by DHBs.

Figure 10 compares the distribution of dedicated registered nurse positions across the different service types reported by DHBs and NGOs.

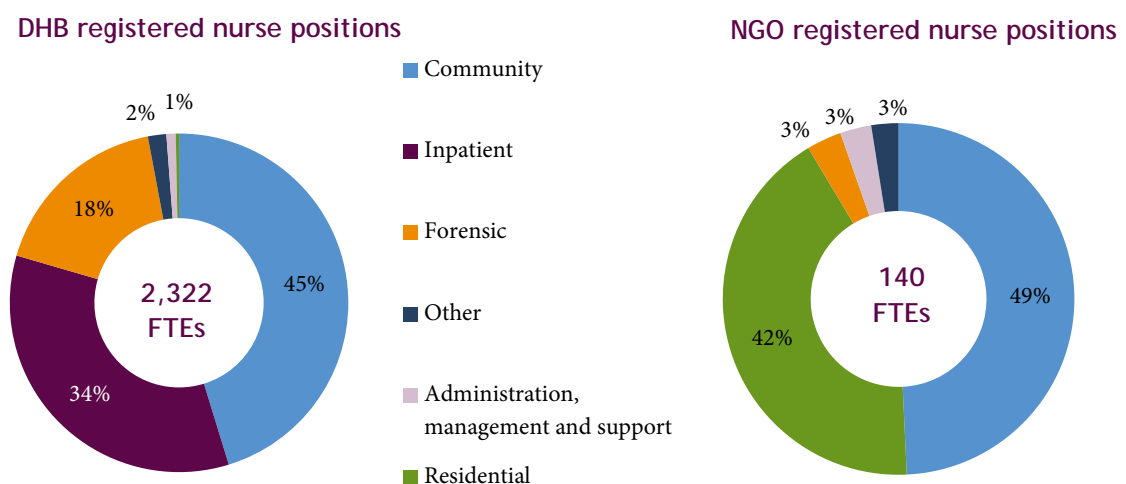


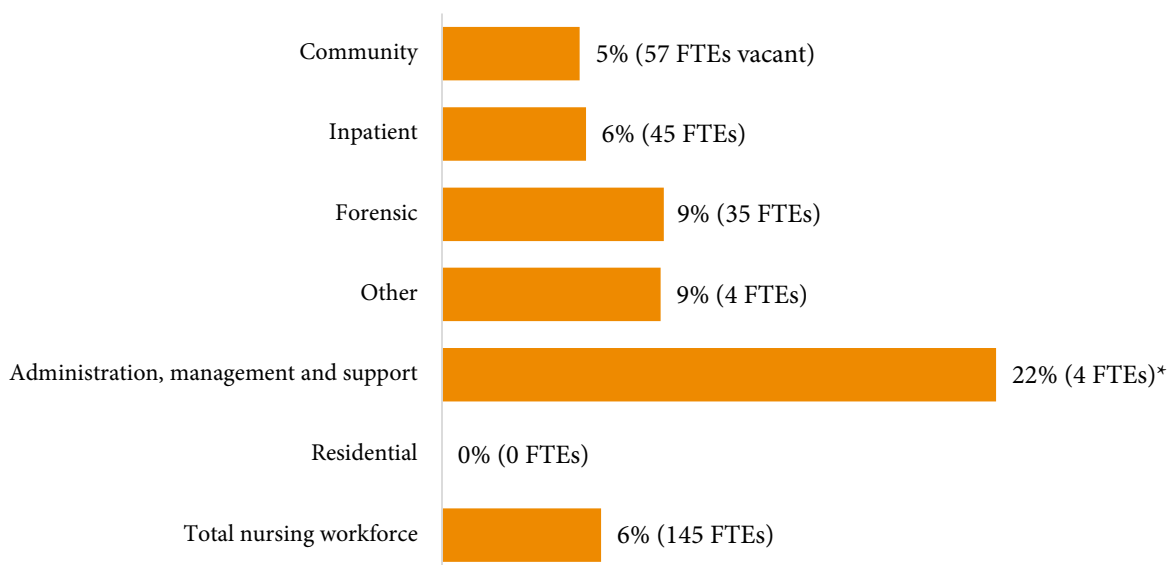
Figure 10. The distribution of the workforce in registered nurse roles across services provided by DHBs and NGOs

