

Changes in Employment Status: The Experiences of Ontario Registered Nurses

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À partir des données collectées au cours d'un sondage téléphonique auprès de mille cinquante-six infirmières autorisées en Ontario, le présent article examine le statut professionnel sur une certaine période (emploi à plein temps, à mi-temps ou occasionnel) des infirmières à travers une analyse détaillée des différentes formes de changement ou de mobilité dans le statut professionnel. Cette étude considère tant les formes internes (au sein de l'établissement) qu'externes (entre deux emplois) de modifications dans le statut professionnel. Les données de l'étude révèlent que plus de trois-quarts des répondants rapportent au moins un changement dans le statut professionnel au cours de leur carrière, et plus de la moitié rapportent deux changements ou davantage sur la période donnée. On a étudié les indicateurs de changement dans le statut familial (tous deux rapportaient des changements dans le statut matrimonial et le fait d'avoir eu des enfants durant leur carrière) et on a constaté de fortes associations avec les différentes mesures de changement de statut professionnel externe. On a remarqué que la durée de l'emploi était fortement associée aux occasions de changement de statut professionnel interne. On discute les implications d'une plus grande flexibilité dans le statut professionnel au sein des établissements de soins.

Telephone survey data were collected from 1,056 Ontario registered nurses to examine employment status (full-time, part-time, casual employment) of nursing professionals over time, through a detailed analysis of different forms of employment status change or mobility. Both internal (within-job) and external (between-job) forms of employment status change were investigated. The survey data revealed that the average duration of employment careers was 16.7 years (± 9.2 years), 78.5% of survey respondents reported at least one change in employment status over the course of their working careers, and 54.9% reported two or more changes over time. Changes in family status (changes in marital status and having children during employment career) were shown to be strongly associated with greater external employment status mobility. The duration of jobs was found to be strongly associated with greater internal employment status mobility. Implications for improved flexibility in employment status within health care settings are discussed.

The employment experiences of Canadian nursing professionals have changed significantly over time. Such changes can be attributed to various factors related to both the individual and the employment system. Health care institutions such as hospitals and nursing homes, which have traditionally served as the major employers of nursing professionals, are adjusting their overall nursing staff complements and mix to suit their needs. Dramatically changing economic realities (with declining transfers to institutions from all levels of government), as well as shifting needs or demand for health care services (as illustrated by the relatively recent growth in community or home-based health care services) are among the reasons for these adjustments. At an

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individual level, nursing professionals faced with changing circumstances in traditional employment settings are reaching their own decisions and taking actions to achieve greater control over both personal and working lives. The high levels of employment mobility in the nursing profession are the end result of change at all levels.

The current paper explores the forms of change or mobility in one key employment dimension – employment status (whether full-time, part-time or casual) – using data collected from a large representative survey of Ontario registered nurses. This research was designed to provide a more thorough understanding of patterns of employment mobility among Ontario nursing professionals over the duration of their careers. The specific goals were to conduct a comprehensive investigation of all forms of mobility in various employment dimensions, and to improve understanding of the role exit process – the process of leaving a job. To obtain this information, detailed questions were posed to survey respondents on every job held since the time of completion of basic nursing training. By capturing complete career portraits of nursing professionals it is possible to assess changes in employment mobility over time, and enhance our general understanding of the reasons for the role exit process.

Changes in employment status have undergone dramatic shifts over time. Employment status involves much more than the number of work hours per week; it can also reflect the centrality or marginality of the work role and have implications for employment income, fringe benefits, and degree of autonomy and control in the work organization. Employment status can also be linked to long-term career prospects (such as opportunities for internal promotions to administrative-level positions), as well as more intrinsic job factors (such as level of job security and preferential treatment in assignment to wards or departments).

Literature Review

The dramatic growth in part-time status employment is one of the most significant trends in employment over time. Using labour force survey data, Campling (1987, p.6) showed that part-time employment increased from a modest 3.8 % of total employment in 1953, to 16.6% in 1985. Based on 1986 Organization for Economic Cooperation and Development (OECD) data, McKie (1992) also found that high proportions of the labour force were employed on a part-time basis in the United States (17.4%) and the United Kingdom (22%). McKie (1992, p.30) observed that a sizeable proportion of part-time employment in Canada is involuntary: "Data suggest that if a large supply of new full-time positions were created, there would be an outflow of approximately one-third of part-time workers to full-time status."

Much of the growth in part-time employment status over time has been found in female employment. While this is especially the case in the United Kingdom where part-time employment is almost entirely a female phenomenon, McKie (1992) also found that approximately one-third of all women in the Canadian labour force were employed part-time throughout the 1980s. Although McKie (1992) noted that there is a balance of advantages and disadvantages to part-time work for both employees and employers, other writers have emphasized the negative factors. In an analysis of the legal position of "atypical workers" (including both part-time and casual or temporary employees), England (1987, p. 58) concluded that they "... are subjected to a broad range of inferior treatment, compared with traditional employees, under the three major legal regimes governing work relations, namely the individual employment contract, the employment standards legislation and the collective bargaining legislation." Coates (1988, p. 97) goes further, stating that "there is no comprehensive policy on part-time work in force in Canada and few public policy measures to protect or promote equal treatment of part-time employees."

The nursing profession in Canada is predominantly female in composition and has experienced dramatic growth in part-time employment over time. Paddon (1992) reported that in Canada, part-time employment of nurses grew from 30% in 1970 to 40% in 1990. White (1992) observed that part-time employment in nursing has increased much more rapidly than overall part-time employment in Canada.

Although part-time employment has increased in most occupations, Duffy and Pupo (1992) believe that many women continue to opt for traditional female careers such as nursing in part because transition to part-time status is far more common and accepted. They observe that "in professional categories traditionally dominated by males – medicine, law, business, accounting, and tenured university appointments – there is little or no conversion to part-time, except among those nearing retirement or those who, as independent practitioners, voluntarily reduce their hours of work" (Duffy & Pupo, 1992, p. 88).

Part-time employment in the nursing profession is reportedly closely associated with various socio-demographic factors. A recent Goldfarb survey of Ontario registered nurses revealed that full-time nurses tended to be single; part-time nurses were more likely to be married with children (The Goldfarb Corporation, 1988). It was also found that part-time nurses tended to have been in the nursing profession for a longer time (1988).

Similarly, a recent survey of members of the Royal College of Nursing (Secombe & Ball 1992) found that 52% of qualified nurses with dependent children were working part-time, compared to only 16% of those without

dependents. A strong age effect was also observed; older nurses (especially those more than 25 years) had much higher levels of part-time employment than younger qualified nurses (1992). In another British survey of members of the Royal College of Nursing, Buchan and Seccombe (1991) found that part-time employment was more common among married and older nursing professionals than among single and younger ones. They also reported that among nurses who anticipated a career break in the future, over 60% expected to return to work on a part-time basis after the break.

There are problems associated with the dramatic growth in part-time employment in the nursing profession over time. Paton and Lobin (1992, p.328) stated that the recent percentage increases "... may reflect changes in market conditions, available positions, health care funding priorities and lifestyle choices," and concluded that the trend could lead to nursing shortages in future. In an earlier analysis of the Ontario nursing staffing crisis of the late 1980s, Meltz and Marzetti (1988, p.44) concluded that the shortage was partially a function of the dramatic increase in part-time employment in the profession, "... requiring recruitment of more individuals to fill the same number of full-time equivalent slots."

White (1992) contended that there has not been a labour shortage problem within nursing but rather a very high turnover rate. He discussed serious problems in hospital settings (still the predominant place of employment for nursing professionals) and the consequences, including shorter working hours, strikes, and outright resignations. He concluded that nurses are increasingly choosing to work on a part-time basis "... as a flight from the steadily intensifying labor process" which involves both the content of the work and the time constraints (1992, p.291). However, he contended that the ultimate consequences of increased part-time employment in the nursing profession are negative since it "... lessens [nurses'] power and weakens their demands for change" (1992, p.288). To illustrate, White reported that part-time hospital nurses often claimed that they were assigned to the worst shifts.

Duffy and Pupo (1992, p.206) concluded that hiring part-time employees "... extends the practice of cheapening labour initiated with the detailed division of labour and the process of deskilling." They observed that this is especially true in hospital settings where "... the intensification of work, the use of computerized patient monitoring, and the subdivision of the professional nurse's role into a series of smaller tasks are related to the growing use of part-time nurses and floaters" (p.207). This ultimately results in reduced time for personal interactions with both patients and co-workers. Finally, White (1992, p.291) observed that for part-time nurses, "lack of familiarity with units, patients, and procedures potentially decreases the possibility of their delivering quality care, while making work more difficult for the full-timers."