Nearly half (45 per cent) of the DHB registered nurse workforce (1,051 FTEs) was in community services, with 34 per cent in inpatient services (795 FTEs) and 18 per cent in forensic services (407 FTEs). Similarly, 47 per cent of the registered nurse workforce in NGOs was in community services (66 FTEs). In addition, 42 per cent of the NGO workforce was reported in residential services (59 FTEs).<sup>14</sup>

Across DHBs and NGOs, 7 per cent of the registered nurse positions were vacant as at 1 March 2014 (162 FTEs). DHBs reported the majority of vacancies (145 FTEs), however the DHB vacancy rate was only half that of NGOs (6 per cent compared to 12 per cent). Vacancy rates for registered nurse roles were higher than the total surveyed workforce vacancy rates for both DHBs (5 per cent) and NGOs (4 per cent).

DHB forensic and inpatient services had high vacancy rates (9 per cent each, see Figure 11).<sup>15</sup> DHB community services reported the lowest vacancy rates for nurse positions out of all service types (5 per cent).

**DHB registered nurse role vacancy rate by service type**



*Figure 11.* DHB vacancy rates by service types including number of FTE positions vacant

Note:

\* The vacancy rate for administration, management and support services is calculated on a total workforce of only 21 FTEs.

<sup>14</sup> Table 1 in the Appendix shows the total workforce by roles in each of the service types described in Figure 12.

<sup>15</sup> Administration, management and support services had the highest vacancy rate (22 per cent), and the rate for other services was also high at 9 per cent. However the workforce in these service types was much smaller than that of community, inpatient and forensic services.



Figure 12 summarises responses from DHBs to the recruitment and retention question about the future shortages of staff for registered nurse roles, showing only those service types that received more than 10 responses.

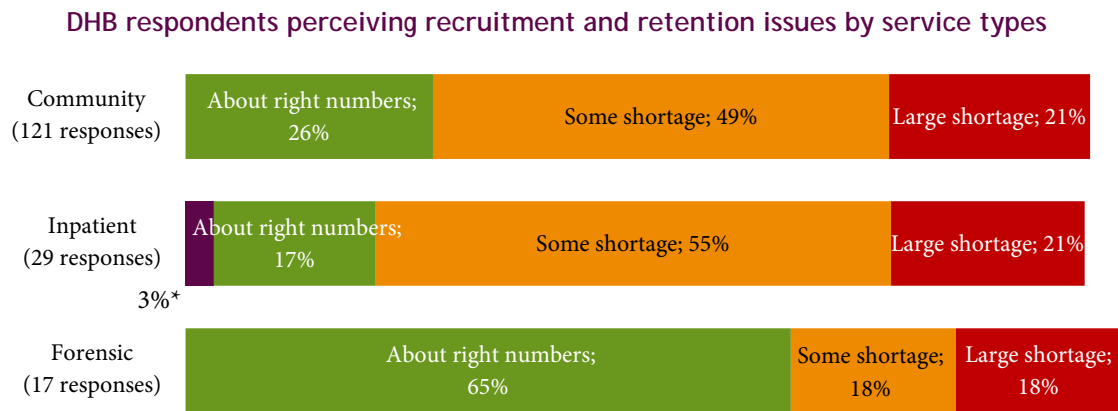


Figure 12. Proportion of DHB respondents indicating future supply of workforce for registered nurse roles, by service type.

Note:

\* 3 per cent of respondents from inpatient services indicated that they thought there would be an oversupply of registered nurses.

Around three-quarters of respondents from the two service types with the largest registered nurse workforce, community and inpatient services, anticipated some or large staff shortages over the next two years (70 to 76 per cent of respondents respectively).

NGOs reported vacancies for two service types: community and residential services. Their vacancy rates were high at 12 and 15 per cent respectively, see Figure 13.

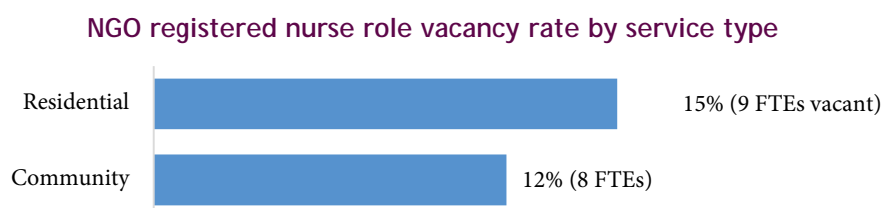


Figure 13. NGO vacancy rates by service types including number of FTE positions vacant

Figure 14 summarises responses from those NGOs with residential and community services that answered the recruitment and retention question about the future shortages of staff for registered nurse roles.