Hence, the marked growth of part-time employment in the nursing profession has led to increased problems for practising nurses.

Method

A stratified probability sample was drawn from the population database of all registrants with the College of Nurses of Ontario (CNO). The sample was stratified using four categories from a newly developed professional role exit typology, reflecting the extent to which nursing professionals were inside or outside of the nursing profession prior to survey interviewing. These four professional role exit categories used for stratifying the sample were: active nursing professionals (those currently employed in the nursing profession), transients (those unemployed but still registered with CNO), dual professionals (those registered with CNO but reporting employment outside of the nursing profession), and true outsiders (those less than 50 years old who had let their registration with CNO lapse within the preceding three years). The stratified sample design provided for over-sampling of the latter three categories to assure adequate numbers of nursing professionals in the final sample who had exited the nursing profession in varying degrees. For the purposes of this paper (given the desire to generalize findings to the full population of Ontario registered nurses), post-stratification weighting was applied to all cases, serving to reproduce the same overall proportions for each role exit category as found in the general population of Ontario registered nurses.

A mail-out package was sent to 2,050 prospective survey respondents informing them about the nature of the research project prior to contact by one of the telephone survey interviewers. One-third (34.8%) could not be contacted, usually due to unpublished or untraceable telephone numbers (since CNO records did not include home telephone numbers). Hence, numbers had to be traced individually for those nursing professionals who did not respond to the initial mail-out package. Of the 1,336 prospective respondents contacted by one of the telephone interviewers, 280 (21%) refused to participate in the project, while 1,056 (79%) completed a telephone interview. Comparisons of sample to population data revealed that the final weighted stratified sample is representative of the larger population of Ontario registered nurses on various background attributes, including sex and age.

Telephone surveys were conducted with the aid of the CASES CATI (Computer-Assisted Telephone Interviewing) system developed at the University of California, Berkeley. The CATI system requires that the survey instrument be converted into a computer program which, once fully tested and debugged, allows telephone interviewers to conduct surveys by reading questions from pre-programmed computer screens. The CATI system is designed to assure that only relevant questions are posed to respondents, and

that the sequence and wording of survey questions is standardized for all respondents. It served to increase the speed of data collection and data coding/processing (through combined operations) while reducing interviewer/respondent burden. The CATI system was especially useful for streamlining data collection procedures through a repeatable programmed roster. The program was designed to cycle through the same series of questions and capture detailed standardized employment information on every job held by respondents from the time they had completed their basic nursing training.

Since the primary purpose of this survey was to investigate employment mobility in the nursing profession, most of the questions related to employment classification for every job reported: employment status, position type, employment place or setting, and primary responsibility or specialty area. In addition, registered nurses were asked to report if there had been internal changes in working time arrangements over the duration of each job held. The detailed questions were designed to tap both external (between-job) and internal (within-job) dimensions of employment mobility.

Telephone surveys were conducted with 1,056 Ontario registered nurses between spring and fall of 1992. Comparable to the profile for the larger population of Ontario registered nurses, the vast majority of the sample of registered nurses (98.3%) were female, and their ages ranged from 23 to 72 years, with an average of 42.1 years (median = 42; $SD = 9.7$). More than three-quarters (76.6%) of respondents were married at the time of interviewing, 11.1% were single, and smaller proportions were separated, divorced, and widowed. The duration of employment careers ranged from 1 year to 43 years, with an overall average of 16.7 years (median = 16; $SD = 9.2$).

Data were collected on a total of 5,123 jobs held by respondents, which is an average of 4.8 jobs per nursing respondent. There was a considerable range, from 1 job to as many as 22 jobs reported by individual registered nurses. For every job held, respondents were asked to report their employment status at the time of starting the position, and up to three¹ subsequent internal changes in employment status that occurred during the course of that employment. The reasons for internal changes in employment status were also probed.

Self-reported employment status of surveyed nursing professionals was captured using standard categories of full-time, part-time and casual status. However, the use of standard employment status categories is not without problems. There was considerable variability in the number of working hours reported by registered nurses within each of these categories. The average number of hours reported by full-time workers² was 40.1 hours per week ($SD = 5.7$ hours). For part-time employees, the average weekly hours was 24.1 hours ($SD = 9.1$ hours), and for casual status workers, the average was 22.1 hours ($SD = 11.5$ hours).

Internal (within-job) changes in employment status represent only one part of employment status change; external (between-job) changes are also a critical component. It is essential to distinguish between internal and external forms of employment status change since they differ significantly both in terms of overall magnitude and career impact.

To simplify the analysis of change on the employment status dimension, changes were crudely classified as either increases (from casual or part-time to full-time, or casual to part-time) or decreases (from full-time or part-time to casual, or from full-time to part-time) in employment status.

Findings and Discussion

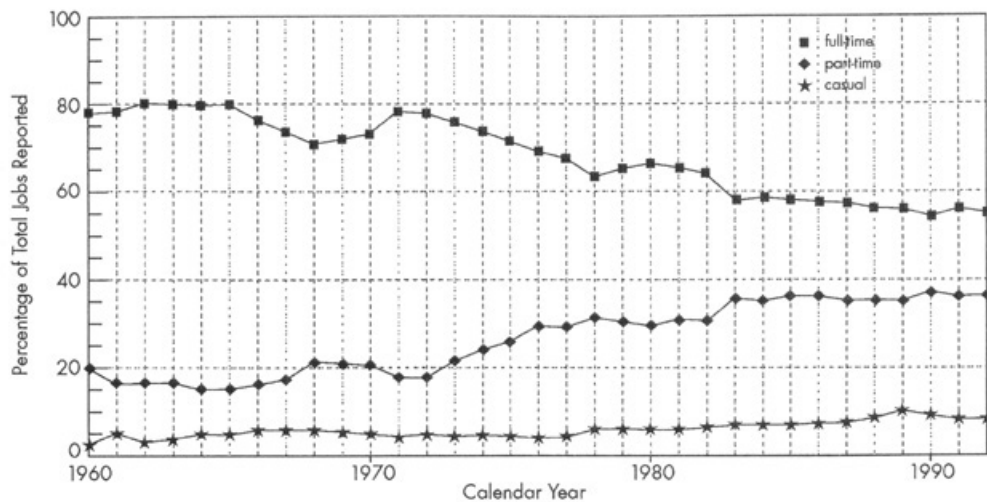
It is useful to begin with an overall profile of employment status to identify significant trends over the years. Figure 1 shows employment status category percentages over time. It was possible to slice the survey data to determine the specific employment status of reporting nursing professionals in a given year. It is important to recognize, however, that the number of survey respondents represented, gradually increased over time from 138 in 1960, to 1,008 in 1992. This is simply a function of the sample design; there were relatively few respondents employed 30 years ago, whereas most registered nurses held jobs in the 1990s. Despite this variability in base numbers reporting across calendar years, it is possible to look at the overall trends in employment status over time.

This sample of Ontario registered nurses experienced changes in employment status that were consistent with previous analyses of the nursing profession. The percentage of full-time employment declined from approximately 80% during the early 1960s to approximately 55% in the 1990s. Over the same time period part-time employment increased from less than 20% to approximately 35%. The percentage of casual employment increased very modestly over the full 32-year period, but remained less than 10% during all calendar years. Although there are modest peaks and valleys in these percentage distributions over time, it was during the 1970s that full-time decline and part-time growth were most evident. Casual employment remained at very low levels during that decade, with modest growth occurring subsequently.

To some extent, the trends evident in Figure 1 are attributable to the age structure of the sample. There is a natural maturation process, since respondents have aged with each subsequent year. The average age of the small subset of nursing professionals employed during the 1960s was much lower than the average age of the larger sample base employed at the time of interviewing in 1992. This serves to confound the trends, since age has a significant independent impact on employment status (Figure 2).

Figure 1

Employment status profile by calendar year



In Figure 2 cross-sectional techniques are applied to look at the percentage distribution of employment status, controlling for the age of nursing respondents. The trends are more dramatic than in Figure 1: percentage full-time employment declines significantly with increasing age, while part-time employment increases markedly. Percentage casual employment shows a mixed trend, with gradual decline after the early 30s. The most marked shifts occur during the 20s, which usually represents the first decade of employment for newly trained registered nurses. During this decade, distribution shifts of close to 30% are evident. Beyond age 30, changes in full-time and part-time employment are much more modest. By the late 50s, the percentage of part-time employment surpasses full-time employment for this sample of data. However, this should be interpreted with caution since there were less than 100 surveyed nurses included in the sample in each of the upper age categories. The strong trends evident during early careers (covering ages 22 to 30) were based on at least 832 respondents.