### NGO respondents perceiving recruitment and retention issues by service types

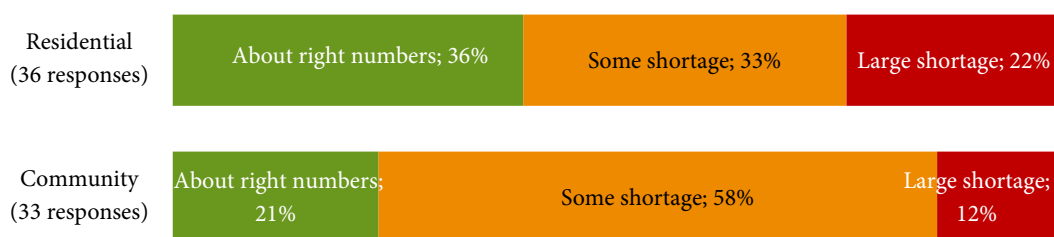


Figure 14. Proportion of NGO respondents indicating future supply of workforce for registered nurses

Despite NGOs being relatively small employers of registered nurses, half to three-quarters indicated concerns about future workforce shortages for this role.

The challenges for maintaining an adequate supply of registered nurses for the future workforce are already well documented (see, for example, National Nursing Organisations, 2014). The results of the *More than numbers* survey highlight differences in vacancy rates between service types and potential future recruitment and retention issues. The survey results aim to support the development of targeted plans and strategies to meet these challenges. They also provide a platform for assessing the impact of future workforce development plans on the size and configuration of the nursing workforce in adult mental health and addiction services.

## Nurse practitioners, nurse specialists and nurse educators

*More than numbers* collected information about nurse practitioners, nurse specialists and nurse educators as one group due to the small size of this workforce. Such senior nursing roles are a vital part of the nursing workforce. Developing the nurse practitioner workforce and expanding employment opportunities, as well as increasing opportunities for nursing leadership are important priorities for the nursing workforce programme governance group (Nursing Taskforce Working Programme Governance Group, 2015).

Nurse practitioners, nurse specialists and nurse educators comprised 119 people in 99 FTEs.<sup>16</sup>

- Addiction services reported six people in 5 FTEs.
- Mental health services reported 103 people in 83 FTEs.
- Combined services reported 10 people in 11 FTEs.

<sup>16</sup> Most of these roles will be nurse specialists and nurse educators, as the nursing council reports there are seven nurse practitioners in mental health and addiction practice (Nursing Council of New Zealand, 2014a, p. 25).

Most (96 per cent) of this nursing workforce was reported by DHB services (95 FTEs). Figure 15 shows the distribution of these roles across DHBs and NGOs, and across mental health, addiction and combined services.

**Nurse practitioner, nurse specialist and nurse educator workforce in DHBs and NGOs and by services**

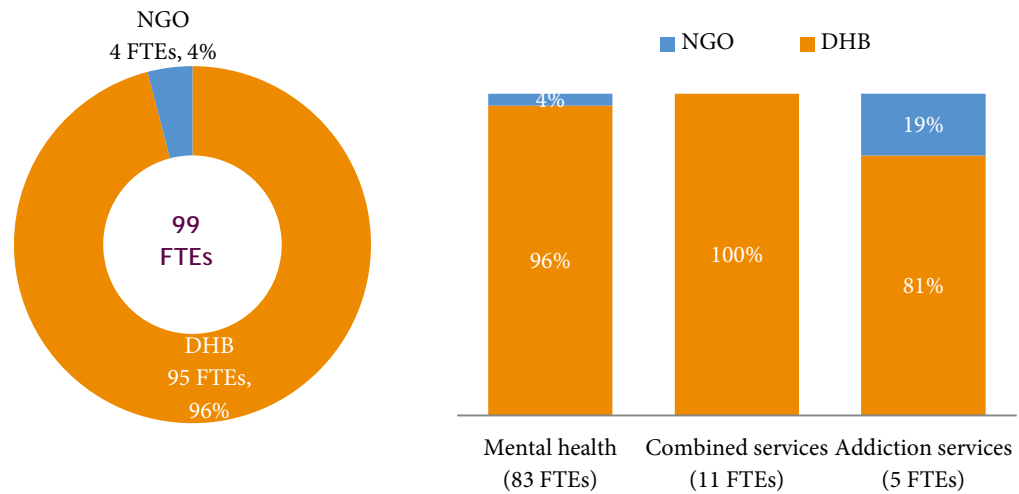


Figure 15. Distribution of nurse practitioner, nurse specialist and nurse educator workforce across DHBs and NGOs, and across the three service groups