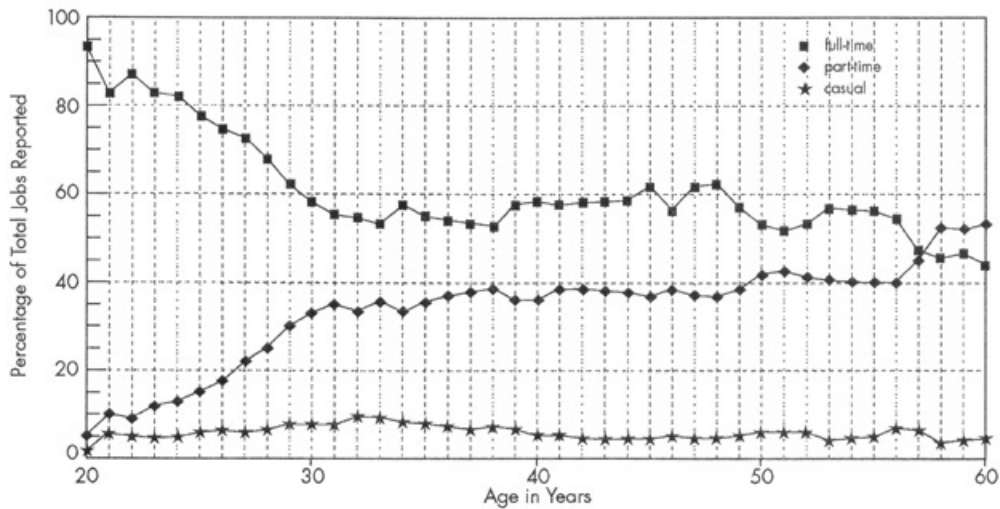
The overall employment status profiles by age and calendar year only provide a partial picture of the actual magnitude of change in this employment dimension. They underestimate employment status mobility, since they do not account for temporary switching of status or multiple changes during a given year. More detailed information on all employment status changes was collected. Table 1 provides summary statistics for both internal and external changes, as well as the types of status changes (increases, decreases or combinations of both).

Beginning with internal status changes, those changes that occur within the same job, there is a roughly even split between the total numbers of reported status increases and decreases: 52% versus 48%. Approximately 34.7% of the individuals in the sample reported increases in status at some point in their careers; 33.3% reported decreases in status. Relatively modest proportions reported more than one increase (7.0%) or decrease (5.4%) over time. The vast majority of internal employment status changes were voluntary in nature. Of all reasons cited, 61.3% were personal in nature, with the most common being pregnancy and child care. The remaining 38.3% of explanations were job-related, ranging from requests by employers (6.1%), to the need for more money, and reducing job stress.

Turning to external status mobility, employment status changes that occur between jobs, there were 64% more external employment status changes reported than internal status changes. Further, 58.9% of these changes were decreases in employment status. This pattern is also reflected in the percentage of individuals affected: 38.6% reported one or more external increases, and 53.1% experienced at least one decrease in their employment status over the course of their careers (Table 1).

Figure 2

Employment status profile by age



Survey respondents were also queried about the reasons for leaving each of their reported jobs. Again, there was strong evidence for the voluntary nature of external employment mobility among nursing professionals. Of the total of 4,125 jobs (for which reasons were reported) left by these registered nurses, only 3.2% were reportedly left as a result of a decision by the employer, 2.4% by mutual decision of the respondent and employer, and 94.4% were left voluntarily. Of the total of 5,953 reasons cited for leaving jobs³, only 2.1% specified a desire to change employment status, and an additional 3.9% left because of hours or shifts, which is closely related to employment status. The magnitude of differences between internal and external employment status change is especially evident from the totals (combined increases and decreases in status to reflect any employment status change). Of the surveyed registered nurses, 60.9% reported at least some external employment status change, and 35.5% revealed they had experienced two or more external changes over time. For internal employment status changes, these figures were 51.9% and 20.3%, respectively. The maximum numbers of changes reported by individual respondents are also notably higher for external (13) than for internal (7) employment status changes.

When internal and external employment status changes are pooled (the last column of Table 1), one finds that 59.6% reported at least one increase in status, and 71.5% at least one decrease in status over the course of their careers. Decreases in status are therefore more common than increases, with much of this difference due to external status changes. Finally, when all kinds

Table 1

Percentage of Ontario registered nurses reporting employment status changes over the course of their careers**

Type of employment status change	Internal status changes	External status changes	Internal or external
No increases (%)	65.3	61.4	40.4
One increase (%)	27.7	25.9	32.9
Two or more increases (%)	7.0	12.7	26.7
Maximum number of reported changes	4	6	8
No decreases (%)	66.7	46.9	28.5
One decrease (%)	27.9	34.6	40.1
Two or more decreases (%)	5.4	18.5	31.4
Maximum number of reported changes	5	7	7
No increases or decreases (%)	48.1	39.1	21.5
One increase or decrease (%)	31.6	25.4	23.6
Two or more increases or decreases (%)	20.3	35.5	54.9
Maximum number of reported changes	7	13	14

* Internal changes in employment status occur within a single job, while external changes occur between jobs.

** All percentages are based upon the total sample of 1056 registered nurses.

of changes are pooled – internal and external, increases and decreases – one finds that 78.5% of surveyed registered nurses experienced some kind of employment status change during their careers, with 54.9% reporting two or more changes.

Given the overall high magnitude of employment status change and the trends by age, it is useful to explore mobility patterns by family status indicators. These are by no means the only important variables for understanding employment status mobility, but they do reflect kinship responsibilities that would undoubtedly impinge upon nurses' working schedules. The 20s age bracket is a common time for both getting married (changing one's marital status), and having children. Tables 2 and 3 break down the percentages of external and internal employment status changes by number of children during career (that is, children born after completion of basic nursing training), and number of marital status changes (since completion of basic nursing training).

Table 2

**Percent reporting external employment status changes
by family status changes**

Family status variables	Increase employment status	Decrease employment status	Increase or decrease
Overall percentage change (N = 1056)	38.6%	53.1%	60.9%
Number of children during career:			
No children (N = 295)	30.4%	34.5%	42.3%
One child (N = 134)	27.9	45.2	48.4
Two children (N = 377)	41.9	63.0	71.5
Three or more children (N = 251)	48.8	64.4	73.4
Chi square test of significance	27.60*	72.22*	85.54*
Number of marital status changes:			
No changes (N = 223)	27.9%	37.0%	44.2%
One change (N = 702)	39.3	55.5	64.4
Two or more changes (N = 131)	52.5	67.6	70.2
Chi square test of significance	21.64*	35.89*	34.60*
Interaction: Children x marital status, changes:			
No children, no marital status change (N = 156)	23.8%	32.0%	39.9%
No children, marital status change (N = 139)	37.9	37.3	45.1
Children, no marital status change (N = 66)	37.7	49.0	54.3
Children and marital status change (N = 695)	42.1	61.4	69.3
Chi square test of significance	18.14*	61.65*	65.63*

*p<.01

The mobility percentages shown in Table 2 reflect any external employment status changes and changes in family status from the time of completing basic nursing training to the time of the telephone survey interview in 1992. There are strong associations of number of children born during the employment career with each of the change indicators (increased status, decreased

status, and any status change). Generally, the greater the number of children born during an employment career, the higher the status mobility. However, the most dramatic changes were found for respondents who had two or more children. In the last column of Table 2 (reflecting any change in employment status over time), less than half of those respondents with one or no children reported status change (48.4% and 42.3%, respectively), compared to close to three-quarters of those nursing professionals who had two or more children (71.5% and 73.4%, respectively) over the course of their careers.

There were also strong statistically significant associations between the number of marital status changes and employment status changes: The greater the number of marital status changes, the higher the levels of change over time. A relatively small number of nurses had experienced two or more changes in marital status over the course of their careers. In most cases, they had been married and later lost a spouse or partner through separation, divorce, or death.

Changes in family status were much more strongly associated with decreasing employment status than increasing employment status. This is reasonable since in many cases getting married and having children involves greater family commitments, leaving less time available for outside employment.