Figure 16 shows the distribution of the DHB workforce in nurse practitioner, nurse specialist and nurse educator roles across service types. DHB community services reported more than half of this workforce, with another 23 per cent reported by inpatient services and 11 per cent reported by administration, management and support services.

**DHB nurse practitioner, specialist, educator positions**

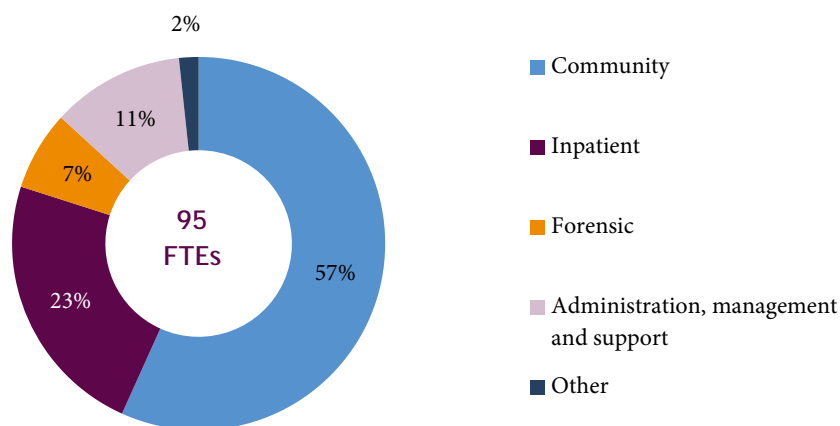


Figure 16. The distribution of the workforce in nurse practitioner, nurse specialist and nurse educator roles across DHB services

NGO residential services reported 75 per cent of the nursing workforce in nurse practitioner, nurse specialist and nurse educator roles (3 FTEs). Community services reported 1 FTE position.

Overall, the vacancy rate for this group of roles was 4 per cent (4 FTEs), lower than that for registered nurse and enrolled nurse roles (7 and 6 per cent respectively). In DHBs, the vacancy rate was 3 per cent, which was mainly due to the largest service group (community) having a very low vacancy rate (2 per cent).

Figure 17 summarises responses from DHBs about future staff shortages for these nursing roles, showing only those service types that received more than 10 responses.<sup>17</sup> Nearly half of the 38 responses received from DHB community services anticipated some or large staff shortages over the next 2 years. In contrast, 13 respondents from DHB inpatient services perceived the numbers were about right for these roles (87 per cent of 15 responses).

#### DHB respondents perceiving recruitment and retention issues by service types

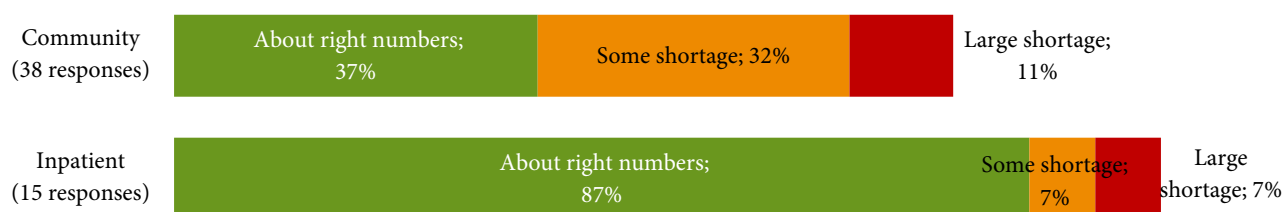


Figure 17. Proportion of DHB survey respondents indicating future supply of workforce for the nurse practitioner, nurse specialist and nurse educator group, by service type

The NGO vacancy rate for this group of roles was higher than the DHB rate (13 per cent compared to 3 per cent). However, this vacancy rate is calculated from a small number of vacancies in a small workforce; 0.5 FTE positions out of a total workforce of 4 FTEs. As such, vacancy rates for these roles in NGO services can be expected to fluctuate widely. In regards to recruitment and retention issues, only seven NGO respondents answered the question and most (71 per cent) stated they were not likely to be recruiting for these roles.