Finally, there is an interaction effect between the combined family status variables and employment status change, especially decreases in employment status.⁴ The simple two-fold interaction of family status indicators shown at the bottom of Table 2 demonstrates the joint effects of these two variables upon employment status change levels. Nursing professionals with no children or no marital status changes had the lowest mobility percentages of all (23.8% increase, 32% decrease, and 39.9% increase or decrease). Respondents reporting change on only one of the family status indicators had intermediate levels of employment status change. The highest levels of change were found for respondents who reported both having children and changing their marital status (42.1% increase, 61.4% decrease, and 69.3% increase or decrease). Table 3 provides the family status indicator breakdowns for the three measures of internal (within-job) employment status change. Only number of children was significantly associated with increase in employment status. However, the pattern is not a strong one and lacks the progressive increase in mobility percentages found in Table 2.

Stronger statistically significant associations ($p < .01$) were found between family status variables and decreased employment status or any employment status change (increase or decrease). As number of children increased, employment status decreased. However, there appears to be a critical

Table 3**Percent of respondents reporting internal employment status changes by family status changes**

Family status variables	Increase employment status	Decrease employment status	Increase or decrease
Overall percentage change (N = 1056)	34.7%	33.3%	51.9%
Number of children during career:			
No children (N = 295)	31.7%	21.5%	41.5%
One child (N = 134)	26.7	27.9	42.0
Two children (N = 377)	40.1	39.4	61.4
Three or more children (N = 251)	34.2	41.0	55.3
Chi square test of significance	9.76*	33.38**	32.73**
Number of marital status changes:			
No changes (N = 223)	33.3%	24.6%	46.6%
One change (N = 702)	35.3	38.2	55.7
Two or more changes (N = 131)	33.9	22.2	40.6
Chi square test of significance	.35	22.45*	13.34*
Interaction: Children x marital status, changes:			
No children, no marital status change (N = 156)	30.4%	21.2%	40.3%
No children, marital status change (N = 139)	33.2	21.8	42.8
Children, no marital status change (N = 66)	39.9	32.7	61.7
Children and marital status change (N = 695)	35.4	38.4	55.4
Chi square test of significance	2.36	26.82**	19.07**

* $p < .05$ ** $p < .01$

threshold: Survey respondents who had two or more children had markedly higher mobility percentages than those with one or no children (39.4% and 41% versus 27.9% and 21.5%, respectively).

Number of marital status changes was also strongly associated with decreasing employment status, although there was no progression in percentages in this relationship. Nursing professionals who reported making one change to their marital status over time (in most cases, moving from single to married) showed the highest percentage for decreasing employment status (38.2%); those reporting two or more changes to marital status showed the lowest percentage (22.2%).

Finally, there was evidence of a modest three-way interaction between the two family status variables and the percentage of nursing professionals decreasing their employment status. Those experiencing no family status changes exhibited the lowest change percentage (21.2%), while those experiencing change in both family status dimensions reported the highest level of mobility (38.4%). There is a joint effect of the two-family status variables, but it is much weaker than that observed for external decreases in employment status in Table 2.

In all cases, the strength of the associations found in Table 3 are much weaker than those for the external change indicators in Table 2. This is especially true for the increased employment status variable, where the only statistically significant relationship in Table 3 was found with number of children and this was much weaker than any of the relationships found in Table 2. It is clear from Tables 2 and 3 that changes in family status over the course of an employment career are more likely to be associated with changes in employment status between jobs rather than within jobs.

It is also useful to look at the effect internal status changes have upon the duration of jobs. For this exploration of transitions (durations between starting and leaving specific employment positions), the unit of analysis is the job rather than the nursing professional, and is restricted to terminated jobs for which precise employment durations can be determined.

Table 4

**Employment duration for Ontario registered nurses
by number of internal employment status changes**

Number of internal employment status changes	Average duration (yrs)	Number of jobs*	Test of significance
No employment status change	2.21	4051	$F = 207.43$
One employment status change	4.62	342	
Two or more employment status changes	6.86	93	$p < .001$

*Only jobs which were terminated are included in this table.

Of the total of 4,486 terminated jobs reported by respondents, 90.3% involved no changes in employment status, 7.6% one change, and 2.1% two or more changes in employment status over the duration of employment. The greater the number of internal employment status changes, the longer the overall average job duration: with no employment status change, the average job duration was 2.21 years; with a single change, 4.62 years; and with two or more changes, 6.86 years.

Conclusion

The current data demonstrate the high magnitude of employment change among nursing professionals. On average, the mid-career registered nurse in this sample had held five different jobs over a 16-year employment career since completion of basic nursing training. This implies a mobile career path with job changes every few years. Evidence of high mobility is even stronger when specific employment dimensions such as employment status are examined. While external or between-job changes in employment status are much

more common, the frequency of internal or within-job changes is also considerable. Overall, more than three-quarters of this sample of respondents reported at least one change in employment status over the course of their career, with more than half reporting two or more changes.

These survey data reveal a general increase in the overall magnitude of part-time employment over time, which is consistent with patterns identified in the literature (Paddon, 1992; Paton & Lobin, 1992; White, 1992). However, despite this trend, there is no clear directional bias (increasing or decreasing) in reported employment status changes among surveyed nursing professionals. To illustrate this point, combining both internal and external changes, there were a total of 1,038 increases in employment status (45.2% of all reported changes), compared to 1,256 decreases in status (54.8% of the total), and both forms of employment status change were very common. Hence, while it is true that nursing as a traditional female career facilitates the transition to part-time employment status (as argued by Duffy and Pupo, 1992), the enhanced flexibility for those in the profession appears to work in both directions. Registered nurses are as able and likely to increase their employment status within and between jobs as they are to decrease their employment status. It is important to recognize the truly bi-directional nature of employment status changes in the nursing profession since these patterns suggest much greater flexibility on this dimension than commonly acknowledged.

Changes in kinship responsibilities over the duration of employment careers are important determinants of employment status changes over time. This is especially true in a predominantly female profession such as nursing. Of the current sample, 78.9% of survey respondents experienced at least one change to their marital status, and 72.1% had had at least one child during their employment careers. Changes in kinship responsibilities were found to be generally positively related to changes – both decreases and increases – in employment status. Once again, it is important to recognize that different forms of employment status change can be expected at different stages in the family cycle. Hence, while younger registered nurses who have recently been married or had a child may be more likely to decrease their employment status, older nursing professionals who have lost their marriage partner or whose children have grown up may be more likely to increase their employment status.

The relationships between family status indicators and internal employment status change were relatively weak, suggesting that those who are faced with changes in family circumstances are more likely to cope by changing jobs. If nurses had the option of temporarily changing their employment status or taking temporary leave from their jobs as family circumstances dictated, a significant proportion would probably take such opportunities to stay with the same employer in the same setting over time.

Although the desire to change employment status is not frequently mentioned as a reason for leaving a job, status change between jobs commonly occurs. Unfortunately, the current data do not clarify whether such external changes in employment status are imposed, or truly voluntary (where nursing professionals pick and choose among jobs with different statuses). Both factors are likely to have some impact upon the level of external changes in employment status.

As noted by White (1992), high turnover rates are a serious problem in the nursing profession. The data on internal employment status changes revealed that increased opportunities to change employment status within a given job setting could have a strong positive impact on the tenure of employment by nursing professionals. In the current survey, where internal employment status changes occurred, the average job duration was markedly longer than where no changes in status occurred. Greater flexibility could serve to reduce the high costs associated with job turnover, and especially the costs of recruiting and training new nursing staff. It would not eliminate job turnover among nursing professionals; nurses would still leave their jobs for various other reasons. The strategy of increased flexibility would be especially feasible in large health care institutions or organizations that have large nursing staffs. Status changes are not necessarily permanent; one in five surveyed nurses in the current study reported two or more internal employment status changes over the course of their careers.

It is important to acknowledge the limitations of the current empirical study. Although age and family status indicators are clearly important determinants of employment status mobility, various other factors, including specific job-related problems and more personal circumstances, were not taken into account. Nor did this study address the implications of employment status mobility for such issues as quality of patient care or the degree of autonomy in the workplace. These are important issues which warrant investigation in future research.

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Footnotes

- 1 Detailed information was not collected for fourth or higher-order changes in employment status. However, of the total of 5,123 jobs reported by survey respondents, only 23 (.4%) involved four or more internal changes to employment status.
- 2 These data are based upon reported working hours and employment status at the time of starting a new employment position.
- 3 Nursing respondents were asked to provide up to three reasons for leaving each of their jobs held during their career.
- 4 The Pearson Chi Square statistics (and associated significance levels) are based upon three-way structural independence (that is, complete equi-probability or no relationships between any of the three variables included in the interaction).

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