While many DHB respondents do not appear concerned about recruitment and retention issues for this group of roles, workforce supply in the long-term will need to be addressed.

The current demographic of the nursing workforce tends towards older, experienced nurses (Nursing Council of New Zealand, 2014a, p. 36). In the short-term this may mean fewer recruitment issues for

<sup>17</sup> For each organisation surveyed, there is likely to be more than one survey respondent as surveys were requested from each service or team in a DHB area.

such senior nursing positions. However, workforce development strategies will be needed to ensure there are sufficient senior nurses available to replace those reaching retirement age.

## Enrolled nurses

Enrolled nurse positions comprised 75 people working in 72 FTEs (employed plus vacant).

- Addiction services reported two enrolled nurses in 2 FTEs.
- Mental health services reported 73 enrolled nurses in 70 FTEs.
- There were no enrolled nurses reported by combined services.

Most (92 percent) enrolled nurse roles were reported in DHB services. Figure 18 illustrates the distribution of the workforce across DHBs and NGOs, and across the mental health and addiction service groups.

**Enrolled nurse workforce in DHBs and NGOs and by service groups**

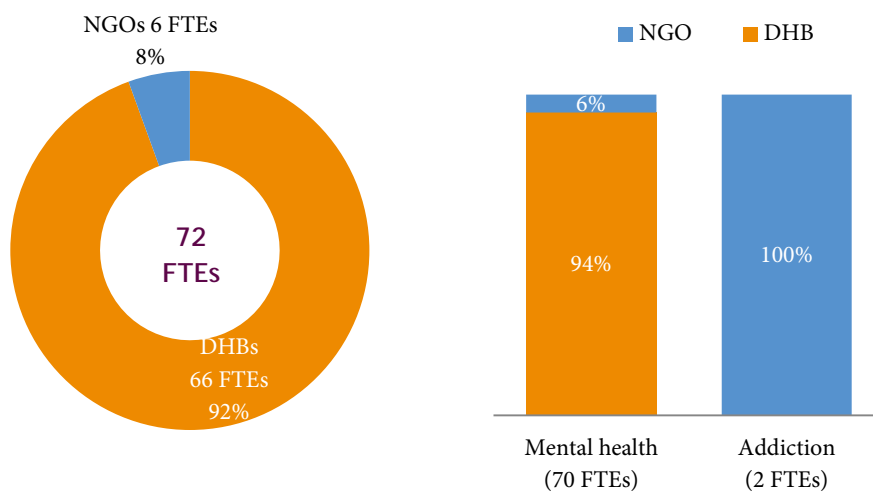


Figure 18. Distribution of the enrolled nurse workforce across DHBs and NGOs, and across service groups

Figure 19 shows the distribution of the enrolled nurse workforce reported by DHBs across service types. DHB inpatient services reported 46 per cent of the enrolled nurse workforce, with another 29 per cent reported in forensic services and 10 per cent in other services.

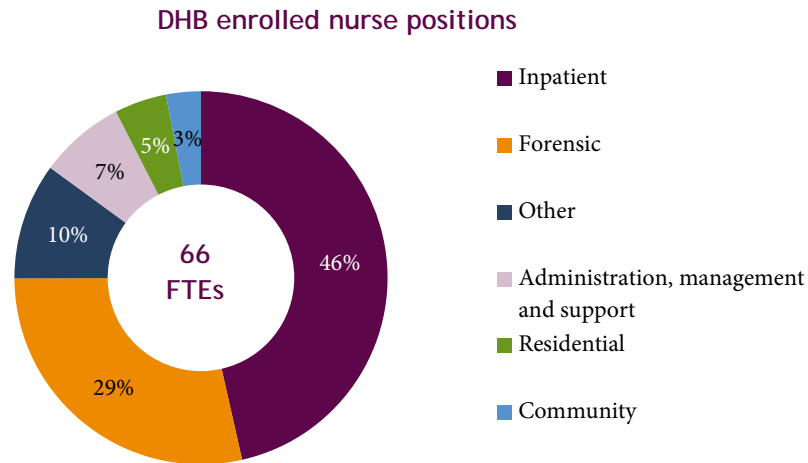


Figure 19. Distribution of the enrolled nurse workforce roles across DHB service types

NGOs reported 6 FTEs for enrolled nurses split between residential (68 per cent) and community services (32 per cent).

The enrolled nurse vacancy rate was 6 per cent (4 FTEs). In DHBs, only forensic services reported enrolled nurse vacancies, albeit at a high rate of 21 per cent (4 FTEs), giving an overall DHB vacancy rate of 6 per cent. The NGO vacancy rate was slightly higher than DHBs (8 per cent). However, NGO vacancies amounted to only 0.5 FTEs.

Nationally, 26 respondents (21 from DHBs and five from NGOs) who employed enrolled nurses answered the recruitment and retention question about this role. A little more than one-third thought that numbers for this role would be about right over the next 2 years. This compares to more than one-quarter who thought there would be a shortage (35 per cent of respondents compared to 27 per cent, see Figure 20). Eight (8) per cent of respondents felt there may be an oversupply of people for this role.

#### DHB and NGO respondents perceiving recruitment and retention issues



Figure 20. Proportion of survey respondents indicating future supply of workforce for enrolled nurses

The enrolled nurse workforce was small compared to registered nurses. However, the high rate of vacancies in forensic services and the fact the median age of enrolled nurses is over 50 years old

(Nursing Council of New Zealand, 2014a, p. 50) warrant future workforce planning, particularly for inpatient and forensic services.

## Nurse managers and other nursing roles

A small number of nurse manager positions (29 FTEs) and other nursing roles (44 FTEs) were identified by DHBs. It is likely these kinds of roles were under-reported because they were not specified in the survey, but required respondents to add them manually or include them in one of the role types listed.

Many nurses in management positions were likely to have been reported as team or service managers, or senior managers, and thus were not necessarily captured as dedicated nurse positions. The same may be said of other senior nursing roles, such as nurse coordinators and nurse consultants.

## Concluding comments

The *More than numbers* organisation workforce survey results provide a platform to support future workforce planning. The results describe the size, configuration and location of the current nursing workforce in the context of the wider adult mental health and addiction workforce. This provides an important starting point for identifying the changes needed to meet future service delivery goals outlined in *Rising to the Challenge* (Ministry of Health, 2012). Combining the nursing workforce reported here with the 298 FTEs (employed and vacant) in mental health nurse roles from the Werry Centre's 2014 stocktake of infant, child and adolescent services, indicates that there are around 3,004 FTEs in dedicated nurse roles working across child, adolescent and adult mental health and addiction services.

Understanding the current workforce size will support future workforce planning to address known challenges, such as those identified in the 2014 recommendations of the National Nursing Organisations to Health Workforce New Zealand (National Nursing Organisations, 2014, p. 7). For example, identifying the types of services with a large nursing workforce that also have vacancy rates exceeding 5 per cent, such as in DHB forensic and inpatient services. The results presented in this report suggest there is a need for targeted strategies to reduce these vacancy rates, as well as a need for strategies to improve future workforce supply. This workforce information also provides a benchmark that can be used in future when assessing and evaluating the impact of workforce development plans and strategies on dedicated nurse positions in adult mental health and addiction services.

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# Appendix

Table 1. Workforce in DHB and NGO service types for registered nurse, enrolled nurse and the nurse practitioner, nurse specialist, nurse educator group of roles.

Service type	Workforce (FTE positions employed plus vacant)			
	Registered nurse	Enrolled nurse	Nurse practitioner, nurse specialist, nurse educator	Total
<b>DHBs</b>				
Community	1,050.8	2.0	53.7	1,106.5
Inpatient	795.4	30.8	22.0	848.2
Residential	7.2	3.0	-	10.2
Forensic	407.1	18.9	6.5	432.5
Administration, management and support	20.7	4.9	10.9	36.5
Other	40.8	6.7	1.6	49.1
<b>Total</b>	<b>2,322.0</b>	<b>66.4</b>	<b>94.7</b>	<b>2,483.0</b>
<b>NGOs</b>				
Community	69.1	1.9	1.0	72.0
Inpatient	-	-	-	0.0
Residential	59.1	4.0	2.5	65.6
Forensic	4.5	-	-	4.5
Administration, management and support	4.0	-	-	4.0
Other	3.5	-	-	3.5
<b>Total</b>	<b>140.3</b>	<b>5.9</b>	<b>3.5</b>	<b>149.7</b>